Barrow and Districts Society for the Blind Limited

Ostley House

Inspection report

355 Abbey Road
Barrow In Furness
Cumbria
LA13 9JY

Tel: 01229823566
Website: www.barrowblindsociety.org.uk

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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

This inspection took place on 13 November 2018 and was unannounced. The last inspection of this service was undertaken on 20 and 23 May 2016.At our last inspection we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Ostley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. The home provides permanent accommodation and short-term respite care for up to 44 people. Accommodation is mainly provided to older people and to people who have a sensory impairment. The home is a period property which has been adapted and extended for its present use.

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that Ostley House was constantly working to improve their service to people and to look for ways to move the service forward. People told us they felt safe living at the home and that it was a good place to live. The service had an appropriate safeguarding policy, staff had undertaken safeguarding training and were aware of their responsibilities.

The registered provider continued to improve the environment for the people who lived there, the building was well maintained and it was a clean and homely place for people to live. We saw that equipment in use was regularly cleaned and had been serviced and maintained. We noted that people shared slings for moving and handling needs. We have made a recommendation that the registered manager consider current guidance on infection control and update their practice accordingly.

Medicines administration was safe and staff had undertaken appropriate training in medicines administration. We raised with the registered and deputy manager the use of written plans or protocols that made clear when to administer extra, or as required, medication (PRN) and they addressed this on the day of the inspection.

Staffing levels were sufficient to meet the needs of the people who lived in the home and were monitored and adjusted when needed. Staff training was ongoing and staff had received a variety of training that enabled them to safely support and care for people. Staff recruitment processes were thorough and included all the relevant checks on suitability.

People were being supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. There was an appropriate complaints procedure which was displayed in the home.

People and/or their representatives were being included in their care planning and reviews and people told us the service was responsive to their needs and preferences. People had access to a range of organised and informal activities.

Health and safety records were maintained and regular checks undertaken on equipment in use. Accidents and incidents were recorded and there were individual and general risk assessments in place.

The service was well led by an experienced registered manager and management team. There were systems in place to monitor the quality of the service, seek people's views and make on-going improvements.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Ostley House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This unannounced comprehensive inspection took place on 13 November 2018 and was carried out by an adult social care inspector from the Care Quality Commission (CQC) 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.

We spoke with nine people who lived at the home about the services provided, five visiting relatives, the registered manager, the nominated individual for the service, the deputy manager, five members of care staff, a member of laundry staff, maintenance staff, the cook, a social care professional and the home's administrator.

We looked at the care records of five people who lived at the home and at the risk assessments and daily notes relating to those plans. We also looked at records relating to the management of the service including audit records, policies and procedures and accident and incident reports. We looked at the recruitment records of six members of staff recruited since the last inspection and the training records of staff who worked in the service. We looked at the management of medicines in the home and checked the quantities and storage of medicines. We also checked the building to ensure it was clean, hygienic and a well maintained and safe place for people to live.

We observed how staff supported people who used the service and used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not easily talk with us.

Before the inspection we reviewed all the information available to us about this service including from those who commissioned the services and the local authority. We also reviewed safeguarding information and notifications that had been sent to us. A notification is information about important events that the provider

is required to send us by law. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used a planning tool to collate all this information prior to visiting the home.

Good

Is the service safe?

Our findings

People told us they felt safe living at Ostley House and that it was a good place to live. We were told, "I do feel safe here and the carers come and check you at night" and "[Carers] bath me once a week and I always feel safe with them." Some people who lived in the home could not easily share their views and we used observational methods to observe their daily lives. We saw that people who were living with dementia were comfortable and relaxed around the staff working in the home and supporting them.

Most people who lived in the home told us that call bells were answered within a short time and felt there were plenty of staff. We were told, "I've used the call bell a couple of times. They [staff] have come quite quickly; they're very good." Relatives told us the home was well staffed, "We usually come in the afternoon and there always seems to be plenty of staff" and "There's always someone on duty in the lounge and always someone in the office to help if you can't find anyone." One person we spoke with expressed concern about a person who had come to live in the home who they said, "Keeps taking people's things." We discussed this person's fears with the registered manager who was aware the new person had caused concern with some of their behaviours. The registered manager was able to show that a management plan had been devised to support the person's behaviours and that further assessments were being undertaken with community mental health services.

We observed people being moved in a safe and dignified manner. Hoists were in use but we noted that people did not have their own sling. We asked the registered manager about this and were told that people did not routinely have their own sling for moving and handling. Slings are classed as a medical device and sharing these devices increases the risk to people of cross infection occurring. We recommend that the registered manager consider current guidance on infection control and update their practice accordingly.

Medicines administration was safe and staff had undertaken appropriate training in medicines administration. Arrangements were in place for the checking in, return and safe disposal of medicines and quantities of medicines were being carried forward for stock monitoring so stock was kept to a minimum. We looked at the handling of medicines liable to misuse, called controlled drugs and found these to be safely managed and stored. We raised with the registered manager the use of written plans or protocols that outlined when to administer extra, or as required, medication (PRN). We discussed with them how using these helped to ensure 'as required' medicines were used safely and to their best affect. The registered manager began to address this during the inspection.

People were protected from abuse and avoidable harm. Staff had received training on safeguarding vulnerable adults and understood the provider's policy and procedure on this. Records of the accidents and incidents that had occurred were kept and we saw evidence that the management team learnt from when things had gone wrong.

We looked at care plans and assessments relating to any risks associated with people's care and treatment. These were current and accurate about how staff should support the person to minimise the risks. We saw that there were sufficient numbers of suitable staff to meet people's needs in a timely manner and promote

their safety. The service did not use a dependency tool to monitor people's needs but staffing levels were monitored and adjusted according to the needs of the people who lived in the home. Staff told us that the registered manager had recently increased staffing at the busiest times of the day so they had more time to spend with the people who lived there. We looked at staff personnel files and saw that staff recruitment was thorough. All potential employees had a Disclosure and Barring Services (DBS) check in place before commencing employment.

Good

Is the service effective?

Our findings

People received care and support from staff who knew them well and had the skills and training to meet their needs. One person who lived in the home told us, "I've watched [staff] with people in the lounge and I think they're very good with helping them to get out of their chairs and into a wheelchair. They use those hoists and they're marvellous. They always have two people to do that." People told us the food in the home was, "Very good indeed. The only problem is sometimes it's too much and I feel guilty leaving any" and "It's very tasty, very nice indeed, it always is." We observed that drinks and snacks were available throughout the day and we saw that assistance was given where necessary. The home had achieved a Five Star rating from the national food hygiene standard rating scheme. This meant hygiene standards were very good.

Everyone we asked about consent said they were never made to feel they had to do anything and that carers were polite and kind in offering support or care. People told us, "You can choose to have help or not, it's never imposed. They [staff] leave me to get on with things if that's what I want, but they're there if I need them." Another person told us, "Nobody makes you do anything; you're always asked and you feel like you can say no."

"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. We saw appropriate applications had been made and authorisations were in place. We saw that staff sought verbal consent for all interventions during the time we were in the home. We heard staff asking people if they required help and respecting their wishes and choices. There were appropriate consent forms within care files, which were signed by the person who used the service or, where appropriate, their representative.

Lunch was a very positive experience for people in the dining room that had a calm and relaxed atmosphere. We saw positive interactions between staff and people throughout and staff were alert to people needing more assistance or encouragement. They spoke with people and helped discreetly when they were not eating or having some difficulty. We saw that people had nutritional assessments completed to identify their needs and any risks they may have when eating. Where necessary people had been referred to their GP or to a dietician. Coloured plates, dishes and beakers were used to help people with cognitive and sensory impairments. Some people used plates and dishes with higher sides and adapted cutlery to help them be independent and enjoy their meals.

We saw that the service worked collaboratively with other agencies and made referrals appropriately. Care

records showed joint work with agencies such as the community mental health team, dieticians, the speech and language therapy team (SALT) and district nurses. A visiting social care professional told us that staff had a good understanding of the needs of the people they supported and met their needs effectively.

All the staff we spoke with told us that they had received training to give them the skills and knowledge to care for people in the home. We looked at the staff training records which showed what training had been done and what refresher was required. We saw that each member of staff had an induction programme, regular supervision and ongoing training. The registered manager had started a programme of appraisal to support staff performance and development.

Good

Is the service caring?

Our findings

Everyone we spoke with told us the staff supporting them were caring, treated them well and were always polite and willing to listen and help. People told us, "The carers are very considerate" and "The staff are very nice." We observed staff assisting people both physically with their mobility and giving emotional support and through good communication.

There was a quiet, calm and happy atmosphere within the home. We saw many positive interactions between staff and people throughout. A carer said to one person who appeared uninterested in their food, "You've had your hair done and it looks really lovely", then later offered them their meal, again which they began to eat. All staff appeared alert to people's needs and gave additional assistance or encouragement at mealtimes and when assisting them.

During our inspection we saw that people were supported to maintain their independence. Where people needed small items of equipment such as adapted crockery and cutlery at meals the staff ensured these were available for them to use. We observed that people's care records were written in a positive and individual way and people made their own choices such as where to spend their time, take their meals and whether to take part in the activities provided in the home. One person told us, "They [staff] don't force you to go in the lounge. You can choose when to go or not go." We spoke with visitors to the service. One told us, "Sometimes [relative] doesn't want to get up for breakfast, so they [staff] leave them and bring breakfast to their room."

People's privacy and dignity were respected. We saw a portable screen being used in a person's room that was placed so the person could keep their door open as they wished, but remain private. A person told us, "When I'm having a bath they check the water's okay, not too hot or cold, then they leave you to it for a little while, so you can have a bit of peace. They put a screen up in front of the door, in case someone comes in." Another person told us, "They [staff] always knock before they come into my room, and I say 'hello' or 'come in' then they come in." We saw and heard staff knocking on people's doors before entering.

We saw people who lived in the home and staff laughing together, sharing jokes and comments comfortably. People appeared to be actively listened to and staff responded promptly when they became upset or agitated. For example, the deputy manager spoke with one person they noticed crying and consoled them with great kindness and obvious empathy and the person was clearly comforted by this interaction.

Staff and management recognised the importance of family and friends. People's personal relationships, beliefs, likes and wishes were recorded in their care plans and staff we spoke with knew about these and respected people's family and personal relationships. We saw that people had been able to bring some personal items into the home with them to help them feel at home and comfortable with familiar items around them. Bedrooms we saw had been personalised to help people to feel at home and people were able to spend time in private if they wished to.

Currently there was no one living at the home was from the lesbian, gay, bisexual or transgender (LGBT) communities. The registered manager and staff told us that they treated all people as individuals and respected their individuality. We saw that people's religious needs were respected. People could follow their faith and practice their religion as they chose. The service had links with local advocacy services that people could use if they needed independent support to express their wishes or help them make decisions. We saw that one person had used this service when they came to live in the home from hospital.

Good

Is the service responsive?

Our findings

People told us that they made choices about their daily lives and were included in planning and agreeing to the care they received. One person told us, "My [relative] helps with my care plan, but I know what's in it and they ask me if I'm happy with everything." We saw that care plans were person-centred and had information about people's personal likes and dislikes, the important people in their lives, any support needed with relationships and information about their lives before they came to live there. This helped staff to understand and relate to people and help them to follow interests, maintain important relationships and receive support in the way they wished to.

We observed that staff knew people and their families very well and had developed supportive and collaborative relationships. A relative told us, "I was concerned once about [my relative's] medical treatment but the staff explained and they got the district nurse in to explain about it. I felt better when they'd explained why they were treating [the condition] as they were." Another person told us, "The GP comes quite often [in response to relative's health issues] and we've had a meeting with him. [Relative] has been sent to hospital as well and we are always kept informed."

People who lived at Ostley House and the relatives we spoke with could not recall having made any complaints but told us they felt they could go to a member of staff as a starting point. Nobody we asked knew of a complaints policy, although nobody was concerned about this. Relatives told us, "I've never seen anything I would complain about, to be honest" and "I've never had to complain. If I did, I would just go to the office." We did see that there was a procedure for receiving and responding to complaints about the service displayed by the entrance to the home.

Care plans were reviewed and had been updated on a regular basis to help make sure information remained current. The service had invested in 'person centred software' for their care planning records and risk assessments. Staff had received training to use the technology and people's records were kept up to date to reflect their needs. This system reduced the risk of aspects of a person's changing needs being overlooked. The technology highlighted changes such as in a person's weight and flagged up to staff when a person required repositioning and needed skin care so this could not be missed.

People had access to a range of activities they could get involved in and dedicated activities staff to support people access them. We observed a craft session taking place during the afternoon in the home and saw musical events by external entertainers advertised within the home. There were one to one activities for people to help them go out into the community, for shopping or a walk. Some people preferred to follow their own interests and do other things that held meaning for them. One person told us, I prefer to be in my room until lunchtime, listening to music." A relative said, "My relative] likes to put their own clothes away, go around with a duster and help to keep their own room clean, things like that, nobody minds."

The service had supported people to remain at the home as they approached the end of their lives and worked with the local GPs and the district nursing service to help people remain comfortable and pain free as they reached the end of their lives. We spoke with a family member of someone who had spent their last

days living at Ostley House. They told us both they and their relative had been well supported by staff. They had stayed with their relative as long as they wanted and all the staff were "very respectful and sensitive." They told us that the care their relative received had been "exceptional" and that their relative had been loved and not just cared for, like an extended family.

Good

Is the service well-led?

Our findings

People who lived in the home were positive about the way the home was managed for them. One person told us, "We have had a couple of questionnaires, basic ones. I can't remember what they asked us. We know all about the plans to extend though." One relative said, "There's a good atmosphere here, we have recommended it to other people." People told us they saw the registered manager often to speak with and they felt she listened to their views and acted on the suggestions they made. We were also told "[deputy manager] is approachable and the person on the reception desk is lovely. The first person you see, which is important. I've got to say, they [staff] all seem happy. There's a good atmosphere."

We found that the management team making were committed to ensuring the service continued to develop and improve. The registered manager showed us the results of an external quality audit that had been done to help them identify areas they could develop so that the people who lived there received a high level of care and support. The report listed best practice recommendations that the home was implementing. Consideration was being given to the long-term needs of people who lived at Ostley House. This included the development of a purpose built 'dementia village' for people living with the dual diagnosis of dementia and partial or complete sight loss. We saw that the management team and trustees of the home planned ahead to finance and resource the improvements they had planned for the service.

The registered manager had internal systems in place to monitor the quality of the service provided. Quality surveys had been sent to people who used the service and the staff employed to gather their views about the service. Staff told us they were listened to and their ideas and comments taken up by the management. Staff we spoke with said they felt valued by the registered manager and that their personal development was encouraged. There were monthly visits from a member of the trustees to monitor the service provision and to speak to staff and people who lived there to get their views.

There was an experienced registered manager in post who had the skills required to effectively manage the service. They were well supported by the deputy manager, administrative staff and senior care staff. A management on-call system was in place for when managers were not available within the service. This meant there was always an identified person in charge if the registered manager was not available. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider and staff worked with other related agencies that ensured people received joined up care, treatment and support. Records of care and treatment showed that people who lived in the home had access to all healthcare professionals as and when they needed them.

Registered providers of services must inform the CQC of incidents and accidents that happen in the home that may prevent the service from operating safely. The registered manager had informed us of significant events as required so we could check that appropriate action had been taken.