

Equilibrium Healthcare Limited

Oakland House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Oakland House Nursing Home on 20 and 21 February 2018. The inspection was unannounced, so this meant they did not know we were coming.

We last inspected Oakland House Nursing Home on 9 and 10 January 2017 when we rated the service Requires Improvement overall. At that inspection we found breaches of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment and person centred care. We issued two requirement notices to the provider to inform them of the reasons they were in breach of the regulations and to tell them improvements must be made.

At this inspection we found that although there had been improvements to some aspects of the service, we identified ongoing concerns and continued breaches of the regulations. We found breaches of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment, person centred care and good governance. You can see what action we asked the provider to take at the back of the full version of this report.

Oakland House Nursing Home is registered to provide nursing and residential care for up to 38 people who have enduring mental health / complex needs. People in care homes receive accommodation and nursing and/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. At the time of our inspection there were 35 people living in the home. The fundamental purpose of Oakland House Nursing Home was to support people to recover, rehabilitate and become independent.

Oakland House Nursing Home currently comprises of three units, Elm, Cedar and Willow. Accommodation is provided over three floors and each unit comprises of a communal dining room/ lounge area and kitchen and all bedrooms are single occupancy. There is a lift to all floors and a sheltered smoking area is provided in the garden.

At the time of our inspection there was no registered manager in place. The previous registered manager had left the service shortly after our last inspection in January 2017. The provider recruited a new manager soon after this; however they withdrew their application to become the registered manager in November 2017 and left the service. Since then the provider appointed an interim manager who was the previous

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

Existing staff received the training and supervision they required to be able to deliver effective care. However, we found the majority of agency workers the service used had not received training in mental health awareness and physical intervention. At the time of our inspection the provider and manager did not have an overview of what training the agency staff had completed. This meant the agency staff working at the service did not have the necessary training requirements to enable them to understand and know how to support people with their mental health needs.

There were enough skilled staff available to meet peoples' care needs and records showed planned staffing levels were routinely achieved. However, due to vacancies and staff sickness the service had recently relied on agency staff to cover nursing and care shifts at the service. The provider was proactive at recruiting new staff to the service, with three new nurses recently recruited. After the inspection we were provided with a report the provider had produced which indicated for the period of week commencing 03/12/2017 to week commencing 18/02/2018 a total of 15.3% of agency cover was required to cover a mix of nursing and care shifts.

At our last two inspections we found that Oakland House Nursing Home was not supporting people to become independent; this was partially due to the model of care used at the home. We also found that care plans did not include people's goals and aspirations. At this inspection we found limited progress had been made. The head of governance felt changes in the management team had delayed this process.

People told us they felt safe living at Oakland House Nursing Home and had no concerns about the care and support they received. Staff had received training in safeguarding adults and knew the correct action to take if they witnessed or suspected abuse. Staff were confident that the manager would act on any concerns raised.

During the two day inspection we observed a number of positive and caring interactions between staff and the people. People had developed very positive relationships with staff and there was a friendly and relaxed atmosphere.

Medication was correctly administered, stored and recorded. We looked at six people's medication administration records (MARs) and medication stocks and found that the MARs had been appropriately completed and medication stocks were accurately accounted for. The nurse we spoke with told us that they were confident managing people's medication and people received the right medication at the right times. We saw that relevant staff had received training on medication administration and there were policies and procedures in place to support staff.

Risks both within the service and in relation to people's care needs had been assessed and staff were provided with guidance on how to protect people from identified risks. Where accidents or incidents occurred these had been investigated by the manager to identify any further actions that could be taken to improve people's safety.

People's needs were assessed before they moved into the service to ensure those needs could be met. People were encouraged to visit the service before deciding to move in, to ensure they understood the service's routines, rules and policies. Based on information gathered during the assessment process

individualised care plans were developed. These documents provided staff with clear guidance on how to meet each person's individual needs.

People were able to choose how to spend their time and to access the community independently if they wished. However, during our inspection we noted that there was a lack of activities for people to engage with within the service. We have recommended that the service reviews staff working practices with the aim of supporting and encouraging people to engage with more meaningful activities.

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). We saw that staff sought people's consent before providing care and support. Where people had been identified as lacking capacity in making certain decisions the service acted in accordance with legal requirements. Necessary DoLS applications had been made and subsequent conditions were complied with.

The managers and staff understood their obligations under the Mental Health Act 1983 and worked within these legislative frameworks. Permanent staff had received training in mental health awareness and were fully informed of any changes at team meetings to ensure they continued to provide care within the law.

Systems were in place to help ensure people's health and nutritional needs were met. Records we reviewed showed that staff contacted relevant health professionals to help ensure people received the care and treatment they required.

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. Complaints and concerns were taken seriously and used as an opportunity to improve the service.

We noted there were a number of quality audits in the service; these included medicines, care records, infection control and health and safety. Actions were identified following the audits completed. We saw plans were in place to improve the care records and refurbishment of the premises. However the service had been slow to implement the recovery model, as this had not progressed since our last inspection. Improvements in the level of activities varied and the provider did not have an overview of the training agency staff working at the service.

This is the third consecutive time the service has been rated Requires Improvement.

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.

There were sufficient staff to meet people's daily needs. However, the provider required the use of agency staff who lacked the necessary specialism skills.

People's medicines were managed so they received them safely.

Risks to people were identified and management plans supported staff to manage risks safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff employed by the service received training and support from the provider, to enable them to develop their skills and knowledge. However, the service heavily relied on agency staff, who were not equipped to work at the service.

Systems were in place to assess people's capacity to consent to their care and treatment. Best interest decision meetings were held where people lacked capacity.

People were supported to maintain good health in conjunction with a range of community health care services.

Is the service caring?

Good ●

The service was caring.

People who used the service told us staff were kind and caring in their approach.

Staff we spoke with were able to show that they knew people who used the service well.

We saw information about advocacy services was displayed throughout the home and staff said they would refer people to advocates if they needed it.

Is the service responsive?

The service was not always responsive.

Support did not focus on recovery and rehabilitation, which was the primary purpose of the service.

We received a varied response from people in relation to the quality of the activities on offer. The provider was attempting to recruit a second activities coordinator.

People told us they would be confident to raise a complaint if they felt this was necessary. We saw appropriate actions had been taken to investigate complaints.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

Quality assurance processes were in place and action plans developed. However we found many of the audits did not pick up on the shortfalls in relation to activities, agency staff training, and the lack of progress with the recovery model.

There was a clear staffing structure. People and the staff were positive about the management team at the service.

People's views were sought and acted upon. People were encouraged to shape the direction of the service.

Requires Improvement 

Oakland House Nursing Home

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.

The inspection took place on 20 and 21 February 2018. The first day of the inspection was unannounced and was undertaken by two inspectors and an expert-by-experience. We told the provider we would return the following day. The second day of the inspection was undertaken by one inspector. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of service. The expert by experience had experience working with people with enduring mental health needs.

The provider had completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR was reflective of the service provided at the home.

Prior to our inspection visit we reviewed the information we held about the service. We looked at information received from relatives, the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services, which are paid for by the local authority. Shortly before the inspection we received feedback from a contract officer for Manchester local authority commissioning team and a professional from Manchester Multi Agency Safeguarding Hub (MASH). We used this information to assist our inspection planning.

During the inspection, we spoke with 14 people who used the service, three members of care staff, two

registered nurses, the activities co-ordinator, the interim manager, interim clinical lead, operations manager, head of governance and the acting clinical and operational director.

We looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, three staff recruitment files and training records, five care plans, meeting minutes and auditing systems.



Our findings

We asked people who used the service if they found the service provided at Oakland House Nursing Home to be safe. People spoken with confirmed they felt safe and secure at the home. Comments received from people included: "I feel safe now, since [person's name] has left" and "This is a safe environment, I always can speak to staff if I have a problem."

There were sufficient numbers of suitable staff to help people to stay safe and meet their needs. People told us there were enough staff to help them when they needed support, however one person felt the staffing levels could be improved. Comments from people included, "There are not always enough staff, sometimes you have to wait", "You always seem get to see someone [staff member]" and "I believe we have enough staff, but that's just my opinion."

We asked the manager how they determined staffing levels at the service to ensure they had the right amount of staff to meet the needs of the people living at Oakland House Nursing Home. They told us the regularly audited staffing levels but did not use a dependency tool as the nature of the service meant people's needs could alter rapidly. The staffing levels consisted of three nurses and six support workers on duty from 8am to 8:15pm. During the night two nurses and four support workers were on duty. There was an on-call system in place outside of office hours and at weekends. This provided the staff team with additional help and support should the need arise.

We spoke to the manager about the use of agency staff who explained that long-standing staff had left for alternative employment, which had created vacancies within the service. The recruitment of staff was a high priority for the service and the provider had recently recruited three nurses who were awaiting their employment checks to be completed before they could officially start.

Whilst the recruitment drive was continuing the service was using agency staff, but this was as a last resort. Formal mechanisms were in place for staff already employed at the home to indicate if and when they were able to cover particular shifts, for absent colleagues or vacant posts. The home then approached staff from the provider's bank staff. Any shifts still not covered were then offered to agency staff. We saw that the home used three local recruitment agencies and tended to use the same agency workers, when this was possible. This meant that after an initial shift some agency workers were familiar with people living in the home and could support them accordingly. After the inspection we were provided with a report the provider had produced which indicated for the period of week commencing 03/12/2017 to week commencing 18/02/2018 a total of 15.3% of agency cover was required to cover a mix of nursing and care shifts.

The manager informed us they received a training profile prior to the agency staff working at the service to ensure the agency staff had the necessary skills. We noted from the rotas since December 2017 the provider required the use of agency staff on average five times a week, to cover vacancies and staff sickness at the service during the day and night. We were provided with assurances that agency staff always worked with permanent staff member, who tended to lead the shift. We asked to view the agency workers training profiles to determine what training the staff had received. The interim manager informed us during the inspection this information was not readily available, and required the interim manager to contact the agencies to determine what training had been provided to staff, as the provider did not have an overview of this.

Shortly after the inspection we were provided with the training profiles of the agency staff that have worked at Oakland House as either a member of nursing staff or as a support worker. Out of the 35 agency staff profiles we received, we found only two agency worker had received training in mental health awareness. Furthermore, we found 23 agency workers had not received key training in physical intervention or breakaway techniques. This meant the agency staff the service used did not have the necessary training to enable them to understand and know how to support people with mental health needs. The majority of the people who lived at the service were living with complex mental health needs that meant they displayed their distressed feelings through behaviours that challenged and would have benefited from the agency staff having this training. The manager provided assurances that they will now ensure the service only request agency staff who have the appropriate specific training requirements, such as mental health awareness and physical intervention before they work at the service.

Although we were provided with these assurances we found the service did not have a clear overview of the training agency staff received and we found evidence the agency staff working at the service had not received the necessary training in mental health awareness which potentially placed people at the service at risk of receiving unsafe care.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in January 2017 we found people's risks associated with their care had not always been assessed and documented to help staff know how to mitigate the risks. We found this to be a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was now meeting this regulation. Risks to people at the home were regularly assessed and reviewed. General environmental and specific risk assessments were completed. We found risk assessments in place in the care files we reviewed around self-harm, choking, falls, moving and handling, infection control, oral health and other aspects of personal care. The service used evidence based standardised risk assessments such as the Malnutrition Universal Screening Tool (MUST) to assess people at risk of malnutrition. This is an objective screening tool to identify adults who are at risk of being malnourished. As part of this screening we saw people were weighed at regular intervals and appropriate action taken to support people who had been assessed as being at risk of malnutrition. They also used the "Waterlow" score to determine risks around tissue viability.

Risks were managed at the service and there were systems and processes in place. The service balanced the necessary levels of protection without being overly risk averse in order to give people confidence to develop their levels of independence.

The provider also completed a resident profile exercise. In order to develop a profile of the needs of the

people over the different units, staff completed an assessments of needs tool, which is an adapted form of the Manchester Care Assessment Schedule (MANCAS), used to assess mental health needs over 16 different categories. The items are rated on a Likert scale ranging from 0 (none) to 4 (severe to very severe). This helped the provider determine the assessment of needs of people living at the service and establish any trends on each of the three units.

Since our last inspection the home had introduced an assessment of need which was reviewed annually or when there was a change in people's circumstances. This assessment of needs was detailed and comprehensive, while assessing the person's holistic health needs. This assessment covered the following areas such as, personal history, mental and psychological health, safety, rating of needs, self-care, nutritional needs, physical health, family and significant others and social functioning. This information provided a detailed summary of how the person was managing their day to day needs to provide staff and professionals a key overview.

We looked at three newly recruited staff personnel files to check how the service recruited staff. We found that a safe system of recruitment was in place. The files contained the following; application forms that documented a full employment history, a medical questionnaire, a job description and two references connected to the applicants previous employment. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. Records showed that the registration of the nurses was checked regularly with the Nursing and Midwifery Council (NMC) to ensure they remained authorised to work as a registered nurse.

We checked the safeguarding records in place at Oakland House Nursing Home. We noted that a tracking tool had been developed to provide an overview of incidents of safeguarding referrals which had been made and the outcomes of these. This information was stored electronically and provided the homes governance team a clear overview. We saw safeguarding was discussed as part of team meetings and staff supervisions. This should help ensure that the people who used the service were protected from abuse.

All staff had been trained in safeguarding and were fully aware of their responsibilities to ensure people were safeguarded against abuse and they knew the procedure to follow to report any incidents. Staff were able to tell us what type of abuse they might find in the setting and they were able to confidently describe this to us. Staff also knew the principles of whistleblowing, the duty by a staff member to raise concerns about unsafe work practices or lack of care by other care staff and professionals. They assured us they knew the whistleblowing process and would not hesitate to report any concerns.

We found the arrangements for the storage, recording administration of medication and controlled drugs to be satisfactory. We inspected medication storage and administration procedures in the service on all three units. We found the storage cupboards were secure, clean and well organised. We saw the controlled drugs cupboard provided appropriate storage for the amount and type of items in use. Medicine fridge and room temperatures were taken daily and recorded. Staff conducted regular checks to ensure compliance with prescribed medicines. Whilst no people were receiving their medicines covertly the nursing staff had a good understanding of the requirements to ensure a legal framework existed before doing so. Some prescription medicines contain drugs which are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines. We saw controlled drug records were accurately maintained. The giving of the medicine and the balance remaining was checked by two appropriately trained staff.

Creams and ointments were prescribed and dispensed on an individual basis. The creams and ointments were properly stored and dated upon opening. All medication was found to be in date. We found people had

clear (PRN) protocols available to give guidance on the frequency or circumstances when these medicines should be administered. A monthly audit of medication was undertaken as part of the home's quality assurance system. We noted where areas had been identified during this audit an action plan was devised and followed up by one of the management team.

At the last inspection in January 2017 we asked the Greater Manchester Fire and Rescue Service to advise the provider on fire safety arrangements in the home due to finding some of the personal emergency evacuation plans (PEEPS) did not accurately capture the person's abilities.

Monthly safety checks and audits were being carried out to ensure people were protected from the risk of unsafe care and treatment. For example we saw appropriate checks were done in relation to fire alarms, fire extinguishers and emergency lighting. At this inspection we found PEEPS had been reviewed for each person, which now ensured people's abilities were recorded to ensure in the event of an emergency the fire officer had the relevant information to safely respond.

We completed a tour of the premises as part of our inspection. We inspected the bedrooms, bath and shower rooms, and various communal living spaces. We saw fire-fighting equipment was available and emergency lighting was in place. During our inspection we found all fire escapes were kept clear of obstructions and all upstairs windows had tamper-proof opening restrictors in place. We reviewed environmental risk assessments, fire safety records and maintenance certificates for the premises and found them to be current.



Our findings

People were assessed and care was planned to meet their assessed needs. Each person's care record contained a comprehensive assessment of their needs across a range of different aspects of care including physical, medical, nutritional, emotional, cognitive, social, and cultural/religious needs. Assessments were carried out on admission and this information was used to develop care plans in consultation with the person and their family members, so their wishes were known and included. Information was available to staff so they knew the care and support to provide.

All new employees completed an induction programme when they joined the service. This consisted of a mix of formal training, shadowing experienced staff and reviewing the services policies and procedures. In addition, staff new to the care sector were supported to complete the care certificate during their probationary period. The care certificate is designed to help ensure all staff have an understanding of current good working practices in care. Staff competence was assessed by the manager before they were permitted to provide support independently. One staff member who had recently completed the induction told us, "The induction was very good, I enjoyed the training that was provided."

Records showed that staff employed directly by the service had attended training in topics such as mental health awareness, moving and handling, fire safety, safeguarding people from abuse, Mental Capacity Act 2005 and deprivation of liberty safeguards. This staff team were also provided with training called 'team teach'. Team teach aims to enable staff to support people to manage their behaviour more effectively through positive intervention and support rather than through physical intervention or medicine. This meant permanent staff had the skills and knowledge to support people to manage their behaviour in an appropriate way and the least restrictive option is considered. However, as reported on already in the safe domain we found a large number of agency staff the service regularly used had not received essential training in mental health awareness and physical intervention to ensure they were safely equipped to support people at the service. Furthermore, the provider did not have an overview of the training the agency staff had received, until we brought this to their attention.

There were systems in place to support staff working at Oakland House Nursing Home. This included regular support through at least six one to one supervisions from managers and annual performance appraisals. These meetings gave staff opportunities to discuss working practices, identify any additional training or support needs and to discuss any other issue that may impact on the staff member's performance. In addition, staff team meetings were held monthly. Records of these meetings showed they provided staff with additional opportunities to discuss training needs and any changes within the service.

The service was split into three units, each with their own dining areas. Some people chose to eat in their bedrooms. The dining tables were set with cutlery and condiments, but not on all units. There was a menu board in place which reflected sandwiches and soup for the lunch time meal. We observed mealtimes over all of the three units. We found the mealtime experience varied on each floor. People received the support they required to eat their meals. Where a person required physical support to eat staff provided this in a discreet and dignified manner. However, we did observe that meal times were more task-orientated for people who needed assistance to eat. Staff concentrated on the role of assisting people rather than creating a social atmosphere.

We provided this feedback to the manager who confirmed they were aware the mealtime experience needed to be improved. During the inspection we were provided with a meal time experience survey completed in September 2017. This survey analysed the responses of 29 people who took part. The survey found 10 people did not enjoy lunch time. From the survey an action plan was devised, which detailed a meeting with people would take place in December to discuss how they can improve the meal time experience. We found this meeting took place and suggested alternative meal options, but we noted improvements to the meal time experience was not discussed. From our observations we found further work in this area was required to improve the mealtime experience for people.

People told us they were happy with the food they were served. One person told us, "The food is okay to be fair, plenty of choice." Another person said, "The food is brilliant with a huge choice."

People had their nutritional needs assessed and were supported to have a good diet. The staff sought appropriate advice regarding people's food and fluid needs and put recommendations into practice. For example; one person required a fortified diet to increase their calorie intake and this was provided. Another person needed their food to be pureed and at lunch time we saw their meal was served in accordance with the instructions in their care plan.

Meals were prepared in the main kitchen of the home. Once meals had been prepared they were sent across to units in heated food trolleys. A local authority food hygiene inspection carried out in January 2018 awarded the home a rating of 5 stars, the highest award that can be given.

Accommodation comprised of three identical units over three floors. Each unit was kept secure via an electronic keypad door. People who used the service had swipe cards which enabled them to enter and exit the building into a shared communal garden. All bedrooms were single occupancy, with several bath and shower rooms and separate toilets throughout. Corridors were sufficiently wide enough for people who used wheelchairs and aids such as walking frames, and handrails were provided to promote people's mobility and independence.

A refurbishment programme planned to commence in 2018, will predominantly start with the top floor of the service. The refurbishment plan, initiated following consultation with people via 'comfort surveys', includes replacing of furniture in lounges to make them more homely, along with the introduction of new curtains and blinds suitable for each area. There will be upgrades to kitchens on each unit, and work will be carried out to create more external space for people, including the introduction of new fencing at the front of the home and making the front garden more easily accessible.

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. The interim manager had a good understanding of this legislation and appropriate assessments of people's ability to make decisions had been completed. Were people's capacity to make specific decision could be variable this had been recorded and staff were provided with guidance on how to support people to make meaningful choices.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Although the service's doors were locked, people who had no restrictions in place had a swipe card that allowed them to access doors so they were free to leave the service. The manager had identified that some people who lacked capacity in relation to certain decisions were the subject of restrictive care plans. Necessary applications to the local authority for the authorisation of these care plans had been made. Where authorisations had been granted the service had complied with any associated conditions.

We saw that there were policies in place relating to the MCA and DoLS. Where people did not have the capacity to make decisions about their care, meetings were held with people, their relatives, and health and social care professionals to help ensure that any decisions were made in the best interests of people using the service. Staff we spoke with confirmed they understood the meaning of mental capacity and were aware of the DoLS the manager had applied for and were aware of those people for whom the manager had submitted a DoLS application.

Staff understood the importance of ensuring people were consenting to the care they received and we saw this demonstrated throughout our visit. For example, staff checked with people first to ensure they needed or wanted assistance, rather than assuming they did. Records showed where people had capacity, they had consented to certain aspects of their care being provided, such as medicines, and how their care was planned and delivered.

We found that staff had a good understanding of the requirements of the Mental Health Act 1983 (Amended 2007) and they made sure the MCA Code of Practice was followed. Staff confirmed one person was subject to conditional discharges from sections and Community Treatment Orders (CTO) and understood the importance of ensuring people were aware of the conditions that were applied and their right to appeal this section. A CTO is part 17A of the Mental Health Act; this allows people to leave hospital and be treated safely in the community rather than hospital. A CTO means that people have to keep to certain conditions in the community.

People were supported to access health services as and when they required. Records showed that people attended GP, hospital and other health appointments and were accompanied by staff as required. People's mental health was monitored and the home worked with external healthcare professionals to promote their health and well-being. The manager at the service could also make referrals to the provider's other specialised services, available open to people who were in crisis at this service. This meant people received a more timely assessment from a clinical psychiatrist and the aim of this intervention, to speed up the process of assessment and treatment of people and ultimately improve their mental health, was achieved.



Our findings

We asked people if staff were kind and caring. Comments included, "The staff are great here, very caring", "Staff are approachable, if you have a problem all you have to do is mention it and it will be addressed" and "I believe this is a caring home."

Through our observations of staff interacting with people and from conversations with the staff, it was clear that they knew the people they provided care for well. They understood people's preferences, likes and dislikes. They also had a good understanding of people's past lives, which enabled them to participate in meaningful conversations with people. This was confirmed by the relative we spoke to who also felt the staff knew their family member well.

People were able to make choices and decisions about both how their care was provided and how to spend their time. People chose what time they got up in the morning and when they went to bed. People moved around the service without restriction and were able to independently access the community when they wished. During the morning of our inspection most people choose to spend time in their bedrooms or in the service's lounge and designated smoking area, located in the garden. In the afternoon most people choose to access the community independently.

People's care plans contained key information which helped staff to get to know them well. This included details about their family relationships, significant life events, occupation, hobbies and their likes and dislikes. Staff we spoke with demonstrated a good knowledge of people's personalities and individual needs and what was important to them.

During the inspection we observed one person becoming anxious, we observed a staff member quickly intervened to reassure this person. We spoke to the staff member who confirmed this person's anxiety was part of their condition and discussed the importance of redirecting the person to help minimise their anxiety levels. The service continued to use the positive handling approach when it came to de-escalating incidents that may challenge others. The positive handling plan outlines the causes of a person's anxiety, what behaviours may then occur and what happens if they go into crisis. It identifies common triggers and guides staff on the correct way to de-escalate a situation in order to support people in a positive way rather than through physical intervention or medication. This plan helped staff work with people by promoting and respecting their dignity and demonstrated good practice when supporting people with complex mental health needs.

Staff understood the importance of promoting equality and human rights as part of a caring approach. The manager commented that at present no one living in the home currently identified themselves as being Lesbian, Gay, Bisexual or Transgender, (LGBT), and commented further that all relationships were equally respected. The manager provided us with information of a transgender awareness and diversity workshop that the provider was due to arrange for staff. The manager told us people's diversity was explored as part of the admission process and they were confident the home would provide a safe and supportive environment for LGBT people.

People's diverse needs were recognised and respected. The care records included information about needs which came from people's culture and religion. Religious services were held in the home and representatives from places of worship visited people if they wished. The home had contact with religious leaders from different denominations. We noted that meals included some items on the menu which reflected the preferences of people from different cultures in the home.

Advocacy services were available for people if they wished to access them. Posters promoting the benefits of advocacy were displayed in all of the communal areas, including lounges and in the main corridor on the three units.

During the inspection we saw people's confidential care files were kept in a lockable cabinets on the three units to ensure confidentiality. Information on the service and of interest to people using the service was displayed on notice boards and in the reception area of the home for people to view. When we looked in people's bedrooms we saw they had been personalised with pictures, ornaments and furnishings. Rooms were clean and tidy showing staff respected people's belongings.



Our findings

At our last inspection in January 2017 we found there were limited opportunities for people to recover, rehabilitate and become independent. We found this to be a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvement in this area was minimal and the provider acknowledged the recovery model should have been much further on.

We looked at the service's statement of purpose, which had been updated in December 2017. A statement of purpose is a document produced by the company which outlines to prospective service users what they can expect from the service. The services' aims and objectives stated 'The aim for Oakland House Care Home is to provide appropriate, high quality, nursing care and treatment for adult men and women with enduring mental illness. We aim to provide person centred care with a focus on rehabilitation and recovery, using an approach that responds to any changes in the individual's needs, while maximising their health and well-being and potential, in a caring, warm, friendly, welcoming and homely environment'. We found the provider's recovery model was not fully operational and therefore did not meet the provider's statement of purpose.

At our two last inspections in January 2017 and November 2015 we found that people did not have aspirational care plans which set out their goals and ambitions in terms of rehabilitation and recovery, or what the next step was in terms of accommodation and personal independence. At this inspection we found that this was predominately still the case. We were provided with one care plan that evidenced the person had been supported with the 'recovery star' model. The recovery star is a tool used to assess and track people's rehabilitation and recovery from various issues. We found this person's recovery star plan set an action plan, but we found no evidence to determine how the person would be supported to improve their skills in areas such as medication management, finances, daily living skills and accessing the community. In discussion with the clinical lead they said this recovery star approach was in its early stages.

In the other four care plans we viewed we found no evidence to determine how the service planned to support people's long term plans or wishes; they were focused on meeting people's health needs in the here and now. This meant that the service was still not responsive in terms of setting out their goals and ambitions for people to achieve.

On each of the units there was a satellite kitchen which we were told people could use to make themselves drinks and snacks if they wished and to learn independent living skills, such as cooking. However, once again we did not see evidence in five of the care files we viewed to determine if people had the ability to

manage activities of daily living themselves, such as getting dressed, taking a shower or preparing their own meals.

We discussed this area with the management team during the inspection. The head of governance accepted the service should have been much further on in respect of the recovery model, but felt progress was partly delayed due to changes in the management structure. The head of governance was confident the recovery model would soon be in place, but the service needed the refurbishment works to commence to support the recovery model to its full potential. We were informed the provider had recruited an occupational therapist, due to commence their role in March 2018, and we were advised this person would be heavily involved with the recovery model at the service. The head of governance commented further that the service was planning to roll out training to its staff team in respect of recovery star and provide a presentation to the people at the service to inform them what the recovery star is about and how it helps to fully enable their recovery.

The fundamental purpose of Oakland House Nursing Home was to support people to recover, rehabilitate and become independent. The continuing lack of progress and action to meet people's identified needs was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection we were provided with evidence from the provider they have purchased the license for 'Outcome Star' which will be in place until 23/10/2018, where to provider may review this contract. The Outcome Star is an evidence-based tool for measuring and supporting change when working with people. The Star is underpinned by three values – empowerment, collaboration and integration – which sets it apart from traditional approaches. We will review the progress of this at our next inspection.

Care records provided detailed information about the needs of individuals. People received appropriate care because their needs were assessed and care arrangements planned. Senior staff assessed people's needs before they moved to the home to make sure they had the necessary facilities and staff had the skills to meet their needs. The manager told of occasions when the pre-admission assessment determined they could not meet the person's needs. This pre-admission assessment included information relating to previous medical conditions, preferences regarding daily routines, life history, communication including sight and hearing.

Care plans provided detailed information to guide staff and ensure consistent provision of care. We saw support was responsive to people's changing needs and staff recognised how to adjust the care provided, depending on how the person was feeling. The management of people's health such as malnutrition, falls and wound care were well documented and regularly reviewed.

We read how one person experienced mental health difficulties and saw there was clear guidance for staff about how to recognise possible triggers, the preventative measures they should take to reduce the person's anxiety and the necessary interventions if this escalated.

There was a 'Listen to Me` document which ensured people's unique information was written down in one place, including choices and preferences and how they wished to be supported. We were told that the information was used extensively by staff, as well as when people were taken to hospital. This ensured that people were supported in a safe, effective, person centred way, regardless of whether they were at the home or in hospital. It was especially useful for people with communication difficulties as it minimised the risk of people receiving inappropriate care. It was recorded how a person contributed to their support plan. There was also a record of how people indicated they were in pain. Behaviours which might indicate pain were clearly documented, a very important feature where people are unable to communicate verbally.

Keyworkers had been established and the service ensured people had regular one-to-one sessions with their named keyworker, who was also a registered nurse. During one-to-one sessions people were asked how they were or if they had any issues or problems and the conversation was documented. However, at the last inspection in January 2017 we found many of the one-to-one sessions were not always recorded in people's care plans. At this inspection we found the level of keyworker sessions varied. With one person having one each month and other people having them a couple of times a year. The manager commented that keyworker sessions varied depending on how much people wanted to engage, but acknowledged staff needed to clearly record in people's care plans when they refused to take part.

At the time of our inspection there was no one receiving end of life care. At the last inspection we found there was not a designated section incorporated within the care plans that discussed people's wishes for their end of life care. At this inspection we found people's end of life care choices were now recorded in people's assessment of need. The manager confirmed a section would be included within the care plan to ensure this area was clearly evidenced.

During the two days of our inspection we saw no evidence of people being supported or encouraged to participate in activities with staff. During the morning most people chose to spend time sleeping and relaxing in their bedrooms while staff focused on meeting people's personal care needs. During the afternoon a small number of people accessed the community independently, while staff focused on cleaning and other domestic tasks, with limited interaction with people other than to provide cigarettes when requested. Most people had agreed to limit their cigarette consumption to one per hour and spent significant periods of the day waiting for their next cigarette, rather than engaging with activities.

Although on the day of inspection an activities co-ordinator was on duty, we did not see any activities taking place. An activities planner was seen displayed on several walls around the service. One staff member told us "Motivation is the biggest issue here; people say they will do something but when it comes to it they don't turn up or change their minds. What can you do?" There appeared to be little effort made to provide any meaningful stimulation for people, with several seen walking up and down the hallway or going out at regular intervals for a smoke. The home also had access to their own mini bus to support people out in the community. The service had previously arranged recent successful trips to Blackpool. We found people's involvement in activities was recorded in their care plans; however the frequency of these activities varied. We discussed the level of activities on offer with the manager who informed us additional funding had been granted by the provider to allow for a second activities co-ordinator who was soon due to support activities.

We received mixed comments in relation to the activities at the home, comments included: "The activities are okay, but I tend to do my own thing" and "I think more could be done, sometimes there doesn't seem to be much going on." We will continue to monitor the progress of activities, and determine the impact of the recovery model once this has been fully embedded at the service.

We recommend that the provider and manager reviews current working practices at the service with the aim of supporting and encouraging people to engage with a greater variety of meaningful activities.

We found meetings were held for people using the service and/or their relatives or representatives every month. This provided the service with an opportunity to explain what was planned for the service and enabled people, relatives and representatives to provide feedback about service provision. This feedback helped the service identify areas where they were doing well and any areas they needed to improve.

There was a complaints procedure in place. The procedure was clearly displayed in the reception area of the home and also in an easy read format. We also looked at the complaints which had been made against the

home. We saw that there were details about what the complaint had been about and what action had been taken. There was also a copy of the response which was sent to the complainant.



Our findings

At the time of our inspection there was no registered manager in place. The previous registered manager had left the service shortly after our last inspection in January 2017. The provider recruited a new manager soon after this; however they withdrew their application to become the registered manager in November 2017 and left the service. Since then the provider had appointed an interim manager who was previously the clinical manager at the service. The manager commented that they had applied to become the permanent manager of Oakland House Nursing Home. The provider was following their recruitment process and no decision had yet been made to determine if the interim manager would stay on to become the registered manager. CQC will continue to monitor the progress of this.

The manager was a registered nurse. The new provider had appointed an interim clinical manager, who was also a registered nurse, to support the manager. This ensured management duties were completed if either had to cover for one of the nurses and introduced additional resilience in regards to staffing, reducing the need for agency staff. Both managers were supported by a governance team who were proactive at visiting the service and completing a number of compliance audits in relation to care planning, medicines and health and safety.

The management team engaged positively in the inspection process and we observed staff referring to them by their first names. Staff we spoke with confirmed the management team were friendly, approachable and supportive. Comments from staff included, "We are a good team here and help and support each other to try and get things right" and "I believe [manager's name] is very approachable and happy to help out on the units."

We looked at the systems in place to monitor quality of the service. We saw evidence of audits related to medicines, health and safety, infection control and care plans. Monthly spot checks of the environment were also completed. Actions were identified from the audits for each unit, with actions followed up by keyworkers or the managers.

Although we found a number of audits in place and action plans devised, the quality assurance systems in place had failed to identify the issues raised throughout this report. For example, the provider did not have a clear overview of the training agency staff had received. As reported on, we found the majority of the agency staff had not received any training in respect of mental health awareness and physical intervention. Furthermore, we found the progress of the recovery model was minimal since the 12 months we last inspected. Although we were encouraged by the appointment of an occupational therapist at the service we

found no clear plans formulated with timescales of how and when the recovery model will be delivered at the service.

We concluded this was a breach of Regulation 17, (Good governance); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Effective systems were not in place to ensure risks to people's safety and welfare were consistently assessed, monitored and managed.

The service also held culture and values group meetings. These meetings were introduced to challenge perceptions and preconceived ideas staff have about each other and as a way of trying to get staff to think more positively. It also showed that promoting staff morale was important to the manager. This meant the home was committed to ensuring staff understood and respected each other as well as the people they supported. The provider also produced an annual equality report. We viewed the latest report dated June 2017 and found the provider's purpose of producing this report was to demonstrate the ways they were meeting the requirements of the Equality Act 2010 and to make recommendations as to how they can continue to improve. We found this comprehensive report looked at a number of key topics such as: the workforce, recruitment, grievance and disciplinary, equal pay, employee surveys, equality and diversity training, reasonable adjustments, monitoring the experiences of our service users and access for our service users.

The provider produced an annual risk management strategy report. The purpose of this report was to analyse all accidents and incidents across the provider's locations to determine any themes and trends. We found this report clearly recorded actions that had been taken to reduce the level of accidents and incidents by, at times, increasing the staffing levels. This ensured the safety and wellbeing of the people living at the home was considered by the provider.

A quality improvement plan for 2017/2018 was in place for the provider. This took in to account the provider's other services. An action plan was devised from this quality improvement plan which indicated areas of improvement in areas such as enhancement of the governance and quality systems, updates to service specification and models of care, to improve physical health of service users, improve service user experience and recruitment and retention of workforce.

There was a system in place to monitor accidents, incidents and safeguarding concerns within the home. The manager carried out a monthly trends analysis on information, such as accidents or incidents, occurring within the home. This meant that the home responded to accidents and incidents and took appropriate action to safeguard the individual and other people, involving relevant professionals where necessary.

We saw opportunities were provided for people, their visitors and staff to comment on the service and share ideas. The manager strived to involve and inform people as much as possible in the running of the service. For example, we saw a number of surveys were sent to people who used the service and their families. These included 'comfort surveys', which ensured people were fully consulted with changes to the environment. At the time of our inspection staff surveys had been sent out. This meant the home strived to ensure people, their relatives and staff were involved in decisions about the running of the home and were encouraged by the service to provide feedback.

The manager understood the requirements of registration. They had notified us of events that occurred at the home as required, and had also liaised with commissioners to ensure they shared important information in order to better support people. We saw the rating from our previous inspection was displayed in the home and on the provider's website. This meant the public had information about the home's rating, which is a legal requirement.

