

Conifers Care Homes Ltd

# Oaklands Nursing Home

## Inspection report

10 Tarvin Road  
Littleton  
Chester  
Cheshire  
CH3 7DG

Tel: 01244335060

Website: [www.coniferscaregroup.com](http://www.coniferscaregroup.com)

Date of inspection visit:

17 August 2021

19 August 2021

Date of publication:

20 September 2021

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Oaklands Nursing Home is a residential care home providing personal and nursing care to 37 people aged 65 and over at the time of the inspection. The service can support up to 50 people. Oaklands accommodates people within a three-story building with access to all levels being provided by a passenger lift.

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

Some working practices placed people at risk of harm. Risk assessments, care plans and care monitoring documentation did not always accurately reflect care needs. The provider lacked effective systems to identify the shortfalls we found.

The provider and registered manager had also failed to ensure appropriate consent was obtained from people about important health decisions which affected them. This meant people were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests. The policies and systems in the service did not support this practice.

Although we found improvements were needed, people did tell us they liked living at Oaklands Nursing Home and felt they received good care. People told us they felt safe and could speak to the staff and registered manager if they had any concerns. People also spoke positively about the meals they were provided with and could make choices about where to take their meals and spend their time generally within the service.

Staff were safely recruited and inducted. There were enough staff available to respond to people when they needed care. We observed staff treat people with respect and demonstrated they knew people well. People confirmed they were supported to access healthcare services when they needed it and relatives felt well informed about their loved one's day to day care.

The service was clean, and people were encouraged to personalise their own bedrooms in a way they chose.

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

The last rating for this service was good (published 16 February 2019).

### Why we inspected

We received concerns in relation to the safe management of people's nursing care needs. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key

questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe, Effective and Well-Led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

The provider has taken action to mitigate some of the risks we identified and has shared an action plan setting out how they would address the issues we found during the inspection.

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

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safe assessment and management of risks to people, seeking appropriate consent and ensuring records are accurate with an effective system of management oversight of the quality of care being provided to people at this inspection.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Oaklands Nursing 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 Care Act 2014.

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 completed by two inspectors.

#### Service and service type

Oaklands Nursing Home 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### 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 also sought recent feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, clinical lead, senior care workers, care workers, domestic staff, maintenance staff and the chef. We also spoke with the training manager and a management consultant who was providing support to the registered manager. We 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 talk with us.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also shared some of the issues we found with the local authority commissioning team and the clinical commissioning group (CCG).



# Is the service safe?

## Our findings

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

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

Assessing risk, safety monitoring and management; Using medicines safely

- Medical conditions were not always appropriately assessed. For example, one person did not have a care plan for epilepsy. This meant staff did not have sufficient guidance to follow in the event the person experienced a seizure.
- A number of people had bedrails in place due to risks relating to falls. A number of risk assessments were poorly completed and did not always consider the risks of possible entrapment.
- Personal emergency evacuation plans (PEEP's) did not always accurately reflect people's mobility needs or consider the risk of people who lived with dementia walking away from the service unsupported. One person did not have any information detailing how they should be safely evacuated from the service in an emergency.
- During the inspection, we observed a number of practices which could put people at risk of harm. This included unsecured areas of the home storing cleaning products and medication.
- Medication was not always stored, recorded or administered appropriately.
- We observed one staff member dispensing medicines into a medicine pot and then walking to another area of the home to administer to a person. Thickening products prescribed to a person at risk of choking were left unattended on a trolley and in kitchen areas on a number of occasions. One person's prescribed creams had been left on a bedroom windowsill. Records for prescribed creams didn't always indicate the area of the body for the cream to be applied.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate risks to people care and treatment were effectively assessed or managed. This placed people at risk of avoidable harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during and after the inspection. They confirmed systems had been put in place to secure all potentially hazardous areas and items within the home. We also received an action plan setting out a planned review of all risk assessments and care plans of people living at the service.

- Other medicines were managed safely and administered to people in line with prescriber instructions. This included the administration and safe management of controlled drugs. Medicines were only administered by staff who were qualified and suitably trained.
- People received safe support around medical conditions such as diabetes. This included the safe administration of insulin.

- Routine checks on the environment and equipment were maintained. Certificates and audit documentation supported this.

#### Staffing and recruitment

- Staff were safely recruited. Appropriate checks had been made on people before being offered employment. This included checks on temporary (agency workers).
- Staffing levels were safe. People told us they felt there were enough staff. One staff member said, "Staffing levels are okay. Much better than other places I have worked." This was supported by people living at the home who told us, "The staff are mainly very good. I mostly have the same staff. They are not strangers and I know them" and "I think there are enough staff. I don't use my call bell very often but, if I do, they come straightaway."
- We observed people's call bells being responded to in a timely manner. However, we found the system was potentially confusing for new or unfamiliar staff. We discussed this with the registered manager who explained they were working with the system provider to make improvements.

#### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse; policies and procedures supported this. Staff had completed safeguarding training and knew how to raise concerns.
- People told us they felt safe living at Oaklands Nursing home. One person told us, "I think it's wonderful here. All the carers are nice." One relative said, "My wife is safe and her needs are met."
- Systems were in place to record accidents and incidents. They were reviewed regularly by the registered manager to look for any trends and identify whether future incidents could be prevented.

#### Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. A small number of staff were observed not to wear facemasks appropriately. We shared our observations with the registered manager.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent had not always been sought or obtained before decisions were made about a person's care and treatment. Where it was determined a person lacked the capacity to consent to a decision, records around this were either missing or poorly completed. For example, where decisions had been made to put a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order in place for people, there was no evidence of discussing the decision with the person or how the decision had been made in their 'best interest'. For one person, family members had not been consulted prior to the decision being made despite other records stating they should be.
- Decisions had also been made to use bedrails without a clear rationale for the decision nor evidence of considering if this was the least restrictive option when supporting people who were at risk of falls.
- Where records were in place, there was some evidence the decision not to involve people was based on an assumption they lacked capacity as a result of their 'condition' rather than through the completion of assessment.
- DoLS applications had been made for most people who lacked capacity. However we were not assured the registered manager had made applications for all people who may need this.
- We could not always be assured the local authority had been provided with details of all aspects of care which required authorisation of a DoLS. For example, one authorised DoLS did not include the person requiring bedrails. A number of applications in progress also lacked this information.

We found no evidence that people had been harmed however, systems were either not in place or robust

enough to consent to care and treatment was sought in line with law and guidance. This was a breach of regulation 11 (Consent to Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They provided an action plan with timeframes for reviewing the current information held about people's capacity to make decisions and choices. We were told this would include a review of all DoLS information.

- Throughout our inspection, we observed staff seeking verbal consent from people before they delivered care. We also discussed the MCA with staff who confirmed they received training and were able to describe what this meant in practice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to eat and drink enough to maintain a balanced diet

- People's needs had not always been appropriately assessed. Care plans did not always reflect information and guidance provided by other health professionals through referral documentation. Care plans had not always been updated as people's needs changed.
- One person's care plan contained inconsistencies about their medical diagnosis from the original referral documentation. The reasons for some medicines prescribed to treat a medical condition were unknown by the nursing staff. This condition had been an identified reason for a DNACPR being put in place.
- People's nutritional and hydration needs had not always been appropriately assessed. For example, one person had conflicting information about their dietary needs. Despite being prescribed and administered food supplements due to weight loss, there was not reference to this in their care plan.
- Recording documentation to monitor the care delivered to people was not always completed in a timely manner. This meant we couldn't always be assured people had received the care they needed. This was particularly evidenced in some food and fluid and repositioning charts.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate accurate, complete and contemporaneous records had been made. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although we have identified a breach in regulation, we were assured staff understood and delivered the correct care to people.
- People also spoke positively about the food on offer and we observed food to be well presented. Staff offered appropriate choices to people during mealtimes and people could choose where they wanted to eat their meals. We observed this was respected.

Staff support: induction, training, skills and experience

- Staff received training and induction when they started working at Oaklands Nursing Home. Staff spoke positively of the training they received. One told us, "Training is good, [the trainer] is really good and will observe practice."
- Residents also felt staff were well trained. One told us, "Staff know what they are doing. I feel safe."
- Records were maintained of staff training however we identified some refresher training was needed. We also discussed recent admissions to the service with the registered manager and whether they had fully considered the knowledge and skills of staff to support some people living at the service. The registered manager acknowledged additional training was required. We were told this was being addressed.

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

- People had access to healthcare services and support; care records showed referrals were made to other agencies when specialist advice was required.
- Relatives told us they felt well informed by staff if a person became unwell and people confirmed staff responded to their health needs. One person told us, "Staff would call the doctor if I needed."

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

- People had the equipment they needed to be supported effectively and were encouraged to personalise their own bedrooms.
- Environmental improvements were underway at the time of our inspection. These had been considered to assist people living with dementia.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Systems in place to monitor risk and the quality of care for people were not always effective.
- Audits completed by the management team had failed to identify the issues we found in relation to assessments, care plans and care monitoring records. This placed people at risk of receiving poor care.
- The admissions process had not always considered the full needs of people. This placed people at risk of not having all their needs fully met or understood.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to assess, monitor and improve the quality and safety of the service or mitigate the risks relating to the health, safety and welfare of people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Governance systems demonstrated the registered manager understood their responsibility for notifying the Care Quality Commission of events that occurred within the service and records showed an understanding of duty of candour.
- The most recent CQC rating was clearly displayed in the reception area and on the provider's website.

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

- The provider, registered manager and wider management team were responsive in addressing the issues we found during the inspection and demonstrated a commitment to making improvements.
- We observed positive interactions between staff and people receiving care. People were spoken to with respect; staff were visible to respond to people's needs. One staff member told us, "I think it is a happy home and people are really well cared for."
- People also spoke positively about the care they received and about the management within the home. One relative told us, "I think the managers are really good. I know them all and confident to speak to them." One person living at the home said, "The manager is helpful and approachable."

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

characteristics; Working in partnership with others

- The provider sought feedback from people through surveys and also shared information through regular newsletters. Records demonstrated the provider analysed feedback to make changes and improve the service delivered to people.
- Staff had the opportunity to share their views through regular team meetings and supervision. Staff felt supported by the registered manager. We were told, "management are supportive," and "[name] is an excellent manager."
- The provider had also written to staff thanking them for their work and commitment throughout the COVID-19 pandemic.
- Information contained within care plans demonstrated staff worked in partnership with other agencies.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	Systems were either not in place or robust enough to consent to care and treatment was sought in line with law and guidance.  Regulation 11 (1), (2), (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems were either not in place or robust enough to demonstrate risks to people care and treatment were effectively assessed or managed.  Regulation 12 (1), (2) (a) (b) (d) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems were either not in place or robust enough to demonstrate accurate, complete and contemporaneous records had been made.  Systems were either not in place or robust enough to assess, monitor and improve the quality and safety of the service or mitigate the risks relating to the health, safety and welfare of people  Regulation 17 (1), (2) (a) (b) (c)

