# Regal Health Care Properties Limited

# Oaklands

## 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? | **Good** |
| Is the service well-led? | **Good** |

## Overall summary

This inspection took place on 18 November 2014. It was unannounced.

Oaklands provides accommodation and care for up to 53 older people, many of whom may be living with dementia. When we inspected there were 46 people living there. People's bedrooms are arranged over two floors with a lift between the floors. There is a variety of communal space including lounges, dining rooms and a conservatory. There is also an enclosed courtyard garden area in the centre of the home.

The service must have a registered manager in post. 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. There has not been a registered manager working at the

# Summary of findings

home since March 2014. The manager at the time of this inspection was not registered at Oaklands but did have experience as a registered manager in another home run by the same company.

At our inspection on 31 July 2014 we found breaches of regulations for care and welfare, staffing, staff support, monitoring of service quality and record keeping. After that inspection the provider sent us an action plan on 18 September 2014 showing how they were going to improve. The new management team had taken action to improve care and welfare, record keeping, staffing levels and the way the quality of the service was monitored.

Some aspects of people's safety were compromised. There were some concerns about the way the building was operating which affected people's safety in the event of fire or from falls on a staircase. Medicines were administered safely and stored securely. However, the discovery by staff of tablets on a floor had potentially compromised people's safety.

Staffing levels had improved significantly since our last inspection so that people did not have to wait so long for assistance. New staff were subject to proper recruitment checks which contributed to people's safety. Staff and the manager knew the importance of reporting concerns about staff conduct or abuse, to ensure people were protected and people said they felt safe in the home.

People at risk of dehydration could not be sure they had enough to drink to meet their needs and so maintain their health. However, people who needed assistance to eat their meals were given this and staff made sure they were referred for advice from health professionals promptly if people became unwell.

The staff were supported by the new management team and there were plans in place to improve this further. They understood how people's capacity to make decisions and choices about their care may fluctuate and had training in the Mental Capacity Act 2005. They were less clear about the associated guidance for restricting someone's freedom for their own safety but the manager understood the Deprivation of Liberty Safeguards and applied them appropriately.

Staff were caring and compassionate towards people. There were isolated incidents when people's dignity was not wholly respected but staff offered people comfort and affection and reassured people if they became distressed or agitated. Staff working in a variety of roles within the home, including housekeeping, maintenance and care, were clear about their roles and responsibilities.

The manager was in the process of improving how people and their relatives were involved in reviews of their care plans. People's needs, preferences and interests were recognised as important with time taken to find out what they enjoyed doing. There was a complaints system in place and the new management team dealt with concerns promptly. The management team empowered people, their relatives and staff to express their views about the quality of the service and to make improvements where these were needed.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These regulations were replaced by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in April 2015. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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 consistently safe.

Some risks to do with people's safety in the premises had not been fully addressed.

Medicines were managed safely with isolated incidents needing to be addressed.

Recruitment processes were robust, contributing to protecting people from the service employing unsuitable staff. There were enough staff on duty to support people safely. Staff were aware of the importance of reporting suspected abuse which helped to promote people's safety.

**Requires Improvement**

**Is the service effective?**
The service was not consistently effective.

People were at risk of not receiving enough to drink.

Staff were competent to meet people's needs. They understood the importance of supporting people with decisions. The manager took action to ensure the service protected the rights of people who could not make decisions.

**Requires Improvement**

**Is the service caring?**
The service was caring.

Staff showed warmth and kindness to the people they were supporting although occasionally they did not wholly respect people's dignity. Staff offered comfort and reassurance to people who were anxious.

**Good**

**Is the service responsive?**
The service was caring.

Staff showed warmth and kindness to the people they were supporting although occasionally they did not wholly respect people's dignity. Staff offered comfort and reassurance to people who were anxious.

**Good**

**Is the service well-led?**
The service was well-led.

Staff morale and team working had improved under the leadership of the new management team. This had a positive impact upon standards of care people received. People, their visitors and staff were empowered to express their views about the quality of the service.

**Good**

# Oaklands

**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 18 November 2014 and was unannounced. The inspection was carried out by three inspectors.

Before our inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications and enquiries. A notification is information about important events which the provider is required to send us by law. We reviewed information from the local authority quality monitoring team.

We spoke with seven people using the service and four of their relatives. Some people were living with dementia and not able to tell us clearly about their care. 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 also spoke with nine members of staff working in a variety of roles within the home. This included five members of the care team, housekeeping and maintenance staff, as well as the head of care and the manager.

We reviewed the care records of five people living in the home and checked how they were being supported at each stage of their care and welfare. We looked at recruitment and training records for four staff and a selection of other records relating to the management of the service. These included quality monitoring checks, maintenance records and duty rosters. We also checked the records associated with the management of medicines.

Requires Improvement

# Is the service safe?

## Our findings

At our last inspection of this service on 31 July 2014, we found that people were not safe. Staffing levels were inadequate meaning people did not get the care that they needed. Records contained omissions of an incident which had significantly adversely affected someone's wellbeing. These were breaches of regulations 22 and 20. After the inspection, the provider sent us an action plan telling us how they would meet the regulations. At this inspection we found that a new management team was in place and action had been taken to improve in these areas. However, some other aspects of the service were not as safe as they should be.

There were some shortfalls in the safety of the premises and risks for people, which we raised immediately during our visit. We found that one cupboard near the laundry was not locked so that cleaning products were accessible to people. This was rectified when we pointed it out but should not have been left unlocked. We also saw that two people who preferred to spend time in their own rooms were potentially at risk. They did not have their call bells within reach to summon staff if they needed assistance or felt unwell. Staff also put this right when we asked but those people should have had their bells within reach for their safety.

Another person living in the home had placed a slipper in their bedroom doorway to hold it open. A staff member removed the slipper when we raised the issue. They also explained to the person why it was important that it should not be left there and showed that the automatic door closer in place would hold the door open for them. The person said, "I've never been told to take it away before." In the light of this we were concerned that the use of the slipper was common practice. This presented a hazard of trips or falls and in the event of a fire breaking out when the door would be prevented from closing automatically to offer them protection.

We also found that there was an unsecured and open door on the first floor which provided access onto the top of a steep staircase. We were concerned that this placed people using bedrooms nearby who may be confused and frail at significant risk of injury if they tried to use the staircase.

The registered person had not wholly protected people against risks associated with the way the premises was being used. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found from observation and records that the safety of equipment such as hoists, electrical equipment and fire detection systems was tested regularly. This helped to ensure equipment worked properly and was safe to use.

There were isolated concerns about medicines management. Unused medicines belonging to people living at the home were awaiting return to the pharmacy. These had not been recorded in the disposal record. This meant that people's medicines held for safekeeping pending disposal were not all properly accounted for and could be misused or taken from the home. We noted that there was one lot of five separate tablets for disposal which staff had labelled as 'unknown – found on floor." There was a policy for reporting medication errors but this incident had not been reported and no investigation had been made. There was a risk that someone for whom they were not prescribed could have found and taken them with adverse effects on their health.

We noted that medicines were stored and administered safely. The staff member responsible for administering them during our inspection gave us a clear account of the checks they made to minimise the risk of error. The manager had started a programme of assessments to ensure staff competence to administer medicines was sustained.

People living in the home told us that they felt safe and that they could talk to staff if they had any concerns. We asked staff how they would respond to concerns about people's welfare or bad practice. They were able to tell us what sorts of incidents they would need to report to their senior managers or to the local safeguarding team. A member of staff who was not directly involved in care was also aware of the need to report concerns about bad practice. They told us that the team went through the whistle-blowing policy regularly so they were aware of their obligations. Feedback from the local authority confirmed that they felt the service recognised potential abuse and reported it appropriately.

Relatives commented to us that they felt staffing levels had improved. One said, "I feel the staffing has improved. There

Requires Improvement

# Is the service safe?

are more staff on duty now." Two commented that they would like staff to spend more one to one time with people but recognised that this was not always possible. A staff member told us that they felt staffing levels were much better. They commented that sometimes they were pulled away from their allocated work area to help at busy times but that the 'floor' was always covered so that there were enough staff to attend to people properly. Our observations showed that, although staff were very busy, particularly at lunch time, requests for assistance were responded to promptly.

Staff told us about their recruitment including the checks that were made on their identity and references. We reviewed records for four staff appointed within the six months leading up to our inspection. These showed that the checks required were all in place before staff took up their posts. This contributed to protecting people from the appointment of staff who were unsuitable for employment in the home.

Requires Improvement

# Is the service effective?

## Our findings

When we inspected this service in July 2014 there was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Staff were not properly supported and trained to deliver care effectively. There was a lack of supervision and some core training had not been delivered promptly. The provider sent us an action plan saying how they would improve. At this inspection we found that action had been taken and there was a plan in place to ensure this continued.

Staff said that they felt well supported by the new management team but described the arrangements for supervision as poor. The provider's programme for supervision showed that they intended this should happen six times a year with additional observations of staff competence. The supervision schedule did not show that this had happened consistently to ensure that all staff were supported to meet people's needs effectively. However, the manager was able to tell us about plans for delivering further improvements.

The manager showed us how they monitored the induction and training of staff to ensure they had completed essential e-learning. This included the completion and marking of a test to ensure staff had underpinning, core knowledge to support people effectively. The manager told us that the head of care was able to deliver practical training in moving and handling to ensure staff knew how to use the equipment people needed. A relative commented that they had seen this practical training taking place. Discussion with the manager and two other members of staff showed that the six months' probation period for new staff was used effectively. Staff were monitored during their probation period to ensure they developed the skills and competence needed to support people properly.

People who needed it were given assistance to eat their meals. However, staff were not always focussed on the person they were assisting. For example, we observed that one staff member turned to another person while they were holding the spoon for the person they were supporting. The spoon moved away from the person, as the staff member turned, leading them to lean increasingly further forward to follow it. For another person, a staff member did not assist them at their own pace. The staff member held some more food up to their mouth on a spoon while they were still chewing the previous mouthful.

We saw that people's risks of not having enough to eat and drink was assessed within their care plans. There was guidance about 'triggers' to refer for specialist advice about diet if people experienced a weight loss of more than three kilograms in three months. We were able to see from a sample of records that referrals had been made. However, for one person at high risk of poor nutrition, their care plan indicated they were to be weighed weekly. There were gaps in the records and the manager said she could not be sure this was happening as required so that the service could be sure they were having enough to eat or that any further weight loss was addressed promptly.

Two of the five people whose records we reviewed were reliant upon staff to ensure they drank enough for their needs and were assessed as vulnerable to dehydration. Monitoring charts for these people did not show the amounts of drink they had taken to ensure that they were properly hydrated. For example, the record for one person on the day before our inspection showed that they had drunk only 420ml of fluids. This was well below recognised recommended daily amounts and there was no target intake on their record. For another person there was no fluid intake at all recorded during the morning of our inspection. This was despite a relative expressing concern that they felt the person was not drinking enough. We discussed this with the manager who showed us that a staff member had recorded what the person drank during the afternoon. However, they agreed with us that the information for the morning only indicated that drink was available and not that the person was encouraged to have enough for their needs.

We saw that some people were able to drink freely or to request a drink when they wanted one so would not necessarily need to have a record of the amount of fluid they had taken. We noted that staff offered drinks freely during lunchtime. People we spoke with told us that they enjoyed their food. One said, "The food is alright." Another told us, "The food and staff are good." A relative told us how the catering staff accommodated one person's preference for plain food and said, "They are excellent with the meals."

We discussed with staff and the manager, the training that staff had to enable them to support people living with dementia. A member of care staff confirmed to us there was e-learning available in dementia awareness. However, when we observed how people were supported with their meals we saw that staff were not consistently aware of best

Requires Improvement

# Is the service effective?

practice. Staff did not always focus on the individual and were sometimes distracted from giving assistance. A relative also commented that staff were very good at the basics but said, "Dementia awareness is lacking." The manager said that some basic training had taken place with a group of staff and was well attended. They told us that there were plans to repeat it so that all staff had training to the same level before they moved on. They told us that they had plans for staff to experience what it was like to be assisted to eat and drink so that they would be more aware of the impact of this on the people concerned and could think about their practice.

People's care records showed that they were referred to the GP promptly when this was necessary. This included one person whose weight loss had presented concerns and triggered a referral to the GP and dietician. We also saw that other professionals were involved such as a continence advisor, chiropodist and dentist.

Staff told us that they had training in the Mental Capacity Act 2005. One staff member was able to describe how a person's ability to make informed decisions may fluctuate. They told us that they would involve other relevant people, such as the person's family or doctor, so that any decisions made were in the person's best interests. Staff were less clear about the Deprivation of Liberty Safeguards. One told us that no one living in the home was subject of an application to deprive them of their liberty in any way. This was not correct. The manager said that they would ensure key staff were made aware of the applications that had been made. The manager showed that they had a good understanding of the provisions of the legislation and kept the situation for people living in the home under review.

Good

# Is the service caring?

## Our findings

People we spoke with were positive about the way staff cared for them. One said, "The staff are alright and lovely." Another described staff as "…friendly and helpful." A visitor said, "I don't worry about her care at all. I did before." The visitor told us that staff had a good relationship with their relative and that the person enjoyed the chatting and laughing with staff. We asked whether the chatter was respectful and they told us, "Staff never over-step the mark." Another visitor commented to us, "You can't fault the care that the staff give. They are really good with people." They went on to say that the keyworker of the person they visited was always welcoming. We saw that visitors came and went during the course of the day and there were no restrictions on the time they could visit.

Staff told us they felt that the standard of care was such that they would be happy to have a relative of theirs living in the home. One staff member told us that they felt changes in the staff team since our last inspection had been positive. They told us that they felt the staff team was stronger and that this had a positive effect on people living in the home who were calmer and more chatty.

We saw that people were able to make choices about where they spent their time and whether they wished to join in activities. People's electronic care records showed when they had been involved and consulted about decisions. One visitor commented about the way their relative was consulted and said, "Staff ask about her preferences more now than they did."

We did see just a few examples of people's dignity being compromised which we raised with the manager. For example, two staff spoke with one another about the progress a person was making, above the person's head and without involving them in the conversation. They missed the opportunity to engage with the person themselves. Two of the three inspectors were also present when one staff member threw back a person's quilt to help find their call bell, leaving their lower body exposed.

However, all the other interactions we observed between staff and people living in the home showed a kind and caring approach. We saw that staff spoke pleasantly and politely to people. They made eye contact with people and got down on their knees to do this if it was appropriate – for example when someone was sitting in a wheelchair. When one person became anxious or agitated, staff offered distraction and reassurance so that the person became calmer. Staff responded promptly to requests for assistance and intervened quickly to make sure a person was alright when they started to cough during lunch time.

We saw a staff member deliver birthday cards to one person and ask if they would like help to open and read them. The person agreed to this and we saw that the staff member got down to their level and sat alongside them to share the experience. A relative spoken with told us how efforts were always made to celebrate people's birthdays. During the afternoon, catering staff came in with a birthday cake and with the care staff they gathered to sing birthday greetings for the person. It was clear from the person's smile that they enjoyed this experience.

Good

# Is the service responsive?

## Our findings

A visitor told us how their relative remained in their bedroom. They said they had put information about the person's background and interests in their room so that staff could chat with the person appropriately when they were assisting with personal care. One person told us, "I am fine living here." Another visitor told us they had been involved in reviews of care with their relative and that the new management team were more receptive to their views. They said, "My suggestions about personal care have been listened to and things have improved."

Most of the records for people which we saw contained their personal histories so that staff would know what had been important to them in their past. People's care records also largely reflected whether they had been involved in developing their plans of care or wished to be involved. The manager told us that people's relatives had been written to about care plan reviews and some had been involved in these updates to support the person living in the home. One staff member also gave us an example of relatives and people sitting with senior staff to review and update their plans of care so that their wishes could be taken into account. We found confirmation of this in a person's records. Staff told us that information about any changes in people's needs was given to them at handovers between shifts or by e-mails from within the electronic recording system. One was confident that, as people's needs changed, they would be updated promptly.

We noted from one person's records that there were inconsistencies in assessing their individual needs. Their personal care assessment indicated assistance with personal care was 'not applicable.' Other information indicated that they needed assistance with a bed bath. However, staff were able to tell us about the person's needs and how they were supported with washing and bathing.

One person told us, "There's nothing much going on here." Another said, "Some things go on but I am not always interested in them." However, we found that an activities coordinator had been appointed just three weeks before our inspection so that improvements could be made in meeting people's preferences for their activities, hobbies and interests. They told us how they were spending time with people on a one to one basis to get to know them so that activities could reflect individual preferences and interests. A relative told us that they felt things were improving in this area. They told us, "We've been asking for activities for two years! I'm pleased to see things are in place now."

Staff told us how they sometimes engaged in 'ad hoc' activities with people such as singing and dancing. We saw one person seek out the attention of staff who started to sing with them bringing a smile to their face.

When we inspected this home in July we found that there was a high level of complaints from relatives and that these were not always addressed promptly. At this inspection we found significant improvements and a greatly increased confidence from visitors that any concerns they had would be addressed. One commented to us that they had felt "…brushed off..." previously.

All the relatives we spoke with told us that they had made complaints about the laundry arrangements. These involved clothes going missing and people having clothes belonging to others in their rooms. They had been made aware that there were plans to improve and extend the facilities to help reduce the risk of mistakes. The management team acknowledged that concerns were valid and were taking action to address them, including building to extend the laundry.

Relatives recognised that the management team was newly in post and that there were further improvements needed but said that things were much better. They said, "No one was listening to our concerns before." They had more confidence in the new manager and deputy than they had before the change was made. Another told us, "I am confident in letting management know when there is an issue." Three people living in the home told us that they had no concerns or complaints and everyone spoken with said they liked the staff.

We reviewed the complaints record. This showed that comments, suggestions and complaints were investigated and responded to in a timely way by the new management team.

Good

# Is the service well-led?

## Our findings

There was no registered manager in post at the time of this inspection.

At our last inspection in July 2014, we found that the service was not well-led. Staff morale was poor and there was a lack of learning from concerns or incidents and accidents. The provider's quality assurance systems had not been followed in line with their policy and had not identified the significant number of breaches in regulations that we found. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that significant improvements had been made.

The provider's action plan said that the operations manager would oversee the running of the home until such time as a replacement manager was appointed. At this inspection there was a manager in post who had joined the home about two months before our visit. They had not registered with the Care Quality Commission but told us they were in the process of gathering information for their application.

Staff all said that the manager and head of care were accessible for support and advice. They were positive about the changes the new management team had made and one told us that they thought that the home had improved 100 percent. Two other staff told us that they felt the team was stronger and that morale had improved. They knew that the standards of care they delivered (such as how people were spoken to, dressed and groomed) were monitored and felt that they were treated fairly.

A relative also told us that they felt the spirit within the staff team had improved considerably. They said, "Staff are smiling and talking to each other now. I can see an improvement on a day to day basis." They felt that this change had a positive impact on the quality of service that people received with staff being better motivated and working together as a team. This confirmed our observations of the way staff interacted with people and one another and was a significant contrast to what we had seen at our last visit where staff reported very low morale.

We spoke with staff working in different capacities within the service. Each of them had a clear understanding of their roles and duties, what was expected of them and how they were expected to work with the staff team as a whole. Staff told us that there were staff meetings and they felt able to raise suggestions about things to improve. In addition, the provider carried out surveys to ask them for their views so that they could have a say in developing the service. There were also formal surveys carried out by the provider each year to gather the views of relatives and people using the service.

A relative told us that the head of care had attended a meeting with the 'Friends of Oaklands' group. They said that they had asked for other staff representatives to attend as well so that views and opinions of relatives and staff could be shared. Since our last inspection there had also been a meeting between one of the provider's operations managers and relatives. A relative told us they had valued the opportunity to be open about shortfalls in standards of care and the way their complaints were dealt with before the new management team was appointed. One staff member told us that some complaints were now discussed in staff meetings so that the whole staff team could learn from them.

We concluded that the culture within the home had improved. People, their visitors and staff were actively involved in developing and improving the service.

The manager was able to show us that audits had been completed in relation to the quality of the service in a range of areas. This included medicines audits, accident audits, checks on safety and checks on the quality of records. People's care records were audited. We saw that there was a 'traffic light' system identifying where improvements were needed, for example to increase the involvement of people in reviewing their plans of care. The findings of these were reported to more senior managers so that the quality of the service was monitored. The manager showed us that records of incidents and accidents were analysed and explained the action that had been taken for one person in relation a pattern of falls. This contributed to identifying and managing risks to promoting people's safety.

The home had hosted a number of events such as garden parties and fetes which had been attended by family members and people from the local village community.

The manager had a clear view of what further improvements were needed. Despite the management team only being in post for a short time, people, relatives and staff recognised that significant improvements were being made.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br><br>Care and treatment was not always provided safely for people because the premises were not always operated in a safe way.<br><br>Regulation 12(1), (2)(d) |