Lancewood Limited

Queens Oak Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Queens Oak Care Home is a residential care home providing personal and nursing care to up to 89 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 67 people using the service.

People's experience of using this service and what we found
People told us they were treated with kindness and care by staff. People knew how to complain and felt they were listened to, however we found examples of where issues had not been promptly addressed by the service. The service engaged with people and their family members considering their equality characteristics and kept people informed of changes to the service.

Some key areas of safety were not always effectively managed. Risks to people were assessed but sometimes risk management plans were not followed. We found examples of skin integrity issues not being fully addressed. Medicines were not always managed safely at the home.

The service had a new manager who recognised where improvements were needed. Quality and audit systems were in place but did not always fully identify areas which were not working well. People were safeguarded from abuse and improper treatment and there were suitable measures to protect people from infection risks, including those from Covid-19.

Staff spoke of being well supported by managers and were able to develop their skills. Staff were recruited in line with safer recruitment measures and the service had worked to recruit care workers and nurses from overseas and support them to obtain appropriate qualifications.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:
The last rating for this service was good (published 30 December 2020).

Why we inspected
We received concerns in relation to the management of medicines. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Queens Oak Care Home on our website at www.cqc.org.uk

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.

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 have found breaches in relation to safe care and treatment at this inspection.

Follow up
Following our inspection the provider informed us of their intention to close the service. We will request an action plan and meet with the provider to understand what they will do to improve the standards of quality and safety in the meantime. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service.

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.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Queens Oak Care Home

Detailed findings

Background to this inspection

Inspection team
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by two inspectors, a pharmacy inspector and a specialist professional advisor.
The specialist professional advisor worked as a nurse consultant in practice improvement and dementia care.

Service and service type
Queens Oak Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we held about the service. This included notifications of serious incidents the provider is required to tell us about and complaints we had received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection
Inspection activity took place on 29 September 2022. We looked at records of care and support for six people and records of medicines management for 12 people and records of recruitment and induction for 5 staff members. We spoke with 2 nurses, a clinical lead, the interim manager and the director of quality. We spoke with 8people who used the service and 14 friends or family members and made observations of people's interactions with staff, mealtimes and activities.

After the inspection
We continued to review evidence we had collected and additional evidence that we had requested from the provider.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection we have rated this key question 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.

Using medicines safely

● Medicines were not always safely managed. We observed staff give medicines to people. The staff were polite, gained consent and signed for each medicine after giving it on the medicine administration record (MAR). Staff had suitable training on managing medicines including checks of their competency and written assessments of knowledge. However, audits of medicines administration had not always been carried out as planned. Key information about people's allergies was not always recorded on people's MAR charts.

● Medicines including controlled drugs (CD's) were stored securely and at appropriate temperatures. However, an oxygen cylinder was not stored securely. Also, the required signage about oxygen being stored in a person's room were not in place as per the provider's own policy. The provider told us that signage was taken down due to the door being painted and was in the room at the time of the inspection.

● Staff members did not always monitor and record the daily required checks for a person who was prescribed oxygen. This placed the person at risk of harm. We found that allergy information was not always recorded in medicines care plans.

Assessing risk, safety monitoring and management

● Risks to people had been assessed and reviewed by the provider, however some specific risk assessments lacked detail. Sometimes information on risks was not shared and considered between different assessments. A seizure risk management plan did not fully outline the urgent steps required to take in the event a person had a seizure. Fluid targets for people at risk of dehydration were generally not specified and it was unclear how or whether this was being monitored

● Measures to protect people from pressure sores were not always followed. There was input from tissue viability nurses to ensure that wounds were appropriately managed and suitable planning and monitoring for treating specific wounds. Three people had pressure relieving airflow mattresses which were on the wrong setting for the person's weight by a significant amount. One person had a risk assessment relating to managing their pressure sore which stated they needed to be repositioned within specific timescales, however this was not being recorded and so therefore could not be monitored effectively.

The above paragraphs constituted a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff we spoke with were knowledgeable about people's individual risks and how to manage these. Care workers had up to date training on moving and handling including practical refresher training. There were suitable checks of equipment and the safety of the building.

Systems and processes to safeguard people from the risk from abuse

● Staff had the right training and skills to safeguard people from abuse. Staff received regular safeguarding training and understood their responsibilities to report concerns.

● The service had a suitable process for responding to suspected abuse. The service had acted appropriately to escalate concerns and ensure these were reported to the correct bodies and took prompt action to safeguard people. This included proactive work with the local authority to ensure that the appropriate action was taken in complex cases.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● The service took appropriate action to operate within the MCA. This included ensuring that DoLS applications were made to the local authority and that people's capacity to make decisions was assessed.

● The provider assessed when certain interventions such as the use of bedrails may constitute a restrictive practice and require further action to safeguard people's interests. We saw one example of a person who had bedrails and lacked capacity to make this decision where this was not assessed, but the provider addressed this after the inspection.

Staffing and recruitment

● There were enough staff to safely meet people's needs. The provider assessed staffing levels based on people's needs and ensured enough staff were on duty to meet these. Staff told us they felt there were enough staff on duty at all times.

● Most people told us there were enough staff on duty, but some people felt that at times there were not enough. Comments included "There seems to be enough staff" and "its hard to find staff after lunch when they need to take their own breaks."

● Staff were recruited safely. The provider carried out suitable checks before employing staff, including obtaining proof of people's right to work in the UK, references from previous employment and carrying out checks with the Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The provider had worked with other parties to recruit staff from overseas to address a shortage in the sector, and obtained evidence of the suitability of agency staff before they started work.

Preventing and controlling infection including the cleanliness of premises

● 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 recommendations.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was 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.

Learning lessons when things go wrong
● The provider ensured lessons were learned when things had gone wrong. When serious incidents or concerns had been raised the provider carried out a full investigation to understand root causes. Investigations were written up for the staff team with a clear set of changes which had been made to ensure there was not a recurrence.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection we have rated this key question requires improvement. 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

- There was not a registered manager in post. This was because the registered manager had recently left the service. There was a new manager in post who was in the process of becoming the registered manager.
- Aspects of governance had not been effective in ensuring quality performance. Audit systems were in place but were not always followed, and audits had not identified where we found improvements were needed. This included checks on key areas of safety such as risk management and the management of medicines.
- The manager had been in post for a short time but understood which aspects of the service needed to change. This included reviewing care plans and aspects of care delivery. People's families told us they were seeing positive changes as a result of the change in management. A relative told us "The new manager has told us give me a couple of months to sort this place out, [my family member] says…things are getting better". Another family member said, "since [the manager] arrived she has done an excellent job… the general quality of care has changed, communication used to be a problem and attitudes of some staff, this is no longer a concern, we are kept up to date."

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

- The service supported a positive culture. We observed positive interactions between staff and residents and examples of people's choices being supported. Comments from people's family members included "Staff are brilliant, I appreciate how hard they work", "I am not concerned about [my family member's] care, staff know us by name, they have been remarkable during COVID, they are genuinely kind people" and ""We knew it was nice and thought [my family member] would be happy here and she is"
- The service understood people's preferences and life stories. We saw examples of life story work being carried out with people and ways in which the service celebrated people's stories and achievements.
- Sometimes quality assurances processes did not fully capture people's needs. Resident of the day processes were used to review people's care, but did not always capture where improvements were needed. Some people and their relatives gave us examples of issues that had not been addressed, which may have been noted by more regular engagement.

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; Continuous learning and improving care

- The new manager understood their responsibilities under the duty of candor. We saw examples of when

relatives had raised concerns and managers had met with people to discuss these and ensure improvement actions were in place, including ensuring that the findings of the meeting were shared with the team. However, we found that at times the provider was not transparent with people about the reasons for the change in management.

● There was a positive learning culture in the service. Staff had access to a varied timetable of training and were supported to develop in their roles. This included supporting staff to progress to team leader positions and to obtain nursing registration in the UK. Staff told us they had regular supervision which was constructive and useful and that they received effective training over and above mandatory training.

● Learning from key areas identified with the provider was shared with staff and discussed in team meetings.

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

● The service engaged with people fully considering their equality characteristics. People had access to care workers who spoke their language and understood their cultural background, and told us they were comfortable expressing their sexuality. The service was decorated with pictures of the local area at times in people's lives they were likely to remember, and we could see staff made an effort to play music which was relevant to people's interests and experience.

● People were supported to mark occasions which were important to them. This included celebrating resident's birthdays and important national occasions. The service held events for Remembrance Sunday and a special event to mark the Queen's Platinum Jubilee. Residents were supported to mark the period of mourning following the death of the Queen.

● The service engaged well with people and their family members. This included holding regular residents and relatives' meetings to discuss key areas of life in the home and to enable people to discuss any concerns they may have. Comments from people included, "I feel I am responded to if I have a concern".

● Staff spoke positively about the senior management that were often present in the home and provided good support and would help on the floor. One staff member told us that the new manager was listening to staff to support them and provide positive change. The provider engaged with staff through regular meetings, including a daily information sharing session with departmental heads.

Working in partnership with others

● The service worked in partnership with other organisations. This included information sharing with the local authority and joint working with the local GP service and specialist health services.

● We saw evidence of positive engagement with the community. This included a visit from local schoolchildren who met with residents and sang, and a wellbeing organisation who hosted physical activities and sports sessions. The provider encouraged the presence of animals in the service, and had worked with a local organisation to arrange sessions with residents to spend time with animals.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not fully assess the risks to the health and safety of service users or do all that was reasonably practicable to mitigate any such risks; or ensure the proper and safe management of medicines 12(2)(a)(b)(c)