Mr S Siventhiran

The Oaks 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 effective?	**Good**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The Oaks provides accommodation and personal care for up to 16 people who may be living with dementia. This inspection took place on 12 and 13 January 2016. The inspection on the 12 January 2016 was unannounced. We visited the service again on the 13 January 2016 to conclude our findings. There were 13 people living at the home on the day of our visit.

At the time of our inspection there was 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.

People were not always kept safe as the provider did not have adequate checks in place to ensure the equipment used within the home was safe and fit for purpose. Lack of regular safety checks and servicing of equipment placed people at unnecessary risk of potential harm.

People did not always live in a clean and hygienic home because there was were no systems in place to ensure the cleaning that took place was effective and happened in a timely way.

People told us they felt safe. Staff recognised signs of abuse and knew how to report this. Relatives and staff told us there were enough staff to provide care and support to people. People and relatives did not raise any concerns around the management of their medicines. People's medicines were stored and managed in a way that kept people safe.

People and relatives felt that staff had the knowledge and skill to care for people in the right way. Care and support was provided to people with their consent and agreement. Where it had been deemed that the person did not have the capacity to make decisions on their own behalf the registered manager had taken steps to ensure the Mental Capacity Act (MCA) had been followed. People were supported to eat a healthy balanced diet and were supported with enough fluids to keep them healthy. We found that people had access to healthcare professionals, such as their doctor when they required them.

People and their relatives were involved in planning their care. However, people's views and decisions they had made about their care not always acted upon. We found that staff treated people kindly; however their dignity was not always considered. We saw that people were not always supported to continue their hobbies and interests that was individual to them.

Relatives told us that they would know how to make a complaint and felt comfortable to do this. The provider had not received any written complaints. The registered manager confirmed that verbal complaints had been received but had not been recorded. The provider was unable to demonstrate that verbal complaints had been responded to and that the complainant was satisfied with the provider's response.

The provider was not meeting the requirements of the law. We found three breaches of regulations, in premises and equipment, dignity and respect and good governance. You can see what action we told the provider to take at the back of the full version of the report.

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.

Actions had not always been taken to minimise the risk of injury to people. People were supported by sufficient numbers of staff to meet their needs. People received their medicines in a safe way.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the knowledge and skills to do so. People were provided with food they enjoyed and had enough fluids to keep them healthy. People received care they had consented to and staff understood people right to choose their care.

Is the service caring?

Requires Improvement

The service was not always caring.

People's decisions about their care were listened to but had not always been followed. People did not always have their dignity promoted or maintained.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People received care but this was not always responsive to their individual needs.

The provider could not demonstrate that the verbal complaints had always been responded and that the complainant was satisfied with the outcome.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had not assessed, monitored or improved the service relating to the environment, equipment and infection

control. Where risks to people's health and safety had been identified actions had not always been taken to minimise the risk.

The Oaks Care 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.

This inspection took place on 12 and 13 January 2016. The inspection on the 12 January 2016 was unannounced. We visited the service again on the 13 January 2016, which was announced, to conclude our findings.

The inspection team consisted of one inspector and one specialist advisor who specialised in health and safety. We had planned for them to assist us with our inspection due to the concerns that had been raised by the local authority and member of the public about the environment of the home.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also spoke with the local authority about information they held about the provider.

We spoke with two people who used the service and three relatives. We also spoke with two staff, the cleaner, the chef, the deputy manager, the registered manager and the provider. 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 looked at two people's care records and two people's medication records. We also looked at, environment and maintenance checks, complaints and compliments, incident and accident audit, staff training records and surveys sent by the provider to people and relatives.

Requires Improvement

Is the service safe?

Our findings

People were not always protected from acquired infections as the arrangements that were in place did not ensure the home was always clean and hygienic. Prior to this inspection, we received concerns from a member of the public regarding stained and dirty mattresses. The registered manager responded to the concerns and informed us that weekly mattress checks would take place. The registered manager confirmed that where stained and dirty mattress were identified they would be disposed of and a new mattress would be sourced.

At this inspection we asked the registered manager if the weekly mattress checks had taken place, however they could not evidence that this had been the case. We looked at a mattress in an empty room, the mattress; pillows and bed frame were dirty and stained. We asked the registered manager if the room had been prepared for new people coming to live in the home, the registered manager told us they considered the room was 'ready'. The provider told us that the mattress would be replaced immediately. However, the provider and registered manager did not provide any reassurance that all mattresses in the home would be checked to ensure people slept on clean and hygienic mattresses.

We found that commodes people used in their bedrooms were stained, dirty and rusty, which the provider agreed would be difficult to clean effectively. We found that commode bowls were visibly dirty and had not been cleaned thoroughly. Staff told us that they cleaned the commode bowls in the communal bath and did not have an appropriate place to clean them thoroughly. The provider agreed that this was not an acceptable way to clean dirty commodes and was exploring ways to improve this, such as installing a sluice machine to wash commode bowls effectively.

We spoke with the cleaner who told us that they worked alone in the mornings to clean the home during the week. They told us that no cleaning took place in the afternoon, nights or over the weekends. They told us that on their return to work their cleaning hours was not always spent doing the necessary cleaning. For example, on their return to work following the weekend they would find dirty laundry left in people's rooms and dining room tables that were left dirty. They told us that more cleaning hours were needed to ensure the home was cleaned thoroughly. We spoke with the registered manager and provider about this. They told us that a member of staff who did some cleaning within the home had left and they were looking to fill their position. However, they had not put alternative arrangements in place during this period of time.

We saw that some staff wore jewellery on their fingers and wrists and had long painted fingernails. The registered manager told us that she had also noticed this and that this would be addressed with staff. It was agreed with the registered manager that this not only posed an infection control risk to people, but also caused a potential risk of injuring a person while providing personal care.

The registered manager told us that they were the infection control lead for the service. They told us that they had completed infection control training. We asked the registered manager if the course had helped them implement good infection control practices within the home. They told us that following their training they had implemented the commode and mattress checks. However following our findings agreed that

these checks were not routinely in place and had not been identified as an area for improvement.

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

People were being placed at risk of harm as the provider did not have adequate checks in place to ensure the lifting equipment used within the home was safe for use. For example, we looked at two pieces of lifting equipment. The provider had one bath hoist to assist people into and out of a bath. The provider also had one hoist that was used to assist people who could not stand without help; at the time of our inspection one person required the use of the hoist to transfer. We found that both of these hoists had not been serviced by a relevant specialist and therefore the provider could not provide assurance that they were safe for use. The provider did not have any other checks in place to ensure the equipment was in good working order and fit for purpose. We asked the provider to ensure the lifting equipment was checked and certified promptly, we later received assurances that this had been done.

We shared our findings with the Environmental Health agency who advised they would visit the service to assess the health and safety aspects we had raised.

We spoke with one person who told us they felt safe. A relative we spoke with told us they felt their family member was safe and that staff supported them with their needs in a timely way.

Two staff who we spoke with told us how they would protect people from the risk of harm. They shared examples of what they would report to management or other external agencies if required. One staff member told us about the safeguarding training they had received and how it had made them more aware about the different types of abuse. The registered manager had a good awareness of the safeguarding procedures and worked with the local authority to ensure people were kept safe from the risk of abuse.

People we spoke with told us they felt there was enough staff on duty to keep them safe. One person told us that staff came when they needed them. Relatives who we spoke with did not raise any concerns about staffing levels within the home. We saw staff responded to people's requests in a promptly. A visiting health care professional told us that there were always staff available to assist them when they had visited.

Staff we spoke with felt there were enough staff on duty to meet people's needs. The registered manager told us that they had a steady staff team and absences were covered by their own staff. They explained that they preferred to get cover from within their own staff team as they knew the needs of the people, and people knew the staff. Staff who we spoke with told us that the deputy manager and registered manager helped staff if they were busy or short staffed due to unplanned staff absence.

All people and relatives we spoke with did not have any concerns about how their medication was managed. Staff had an understanding about the medication they gave people and the possible side effects. They showed good awareness of safe practices when handling and administering medicines. For example, staff were aware of ensuring a person's pulse was above a certain threshold before administering the medication. We found that people's medication was stored and managed in a way that kept people safe.

Good

Is the service effective?

Our findings

People we spoke with felt staff who cared for them knew how to look after them well and in the right way. A relative we spoke with told us that staff were good at supporting their family member. A visiting doctor told us that staff had made referrals to them where it had been necessary as they recognised when a person became unwell. A visiting doctor told us that staff contacted them where necessary and in a prompt way. They confirmed that staff were knowledgeable of people's care needs and sourced further advice where it was necessary.

We spoke with staff about their training and support that they received in order to provide effective care. Two staff who we spoke with told us they had attended a continence training course. Staff told us that with this knowledge they were able to identify people's continence needs and ensure that referrals were made in a timely way.

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.

We saw that staff sought people's agreement before carrying out any personal care and staff respected their wishes. Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant or how it affected the way the person was to be cared for. Staff told us they always ensured that people consented to their care where they had the capacity to do so. One staff member said if a person refused they would respect that and approach them later. The registered manager, deputy manager and staff had an understanding of the MCA process. The registered manager had identified that a person lacked capacity to make a specific decision. The registered manager had taken steps to assess the situation and to determine who had legal responsibility to make decisions for people where they lacked capacity.

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). We checked whether the service was working within the principles of the MCA.

We found that the registered manager had sought advice from the local authority when they had considered a person may be deprived of their liberty. Where people were being deprived of the liberty, the necessary applications had been submitted. For example, to ensure one person was with a staff member while outside of the home. Staff we spoke with were aware who had the restriction in place.

All the people who we spoke with told us they enjoyed the food at the home. One person said, "Yes, lunch was very nice". A relative we spoke with told us that while they had not tried the food it did look appetising.

We saw people were offered hot and cold drinks throughout the day and staff ensured people had drinks to hand. We spoke with staff about what steps they took to ensure people received adequate fluids. Staff told us and we found those who required support with drinking were assisted by staff to do this.

Staff were able to tell us about people's individual nutritional care needs. Staff told us how they supported a person with diabetes. We saw from their records that their blood sugar levels were monitored regularly and were aware of what to do should any changes occur. We spoke with the visiting doctor who told us that staff managed people's diabetes well.

People we spoke with told us they had access to healthcare professionals when they needed to and that visits were arranged in a timely manner when they requested these. One person we spoke with said, "I see the doctor when I need to". A relative told us that staff always informed them if their family member had become unwell and needed the doctor or hospital treatment. Staff recognised when a person became unwell and contacted the relevant health care professional where necessary. The visiting doctor told us that staff contacted them for support for people's healthcare needs at the right time.

Requires Improvement

Is the service caring?

Our findings

People's dignity was not always maintained. For example, one person was seen to have wet trousers. We had to ask the registered manager twice before staff provided the care the person needed. We saw some people had long dirty finger nails, some people's clothes were stained and the men were partially shaven. One relative we spoke with explained how they had took responsibility for cutting and cleaning their family member's finger nails, to ensure this was done regularly.

We reviewed the care file for one person; it showed the person had agreed for the staff to support them with their personal care as they were not always able to do this independently. We saw the person had long dirty finger nails, a stained top and was unshaven. We spoke with staff about how they provided care and support to the person. Staff told us they promoted the person's independence with their personal care needs. However staff did not further support them with their personal care were this was required. One staff member we spoke with said, "I ask [the person] if they have had a shave, they say yes, they have a few tufts of hair left, but at least they tried".

The registered manager was visible within the home and we saw they spoke with people who lived there. However, the registered manager did not always ensure staff supported people with their care needs to maintain their dignity. For example, the registered manager spoke with one person and suggested they changed their top as it was stained. While the registered manager was talking to the person they were holding the person's hands and could see their nails were long and dirty did not take action to address this.

We spoke with the registered manager about this and the other people we had seen. We asked the registered manager to review the care people received to ensure it met their needs and reflected the level of care needed as recorded in their care plans.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We asked two people if staff were kind and caring towards them, they told us that they were. One person told us that the registered manager and provider was their, "Best friend". We saw that people would smile when staff approached them and spoke with them. There were shared jokes between people and staff which made people laugh. One relative we spoke with told us how staff were kind towards their family member and respected their wishes.

People were supported and encouraged to maintain relationships with their friends and family. Relatives we spoke with told us they could visit as often as they liked. Relatives told us that they were involved in their family members care and that staff listened to them.

People had the choice to stay in their room or use the communal areas if they wanted to. We saw staff always knocked on people's bedroom or bathrooms doors and waited for a reply before they entered. Where staff were required to discuss people's needs or requests of personal care, these were not openly

discussed with others. Staff spoke respectfully about people when they were talking to us or having discussions with other staff members about any care needs.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with felt staff were responsive to their requests, such as bringing a drink or other immediate requests of assistance. Relatives we spoke with felt that staff attended to people's needs in a prompt way. Relatives we spoke with told us that when their family member had needed the doctor, they had been contacted and the family members were involved throughout.

Relatives told us they were involved in people's care planning and had regular conversations with the registered manager and other staff members. One relative told us how staff had spent time with them to gather information and items of interest to create memory boxes for the person, which they told us was thoughtful. A relative told us that they did not see many activities take place for people and said that there was not much for people to do.

Our observation showed that while care staffs approach to people was kind and caring, staff mostly interacted with people during a task, such as during the tea round, or assisting with lunch. Staff did not use opportunities to interact with people in a way that was individual or meaningful to the person. We saw a person who was sat in the lounge; they spoke to another person who lived in the home. They said, "There's not a lot going on is there?" The person replied, "No, I'm just looking around". When a staff member passed through the lounge a person in the lounge called for them. The person asked, "Excuse me, can you tell me what I need to do". The staff member replied, "You don't need to do anything". A visiting professional told us that there were no items of interest for people to explore and staff did not always engage with people.

On five occasions over a two day period it was observed that when people were sat in the lounge, the staff were sat around a table in the dining room and talked between themselves. Staff we spoke with knew people well and spoke about them as individuals. Staff told us how they worked with people to create memory boxes to help develop staffs knowledge so to have meaningful conversations with people; however we did not see this happen. We spoke with the registered manager and deputy manager about our findings. They recognised that staff did not always engage people in their hobbies and interests. They told us they would discuss with staff ways to develop more stimulating interactions with people.

Relatives felt confident that something would be done about their concerns if they raised a complaint in regards to the person's care needs. A relative said the registered manager listened to them. They went onto say that concerns they had raised in the past about the person's care needs had been acknowledge and rectified promptly. They said that the registered manager was approachable and available to speak with. Relatives we spoke with had raised concerns about areas within the home that required improving. For example, one relative told us that they had raised a complaint about the dirty carpet in the lounge and the lack of cleaning over the weekend period. They told us that the provider had told them it would be done, however no actions had been taken.

We looked at the provider's complaints over the last 12 months and saw that no complaints had been received. We asked if they had received verbal complaints. The registered manager said, "Not many". However, the registered manager was unable to provide us with any details of verbal complaints that had

been received. The registered manager told us that these had not been recorded. Therefore the registered manager was unable to demonstrate that the verbal complaints had been responded to with a satisfactory outcome for the complainant.

The provider did not have a complaints procedure to give to people, relatives or staff which gave people timescales of when their complaint would be responded to. The registered manager assured us that the complaints policy and procedure would be updated and made available to those who used the service.

Requires Improvement

Is the service well-led?

Our findings

Incidents that had happened within the home had been recorded and where necessary these had been reported to us. We looked at how the registered manager reviewed the accidents and incidents that happened in the home. There was no evidence that reviews had taken place to identify the reason for the incident. The registered manager did not look for trends that may have developed or lessons learnt to improve the standard of care in the home.

There were no systems in place to assess, monitor and where necessary improve the home environment and the equipment used within the home. We found that due to this equipment had not been maintained or checked to ensure it remained safe and fit for purpose. The provider told us that equipment was only fixed or replaced if it broke. For example, the boiler system had not been regularly maintained; this had leaked which resulted in two people's bedroom becoming water damaged. While the provider had fixed the leak, people's rooms remained visibly damaged from the water. We asked the provider when the walls would be repaired, however they were unable to give clear answers to this. Without these maintenance and regular services in place, it put people at risk of harm as the provider was unable to identify that equipment was safe for use.

The provider agreed that many areas of the home required redecoration, new carpets and repairs. The provider had planned to start repainting the hall way on the day of our first visit. We asked why this had been prioritised as an action. The provider stated this was because replacing the flooring was expensive and painting was, "The cheapest thing to do" so was being done first. The provider had not demonstrated that they prioritised people's safety to ensure they were cared for in a safe and clean environment.

Due to the areas of concern we found around infection control practices we asked the registered manager what systems they had in place to ensure the home was clean and hygienic. The registered manager told us while they were the infection control lead for the service, they did not have any systems in place to identify, manage or respond to infection control practices. The provider told us that the local authority had raised concerns when they visited the service in October 2015; however the provider had not taken any steps to improve their practice. The provider told us that the local authority had arranged a visit from an infection control specialist for them but they had not actively sought this advice themselves.

People's care records were not always stored securely. For example, we asked the registered manager if we could look at one person's care file. The registered manager told us that these records were in their car as they wanted to update them. The registered manager brought into the home a large bag of loose documents. We asked the registered manager why they had confidential information stored in their car. They explained they had planned to update them at home. However the registered manager they could not provide assurances that these records secure.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Good Governance.

People told us they knew the registered manager and provider and saw them often. People told us that they did not have meetings but felt able to speak with the registered manager should they need to. Relatives we spoke with knew who the registered manager and deputy manager were and told us they felt that all people in management were approachable and responsive to their requests.

Staff told us they felt supported by the registered manager. All staff members we spoke with told us they enjoyed their work and working with people in the home. They told us that any concerns or questions they felt confident to approach the registered manager. One staff member said, "The [registered] manager is trying their best". Staff we spoke with felt the registered manager listened to their suggestions such as what training needs they had and how they were supported to attend these training courses.

People, relatives and staff told us that the registered manager was always visible within the home and felt able to talk to them in passing, or felt able to visit them in their office. We found that when visitors came they would visit the office first to check how the person was. Staff told us that visibly seeing the registered manager and deputy manager made them feel more confident to approach them and they were part of the everyday running of the home.

The provider had submitted surveys to people and relatives in November 2015. Eight responses were returned. All surveys showed that relatives and people were happy with the care provided. One comment said, "Wonderful staff, who are caring". Two responses from the survey raised concerns regarding the environment. We found that the provider had taken steps to respond to the identified concern.

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 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 10 HSCA RA Regulations 2014 Dignity and respect People's dignity was not always promoted or maintained.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Assessing the risk of and preventing, detecting and controlling the spread of infections was not implemented.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not in place to assess, monitor and improve the quality of the service.