

Conifers Care Homes Ltd

Oaklands Nursing Home

Inspection report

10 Tarvin Road
Littleton
Chester
Cheshire
CH3 7DG

Tel: 01244335060

Website: www.coniferscaregroup.com

Date of inspection visit:

09 January 2019

16 January 2019

18 January 2019

Date of publication:

18 February 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection was carried out on 9, 16 and 18 January 2019.

Oaklands nursing home is a care home. People in care homes receive accommodation and nursing or personal care as a single package and one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

Oaklands is located in Littleton on the outskirts of Chester. The home is a three-story building with access to all levels being provided by a passenger lift. There are 45 bedrooms; most have ensuite facilities. The home can provide care for up to 50 people. At the time of our inspection there were 31 people living at Oaklands.

There was no registered manager in post at the time of our inspection, however the acting manager was in the process of registering with the Care Quality Commission. The new manager had commenced in post during October 2018. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in April 2018 the service was rated as requires improvement. We recommended that improvements be made to the management of 'as required' medicines and that governance processes continued to be developed and improved.

Improvements had been made with the management of medicines and PRN 'as required' medicines protocols were now in place. Medicines were ordered, stored, administered and disposed of in accordance with best practice guidelines. The registered provider had medicines policies and procedures in place. Medicine administration records (MARs) were fully completed and regularly audited for accuracy. Staff that administered medicines had all received training and had their competency regularly assessed.

Improvements had been made to the governance systems undertaken by the registered provider at the home. Quality assurance systems were in place that were consistently completed. Areas for development and improvement had been identified and action taken to complete these. Accidents and incidents were analysed to identify trends and patterns within the home.

Safe and robust recruitment practices were in place and sufficient staff were employed to meet the assessed needs of the people living at the home. All staff had completed an induction at the start of their employment and undertaken shadow shifts. Staff completed mandatory training required for their role and undertook regular refresher updates. Staff told us they felt supported and that they attended regular team meetings and daily handovers.

Staff had all undertaken safeguarding training and felt confident that they knew what to do if they had any

concerns regarding the people they supported. The registered provider had safeguarding policies and procedures in place staff knew how to access.

People were assessed before they moved into the home and this information was used to produce detailed risk assessments and person-centred care plans. These documents included clear guidance for staff to follow to meet people's individual needs. People's needs that related to age, disability, religion or other protected characteristics considered throughout the assessment and care planning process. Care plans and risk assessments reviewed and updated regularly.

People had their dietary needs assessed and reviewed regularly. Guidance was developed and used by staff to support people with their individual needs. Staff were participating in a hydration project which had shown positive results for people supported. People spoke positively about the food and drink.

We observed positive interactions between people and the staff that supported them. People told us that staff respected their privacy and promoted their independence where possible. We saw staff demonstrate kindness and were caring in their interactions with people. Activities were available for people to participate in.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and report on what we find. We saw that the registered provider had guidance available for staff in relation to the MCA. Staff had undertaken basic training and demonstrated understanding of this. The registered provider had made appropriate applications for the Deprivation of Liberty Safeguards (DoLS). Care records reviewed included mental capacity assessments and best interest meetings.

Oaklands was well maintained and all equipment was regularly serviced. Health and safety checks were regularly and consistently undertaken at the home. Fire safety checks were clearly documented. Improvements had been made to the environment and further improvements were planned.

The registered provider had displayed their ratings from the previous inspection in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Robust recruitment procedures were in place and sufficient staff were employed to meet people's assessed needs.

People's medicines were managed safely by competent staff.

Risk assessments were in place that identified and mitigated the risks to people.

Is the service effective?

Good ●

The service was effective.

Staff received regular training for their role along with refresher updates.

People's dietary needs were assessed and guidance was in place to ensure these needs were met.

The registered provider followed the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and were caring.

People's privacy and dignity were promoted and respected.

People's individual communication needs were considered and supported through clear guidance for staff.

Is the service responsive?

Good ●

The service was responsive.

People had their needs assessed and clear person-centred care plans were developed.

A variety of activities were available for people to participate in.

The registered provider had a complaints policy and procedure available and people felt confident to raise any concerns they had.

Is the service well-led?

The service was not always well-led.

Improvements had been made to the governance procedures at the home.

Regular audits were undertaken and areas for development and improvement highlighted and actioned.

The registered provider regularly sought feedback through residents/relatives meetings and questionnaires.

Requires Improvement 

Oaklands Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered provider was 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 was a comprehensive inspection carried out by one adult social care inspector, a medicines inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

This inspection was unannounced and took place on 9, 16 and 18 January 2019.

We contacted the local authority safeguarding and contracts teams for their views on the service and they did not have any concerns.

We checked the information we held about the registered provider and the home. This included statutory notifications sent to us by the registered provider about incidents and accidents that had occurred at the home. A notification is information about important events which occur at the home that they are required to send us by law.

During the inspection we spoke with 10 residents and four relatives of people living at the home, the manager, deputy manager, two directors, the clinical lead, two nurses, two senior carers, two carers, the staff trainer, chef, care and welfare manager and the activities coordinator. We spent time observing staff interactions with people living at the home and reviewed the mealtime experience.

Some of the people living at the home were living with dementia. This meant they were not always able to tell us about their experiences. As part of our observations we used this Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care, to help us understand the needs of people could not talk with us.

We looked at four care records, four staff recruitment and training files, 13 medication administration records (MARs), complaints, policies and procedures and other records relating to the management of the

home.

Is the service safe?

Our findings

People told us they felt safe living at the home. Their comments included "I feel safe because the staff help me with my mobility needs", "I feel safe particularly at night as I know there's always someone here if I need support" and "I know I can use the call bell if I need staff any time and they will come and support me." Relatives comments included "I can relax knowing my wife is in safe hands and is well looked after" and "My husband is safe because the general care is very good."

During the last inspection we recommended that the registered provider review their PRN 'as required medicines protocols to ensure they held sufficient information and guidance for staff. During this inspection we looked at the management of people's medicines. We spoke with the manager and two nurses who administer medicines.

We observed some people being given their medicines and staff gave these in a compassionate way, ensuring the person had taken all their medicines before signing the medication administration record (MAR). All the records we looked at had a photograph to help staff who were not familiar with the people living there identify them. Allergies for each person were listed on the records.

There were no gaps in MARs, indicating that people were receiving their medicines as prescribed. Some medicines must be given at specific times and records showed these were being given properly. When medicines were to be given via a patch or in the form of a cream or ointment, additional information was available to help staff give these safely. Information to guide staff how to give 'when required' medicines was detailed and person centred.

A number of people were prescribed a powder to thicken their drinks due to swallowing difficulties. Information on fluid consistency was not clear for all staff responsible for making drinks and no records had been made when the thickener was used. The manager explained that training for staff on thickener use had been arranged and information for each resident prescribed thickener would be made available.

Medicines including controlled drugs were stored securely. Temperatures were monitored regularly to ensure medicines were stored in accordance with manufacturer's guidance. We checked a sample of medicines and the stock balances were mostly correct.

We looked at the records for three staff responsible for administering medicines and their competency assessments were up to date. Regular medicines audits were completed.

Recruitment processes were robust. Staff files all contained a completed application form, interview records, two references that included the most up-to-date employer and a DBS check. This meant that only staff of suitable character were employed by the registered provider. Staff rosters showed there was sufficient numbers of staff available to meet the needs of people living at the home. People told us there were staff available when they needed support and they never waited too long when they used their call bell.

Individual risk assessments were in place where areas of risk had been identified. Documentation included clear guidance for staff to inform them of the level of intervention people required to minimise or mitigate risk. Risk assessments included manual handling, medication, skin integrity, nutritional needs, personal hygiene, continence and falls risk. When people had been healthcare professionals that included physiotherapists and occupational therapists.

Accidents and incident records were fully completed and these were regularly reviewed by the manager. Analysis was undertaken to identify any areas where risk could be mitigated or reduced as well as any trends or patterns within the home. Records showed that people had been referred to physiotherapists or occupational therapists to undertake therapy or to introduce new technology that included sensor alarms.

The registered provider had safeguarding policies and procedures in place as well as the local authority safeguarding procedure. All staff knew where to access these policies and 100% of staff had received safeguarding training and refresher updates. Staff demonstrated a good understanding of abuse along with the signs and symptoms to look out for. Staff told us they felt confident to raise any concerns they had and believed these would be fully investigated. Staff confirmed there was a whistleblowing policy in place and told us they had received training in this and felt confident to follow an appropriate process.

All staff followed the registered providers policy and procedure that was in place to protect people from the risk of cross contamination and infection. All staff had completed infection control training and were able to describe the importance of following best practice guidelines. Examples included, wearing protective gloves and aprons, as well as hand washing between tasks

Oaklands Nursing Home was well maintained and free from any offensive odours. All equipment was well maintained and regularly serviced. All health and safety checks were in place in line with good practice guidelines. Everyone living at the home had a personal emergency evacuation plan (PEEP) in place for staff to follow in the event of an emergency.

Is the service effective?

Our findings

People and their relatives told us their health needs were met and they had access to opticians and chiropodists. People told us they could access a GP and other healthcare professionals when needed.

People were supported to eat and drink in accordance with their assessed needs. Staff demonstrated a good understanding of people's individual dietary requirements, preferences and choices. People had been referred to the speech and language therapist or dietician as required. People told us that they enjoyed the food and that they were always given a choice. The dining room was attractively decorated and considerable consideration had been given to support people living with dementia. People were supported to eat and drink by staff as required. People's comments about the food included "Very tasty", "Always different options to choose from" and "I have never eaten so well."

We observed one person displaying some challenging behaviour. Staff supported this person effectively and demonstrated a good understanding of this person's needs. This person had limited communication and staff supported them sensitively, ensuring their dignity was respected.

The home was taking part in a hydration project. Prior to the commencement of the project all staff had received training about the importance of hydration. Staff now decorated the drinks trolley more attractively and offered a wider selection of drinks throughout each day. These included tea, coffee, smoothie, a selection of juices, lemonade, cake, biscuits and a fruit bowl. The manager told us that by the end of the first month that the project had started there had been no reported urinary tract infections in people living at the home. The manager had also noted improvements in people's skin integrity through their audit process.

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 or are helped to do so when required. When they lack the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Mental capacity assessments and best interest decisions were evidenced throughout the documentation we reviewed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been made and all required documentation was in place.

The home operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). Discussions with people confirmed that their consent was sought in relation to care and treatment and records supported this. All staff had completed MCA and DoLS training.

Staff completed a comprehensive induction at the start of their employment and undertook regular mandatory training to meet the requirements of their role. Refresher updates were completed as required in

accordance with best practice guidelines. Additional training was completed for example, dementia, pressure area care, end of life, continence and mouth care. The registered provider encouraged staff to undertake further qualifications to enhance their skills and develop within their roles. Many staff had undertaken additional training to become champions in areas that included infection control, nutrition, falls, moving and handling, skin integrity and oral care.

The environment within the home was in the process of being developed to more fully meet the needs of the people living at the home. People and their relatives were fully engaged in this project and regular meetings were taking place to discuss the refurbishment. A new hair salon had been created, the dining room had been refurbished and murals were used to represent a village shop, post office and a pub. People spoke positively about the improvements to their home.

Is the service caring?

Our findings

People and their relatives spoke very positively about the staff that supported them. Comments included "The staff have intrinsic caring attitudes and qualities and have the ability to put smiles on faces", "My wife's toileting needs are dealt with in a very proactive and respectful manner" and "Staff have made me feel very welcome and are always really friendly."

People told us that staff always respected their privacy and dignity. We noted that staff knocked on people's bedroom doors before entering. People said that staff always closed the bathroom door when they were being supported with their personal care needs.

Staff were observed to be kind, caring and patient throughout our inspection visit. They demonstrated a good knowledge and understanding of the people they supported who were living at the home. People appeared relaxed and comfortable with the staff team and a positive rapport had been established. Staff understood people's histories, likes, dislikes and could hold comfortable conversations with them around topics that people were interested in.

People told us their independence was promoted where possible. Examples included that staff encouraged them to do as much for themselves as possible. This included them partially dressing themselves with a little support for zips and buttons as required. People confirmed that they were always offered choice and we saw this throughout our visit. Examples included which activities would like to participate in, where they would like to eat their lunch, where they would like to sit or would they like to spend time in their room.

People's care plans included information about their specific communication needs. This included clear guidance for staff to follow when supporting people. One person was hard of hearing and required hearing aids in both ears. The care plan prompted staff to ensure this person's hearing aids were in situ and that the batteries were in place and working. Another person required staff to take time to explain things clearly and to keep instructions short and simple. One person experienced word finding difficulties and their care plan prompted staff to repeat what they had said to ensure the person had understood.

People's records were stored securely in a locked office to maintain their confidentiality. Daily records and other important documentation were completed in privacy to protect people's personal information.

Records clearly included when a person did not wish to be resuscitated in the event of their death. This information was readily available for staff and visiting healthcare professionals.

Is the service responsive?

Our findings

During our visit people engaged in activities of their choice. Daily activities were advertised on a board in the lounge and included; sit to get fit, singalongs, quiz and positive thoughts. People told us they enjoyed the group activities and were able to request activities of their choice. Activities undertaken recently had included a visit from Albert the therapy dog, knitting sessions, bingo, a local church choir had visited to sing, there had been visiting entertainers and activities that related to the Christmas season.

We reviewed the photograph albums which were full of activities undertaken during 2018. There had been trips out to local restaurants and garden centres, pampering sessions, cake making, afternoon tea, meals in the garden, birthday cakes and garden parties. A newsletter was produced regularly and distributed to people living at the home and their relatives.

People described the different way that they spent their time which included listening to music, watching television, reading, going out with family and friends, having holy Communion and enjoying organised activities within the home. People told us they had developed friendships with people living at the home and this was important them.

People had their individual needs assessed prior to them moving into the home. Information from this assessment was used to develop person centred care plans and risk assessments. People's needs in relation to equality and diversity were considered during the assessment process and included within the care plans. These needs included age, disability, religion and other protected characteristics. People and their chosen relatives told us they were included in the creation of their care plans.

Each person had a 'This is me' document that gave a full overview of their individual needs, routines, likes, dislikes, risks etc. This document was really useful for new or agency staff to read prior to supporting a person. Care plans were specific to each person and held sufficient detail and guidance for staff to follow to fully understand and meet each person's needs and choices. All care plans and risk assessments were reviewed regularly and updated as and when any changes occurred. This meant staff had the most up-to-date information available to support people.

Daily records were completed and included information about personal care, continence, activities, medicines and diet. Observational charts were completed as well as food and fluid charts and other records required to meet people's individual assessed needs.

We reviewed end of life care plans. Where people had expressed a preference, their choices were clearly documented.

The registered provider had a complaint policy and procedure in place. People and their relatives told us they felt confident to raise any concerns or complaints but had not had reason to do so. We saw that investigations had been undertaken following any complaints raised and each complainant had been sent a thorough response.

Is the service well-led?

Our findings

There had not been a registered manager in post since February 2018. The home was being managed by an acting manager who had been at Oaklands Nursing Home since October 2018. They accepted a post as permanent manager and were in the process of completing their application to register with the Care Quality Commission (CQC). The manager was being supported by the registered provider and other members of the management team. CQC has a limiter to restrict the rating of well-led to requires improvement when a registered manager is not in post.

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

During our last inspection we made a recommendation for improvements to be made to PRN 'as required' medicines and this had been addressed. We also stated while improvements had been made to governance processes further improvements were required. At this inspection all required improvements had been made.

People, relatives and staff all spoke positively about the manager and the management team. Their comments included "There has been a good improvement in staff motivation and attitude as a result of new management", "The home has transformed into a caring culture where the needs of the residents are met and their dignity maintained", "The providers and management team encourage staff to come forward with thoughts and ideas", "They listen and they act" and "I feel confident to raise any concerns as well as positive feedback about our home."

The manager held regular weekly meetings with leads from across each area of the home. They highlighted areas for improvement and development and actions were identified. They reflected on actions achieved from the previous week and discussed any actions that had not been completed.

Residents and relative's meetings were held each month and people were encouraged to put forward ideas to improve their home. People had asked for the hair salon to be refurbished and this had been undertaken. People and their relatives had highlighted the need for refurbishment of the dining room and this had recently been completed. People and their relatives had been invited to join the refurbishment committee and some people had participated in this. The manager also has an 'open surgery' every Wednesday where people, relatives, staff or professionals can drop in without an appointment to discuss any concerns or ideas that they have.

Staff meetings took place regularly where staff received positive feedback for improvements that had been made within the home. Areas for development and improvement were discussed and staff ideas were welcomed and acted upon. Staff spoke positively about feeling part of the team and told us the manager had brought about many positive changes and had an open-door policy.

People, staff, visiting professionals and catering satisfaction surveys had been recently undertaken. Many positive comments had been received that included 'I am very happy at Oaklands and it is moving forward in a positive professional way', 'Staff are friendly and knowledgeable', 'My experience is that the home is always well staffed' and 'The home is clean and well maintained'. Where any concerns were identified the manager had met with the person and explained any actions they planned to take to address the matter. An action plan was put in place and signed off as completed.

Audits were consistently undertaken across all areas of the home. These included care plans, infection control, health and safety, domestic and laundry, medicines and fire safety. Areas for development and improvement were identified and action plans put in place to address these areas. Actions were signed off as completed. The registered provider held monthly governance meetings to overview all areas of the home and to maintain oversight. The registered providers also undertook regular walk around at the home that were recorded and identified areas for improvement. An action plan was created and reviewed during each walk around to ensure actions had been completed in a timely manner.

The registered provider had up-to-date policies and procedures available that were regularly reviewed. These gave staff guidance on all areas of their work role and employment.

The registered provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the services required to send to the Care Quality Commission by law.

The registered provider had displayed their ratings from the previous inspection in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.