

Cygnet (OE) Limited

Oaklands

Inspection report

Anick Road
Hexham
Northumberland
NE46 4JR

Tel: 01434600684
Website: www.cygnethealth.co.uk/locations/oaklands/

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01 October 2019
07 October 2019
18 October 2019
22 October 2019
19 November 2019

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13 January 2020

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The service is a large home, much bigger than most domestic style properties. It is registered to provide nursing care and support for up to 15 people with learning disabilities, mental health conditions or autism. There were 14 people living at the home at the time of the inspection.

The home continued to work towards the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service should receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

A number of recent adverse events had impacted upon the safety and smooth running of the home. Action was being taken to help ensure people were safe. Checks and systems were still being implemented, reviewed and monitored at the time of the inspection.

There had been changes in staffing which had affected the skill mix of the team. The provider increased staffing levels at the time of our inspection.

The design, signage and decoration did not always promote a homely environment. The home had previously been a hospital and maintained some hospital characteristics. Management staff were aware of this issue and plans were in place to address it.

Work was being undertaken to ensure 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.

People received a suitable diet which met their needs. Staff were knowledgeable about people's preferences and risks relating to eating and drinking.

There were positive interactions between staff and people. Some staff were more confident than others when communicating with people.

People were supported to maintain their hobbies and interests both within and outside the home. Further work was being carried out to ensure that people were involved in meaningful activities and occupation to enable them to progress and achieve their full potential.

There had been a number of changes in management. Staff recognised the instability which management

changes had upon the smooth running of the home. Staff spoke positively, however, about working at the home and the importance of remaining cheerful for the people who lived there.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 4 July 2019). We identified two breaches of the regulations relating to safeguarding people from abuse and improper treatment and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection action had been taken to improve and the provider was no longer in breach of regulations. However, further improvements were required in the safe, effective and well-led key questions.

Why we inspected

The inspection was prompted in part by notification of a specific incident. Following which a person using the service died. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about the management of choking. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and effective key questions of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not consistently well-led.

Details are in our well-led findings below.

Requires Improvement ●

Oaklands

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, a specialist advisor in nutrition 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 care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. They were not present at the time of the inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who lived at the home. Some people were unable to communicate verbally and others chose not to speak with us because of the nature of their condition. We sent an easy read questionnaire to people for them to complete on their own, with staff or with their advocate to provide feedback about what it was like living at the home.

We spoke with the national practice development lead in learning disabilities and autism, the regional manager, two interim managers, the deputy manager, the director of occupational therapy, a speech and language therapy assistant, two nurses, two senior support workers, six support workers, the site services manager, activities coordinator, two chefs, the head housekeeper and the administrator. We also spoke with a GP.

We reviewed a range of records. This included different parts of five people's care and support records and medicines records. We looked at one staff file in relation to recruitment. We looked at a variety of records relating to the management of the service.

After the inspection

From the 22 October 2019 until 19 November 2019, we spoke with four relatives and reviewed a large number of records which the provider had sent us. We also spoke with the operations director and continued to seek clarification from the interim and regional managers to validate the evidence found.

Is the service safe?

Our findings

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

At the last focused inspection in June 2019, this key question was rated requires improvement. At this inspection, this key question has remained the same. This meant there was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

A number of recent adverse events had impacted upon the safety and smooth running of the home. Action was being taken to help ensure people were safe. Checks and systems were still being implemented, reviewed and monitored at the time of the inspection. We will check the improvements made at our next inspection.

- Risks assessments were being monitored and reviewed to ensure they reflected the risks people faced and the actions required to reduce the risks. This review process also included ensuring the correct health and social care professionals were involved to support people when risks had been identified.
- Management staff were reviewing staff communication systems to ensure all staff were aware of people's identified risks.
- Risk assessments did not always demonstrate that people were supported to be as independent as possible to maximise their potential. Management staff told us that this was being addressed.
- Accidents and incidents were recorded and monitored. This system was being strengthened to ensure it effectively identified, monitored and reviewed all elements of the accident/ incident. A new computerised management system was going to be introduced.
- Lessons learnt were being identified and action was being taken to help prevent any reoccurrence.
- Checks were carried out to make sure the building and equipment were safe.

Staffing and recruitment

At our last inspection we recommended that the provider reviewed staff rotas to help ensure the right skill mix of staff were deployed. The provider had made improvements in the number of staff deployed, however, there had been changes in staffing which had affected the skill mix of the team .

- There were enough staff deployed to meet people's needs. The provider increased staffing levels on the second day of our inspection.
- A number of staff had moved from another of the provider's services to Oaklands. This transfer had impacted upon the skill mix at the home. Improvements were being made at the time of the inspection since new staff were becoming more knowledgeable about people's needs.
- Safe recruitment procedures were in place.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found that people were not fully protected from the risk of abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Systems had been strengthened to help protect people from the risk of abuse.
- Due to a number of concerns of a safeguarding nature prior to our inspection, the local authority had placed the home into 'organisational safeguarding.' This meant the local authority was monitoring the home and supporting them to ensure the correct procedures were in place to keep people safe. The provider was cooperating fully with this.
- Staff told us they had no concerns about staff practices at the home. They said they had confidence that management staff would take action if any concerns were highlighted.

Using medicines safely

- Medicines were managed safely.
- We discussed with management staff about further action which could be taken to ensure medicines management promoted people's involvement and independence. Following our inspection, the interim and regional managers wrote to us and stated, "Should any of the people living at Oaklands want to increase their involvement in their medication regimes, this will be supported, working closely with the pharmacy team."

Preventing and controlling infection

- A system was in place to help reduce the risk of cross infection.
- The home was clean and staff followed safe infection control procedures.

Is the service effective?

Our findings

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

At the last comprehensive inspection in August 2018, this key question was rated good. At this inspection, this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- A system to ensure effective partnership working and communication with external agencies and health and social care professionals was not fully in place.
- The provider had their own multi-disciplinary team. Work was ongoing to involve more external health and social professionals and agencies to ensure the experience of the wider multi-disciplinary team was utilised.
- Several professionals stated that communication needed to improve to ensure people received effective and timely care. Following our inspection, the interim and regional managers told us that this was being addressed.
- People received a learning disabilities annual health check with their local GP and hospital passports were in place.

Adapting service, design, decoration to meet people's needs; Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Work was ongoing to ensure care and support and related records followed the principles of the MCA.
- Staff were currently assessing people's care and treatment to ensure this was provided in the least restrictive way.
- The design, signage and decoration did not always promote a homely environment. The home had

previously been a hospital and maintained some hospital characteristics. Management staff were aware of this issue and plans were in place to address it.

- Blanket restrictions relating to the environment were being reviewed. Following our inspection, the regional and interim managers wrote to us and stated that locked doors and most of the door alarms had been removed.

Staff support: induction, training, skills and experience

- Work was ongoing to ensure staff were sufficiently trained and supported.
- Recent events had impacted upon the on the skill mix within the home. Because of the sudden transfer of staff from one service to another, induction of the new staff had not been undertaken as robustly as usual.
- A workforce development plan was in place. Training relating to the specific needs of people was ongoing. The provider was developing a specialised programme to improve the clinical skills of staff.
- Due to the changes in management, supervision sessions had not been carried out as regularly as planned. Management staff were addressing this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed.
- Assessments, support plans and the associated reviewing system were being strengthened and reviewed to ensure they reflected people's needs and were based on best practice guidelines.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with a safe and suitable diet. They were supported to eat and drink enough to maintain their health and wellbeing.
- Staff were knowledgeable about people's dietary requirements and risks relating to eating and drinking.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last comprehensive inspection in August 2018, this key question was rated good. At this inspection, this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were treated well and their privacy and dignity were respected.
- There were positive interactions between staff and people. Some staff were more confident than others when communicating with people. Management staff were aware of this issue and plans were in place to support staff in this area.
- People were supported to be involved in/engage in housekeeping duties and other activities of daily living. Further work was being undertaken in this area to ensure people lived as full and independent life as possible.
- Management staff were reviewing staff practices at the home to ensure they were person-centred. At the time of the inspection some staff walked around with bunches of keys on show, which gave the home an institutionalised feel. Following our inspection, the interim and regional managers wrote to us and stated that this issue had been addressed.
- Staff had undertaken 'Minds and cultures' training which focused on cultural change at the home. Staff spoke positively about this training and how their attitudes had changed positively.

Supporting people to express their views and be involved in making decisions about their care

- Advocates were involved to support people to express their views. Weekly visits took place.
- Meetings took place at the home to allow people to share their thoughts and views. Easy read minutes were provided following these minutes.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last comprehensive inspection in August 2018, this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our previous comprehensive inspection in August 2018, we found that support plans were not always person centred and people's goals and outcomes were not fully monitored or met. At this inspection, action had been taken to improve.

- Overall, people received personalised care which met their needs.
- Support plans were being reviewed at the time of the inspection to ensure they reflected people's needs and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The AIS was met. People received information which met their needs.
- Care plans contained information about people's communication needs. Information was available in different formats such as easy read.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's social needs were met.
- People were supported to maintain their hobbies and interests both within and outside the home. Further work was being carried out to ensure that people were involved in meaningful activities and occupation to enable them to progress and achieve their full potential. A member of staff told us, "Sometimes we concentrate too much on getting people out rather than developing their living skills."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place.
- Records of complaints and actions taken were documented. One relative told us that action had not always been taken in a timely manner in response to the issues they had raised. We passed this information to the regional manager.

End of life care and support

- No one was receiving end of life care at the time of our inspection. Further work was being planned with regards to discussing people's end of life wishes. Due to recent events at the home, staff had considered it was not the right time to have these discussions, however this decision would be reviewed in the near future.

Is the service well-led?

Our findings

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

At the last focused inspection in June 2019, this key question was rated requires improvement. At this inspection, this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection, we found that an effective system to monitor the quality and safety of the service was not fully in place. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation; however further improvements were required.

- There had been a number of recent adverse events at the home which had affected the culture and morale at the home. Staff told us that despite these adverse events, they recognised the importance of remaining cheerful for the benefit of the people.
- Management staff were honest and open about the issues which the home had faced and the improvements which still needed to be made. Several of the provider's national and regional leads were supporting the home with these improvements.
- There was a registered manager in post. They were not present at the time of our inspection. There had been a number of changes in management. Staff recognised the instability which management changes had upon the smooth running of the home.
- The home was going through a period of change. A member of the management team explained the home was moving from a 'model of containment' to a 'model of enablement'. This new model of support would help people progress and achieve their full potential.
- Systems and processes were being reviewed and strengthened at the time of the inspection. Audits were carried out and action plans were formulated following these checks. The home was working towards a local authority organisational safeguarding action plan. Due to the changes in management, actions identified had not always been carried out as planned. A member of management staff told us, "We are very willing but give us time."

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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- Management staff were aware about their duty of candour responsibilities. They explained that lessons

had been learnt and changes were being made to ensure people received safe effective care and support which met people's needs.

- Several relatives, health and social care professionals and staff told us that communication systems had not always been effective. Following our inspection, the interim and regional managers wrote to us and stated, "It is acknowledged by the current management team and senior management team that this is an area which has previously been unacceptable and both families and external professionals have not received the effective communication they should have. Moving forward communication will be improved across all levels, this will be overseen by the interim service manager and subsequently by the regional manager."
- The staff handover system was reviewed and strengthened at the time of our inspection. Following our inspection, changes to support plans were included as a standard agenda item for all team meetings and individual supervision sessions. This was to ensure staff were aware of people's needs and any changes.
- The service had been receptive to working with external partners to help drive improvements at the home.