

Bondcare (Darrington) Limited

Oak Park Care Home

Inspection report

Walnut Lane
Dewsbury
West Yorkshire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Oak Park Care Home is a residential care home providing personal and nursing care to 57 people aged 65 and over at the time of the inspection. The service can support up to 66 people. The care home accommodates up to 66 people in one purpose built adapted building. Accommodation is provided over three floors with a lift to access each floor. A new registered provider took over this home and registered the location with CQC on 7 November 2019.

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

People were supported by staff who were able to recognise and act upon abuse. People told us they felt safe at the service and their relatives confirmed this. Some improvements were required in how the service assessed and managed risk, as records in relation to the assessment of risk and the necessary control measures were not complete or detailed.

Medicine management procedures were in place. Most staff were appropriately trained, and their competency levels checked.

People's safety was enhanced by a modern well-maintained building. Robust health and safety checks were in place with the relevant up to date certificates.

People who had restrictions on their liberty had been referred to the relevant authorities. 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. Mental capacity assessments were not decision specific and best interest decisions making didn't follow best practice although staff knew they needed to act in people's best interests. We have made a recommendation the provider considers current guidance on MCA and best interest decision making.

People were encouraged to participate in a range of different activities and the home employed a creative activities coordinator. Some people wanted more activities, including within the home and out of the home. We identified short periods during the day when care staff could support people with meaningful occupation to enhance their wellbeing. We have made a recommendation the provider considers current guidance on meaningful occupation and wellbeing.

Staff were recruited safely, and all the necessary checks were in place. People reported staff were very kind, caring and polite and we saw they treated people with respect whilst upholding their dignity. Complaints were reviewed and responded to in line with company policy although the home received very few complaints.

People liked the food and were offered a choice of food options. People's weight was regularly taken and action was taken when there was concern about weight loss in line with the registered provider's policy.

We received very positive feedback about the support people received when they needed care at the end of their lives. Staff were described as exceptional in the support they provided to both the person and their relatives.

The new provider had only recently taken over the service. They were yet to complete their own audit of the service and fully implement their own systems and processes. We found areas which needed to improve during our inspection, but there was a real willingness by the management team at the home to drive improvements at the service and a commitment to make this happen.

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 good (published 22 June 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified two breaches in relation to the assessment of some risks to people's wellbeing and care records at this inspection. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was not always 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 not always responsive

Details are in our responsive findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our well-led findings below

Requires Improvement ●

Oak Park Care Home

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 first day of inspection was carried out by one inspector, a specialist professional advisor 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. The second day of inspection was carried out by one inspector.

Service and service type

Oak Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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.

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, fire service, infection control and the local health service. We contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We

used all of this information to plan our inspection.

During the inspection

We spoke with six service users, six relatives and a visiting professional about their experience of the care provided. We spoke with eight members of staff including the registered manager, deputy, senior care workers, care workers and the activities coordinator.

We reviewed a range of records. This included seven care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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 inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe living at the home and their relatives confirmed this. Staff understood how to protect people from the risk of abuse and had been trained to spot the signs of abuse.
- The registered manager was in the process of ensuring staff had access to the new provider's safeguarding policy. Staff were aware of how to report any unsafe practice. However, some staff reported they were not confident their concerns would be acted upon.

Assessing risk, safety monitoring and management

- Some people were reliant on staff and equipment to help them move safely. Moving and handling risk assessments and risk reduction plans did not contain sufficient information to ensure people were protected from harm from unsafe practices. They did not detail all the equipment required to support people safely.
- Risks associated with people's care and support had been identified on admission and electronic risk assessments were in place for some risks. However, these contained out of date and conflicting information and not been updated (as a result of a lack of understanding and training on the electronic record system).
- Staff we spoke with were knowledgeable about people specific risks, but there is a risk of unsafe care and treatment when unfamiliar staff are involved in their care.
- Risks assessments did not underpin care plans and risk reduction measures were not person specific but generalised. We did observe staff were assessing risk and measures were being put in place to mitigate the risk of harm, but these were not recorded.

Due to the lack of accurate records showing how risks were assessed and mitigated, there was a risk people would not receive the care required. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager agreed to act immediately to improve their practice.

- The premises were safe and well maintained. The service employed two caretakers to oversee day to day maintenance issues. Checks to ensure the building was safe and met legal requirements were completed, recorded and certificates were in place.
- Personal emergency evacuation plans [PEEPS] were in place to instruct staff in how to assist people to evacuate the building in an emergency. Each floor had an emergency bag containing information about people, ID tags, and a torch.

Staffing and recruitment

- Call bells were answered promptly throughout our inspection. At several points during the first day, there were times when staff were busy carrying out caring tasks and were not always visible. Dependency assessments showed staffing levels were adequate. Some relatives told us that although most staff were exceptionally caring staffing levels were sometimes low with staff unavailable when staff were busy caring for people.
- Recruitment practices were robust to ensure people with the right qualities were employed at the service. Appropriate pre-employment checks were carried out to ensure only suitable staff were employed.
- As part of the recruitment process, candidates were encouraged to sit with people in the communal area of the home. The registered manager said they make recruitment decisions by assessing, "How they interact with residents. We don't employ people who can't interact with people. If you can watch them with residents. It's natural."

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Most staff had been trained and had their competency assessed but there were a couple of staff involved in handling medicines who required this training to be refreshed and their competencies re-assessed.

Preventing and controlling infection

- The home was visibly clean. There was a good supply of personal protective equipment such as gloves and aprons which staff used frequently when assisting people.
- The housekeeper led on infection control practices at the home and undertook audits such as handwashing audits. Processes were in place to protect people from harm from bacterial infections.

Learning lessons when things go wrong

- There was a system in place to record all accidents and incidents. These were analysed to ensure future incidents were kept to a minimum.
- Appropriate actions had been taken when people experienced falls. For example, sensor mats were used when appropriate, to alert staff when people were mobile.

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 inspection this key question was rated as 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.

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.

- Where people were deprived of their liberty, DoLS applications had been made. There were 18 authorised DoLS in place. The service kept a tracker for all applications, so they could monitor renewals.
- Decision specific mental capacity assessments had not been completed where required. All staff knew they had to act in people's best interests and support decision making but the two-stage assessment to determine whether a person had capacity had not always been recorded for specific decisions such as consent to medication. The process had been followed correctly in terms of a person requiring their medicines covertly, hidden in food.

We recommend the provider consider current guidance on MCA and best interest decision making and take action to update their practice accordingly.

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

- People's needs, choices and preferences were assessed prior to using the service to make sure their needs could be met at the home.
- The registered manager kept up to date with standards and guidance through information provided by the local authority. They received regular information from CQC and from the registered provider.

Staff support: induction, training, skills and experience

- Staff records showed they received a thorough induction into the service which included training and

shadowing. Most staff told us they felt very supported at the service, but this view was not shared by all staff. Some staff had not received regular, personalised supervision to identify gaps in their knowledge and skills.

- Some staff training, and competency checks to administer medicines were out of date. This was rectified as soon as the registered manager was made aware of this error.
- Most staff training was provided by an external company using e-learning. Staff were required to complete workbooks which the learning provider marked, to demonstrate their learning. This learning had not been followed by knowledge checks by the provider, to check what staff had understood and retained from their e-learning. The registered manager has advised, the new provider would be looking at the training requirements of staff at the service and they did not use the same external provider.

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

- We observed the mealtime experience on all three units. Staff were patient and caring, offering and supporting people to make a choice. One person said, "They come around and ask you what you want to eat and it's well balanced with greens and veg." People were supported to drink with readily available fruit juice and water.
- One person said, "I like a cooked breakfast on a weekend and get it. I like toast and marmalade through the week, but I can ask for whatever I want really."
- People were weighed regularly, and action taken when this showed people were losing weight. The registered manager said, "The new audit system will trigger an intervention from a GP or a referral from GP to dietician following a 2kg loss."

Staff working with other agencies to provide consistent, effective, timely care

- A visiting GP told us how effective they thought the service was in relation to knowledge about people and the care provided.
- The service worked with health professionals to meet people's needs. We saw examples of the service liaising with a range of professionals to help ensure staff had the knowledge and information to meet people's needs. This included community nurses, GPs, dentists. Physios, Occupational therapists, dieticians, and speech and language therapists.
- The home had recently started a 15-minute link meeting with the community nursing team to ensure people's health needs were communicated and achieved positive outcomes. The registered manager said, "We get all the seniors together and discuss things that have happened. It's an overview."

Adapting service, design, decoration to meet people's needs

- The building had been purposely designed and built as a care home. Furnishing and fixtures were still relatively new, and people had the benefit of en-suite bathroom facilities and a communal bathroom each with an accessible bath. One person said, "As homes go, I don't think you can better it – the layout is good, and the views are pleasant well no they are spectacular."
- Some work had been done to make the home dementia-friendly although some signage to guide people to their rooms, was not in place although there were plans to improve this by the new owners.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked with external professionals to ensure people were supported to access health services and had their health care needs met. Staff followed guidance provided by professionals such as speech and language therapists.
- People were supported to remain active, and the registered manager said, "We encourage activity. We have a lady to come in to do seated yoga and Pilates. We encourage healthy choices through food. It is up to them what they want to do."

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 inspection this key question was rated as good. At this inspection this key question 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

- People and their relatives spoke positively about the staff and the care provided.

One person said, "They are all very kind and loving and I feel very special as they are special to me, they work very hard but to me they aren't just carers they are friends". Another said, "Staff, Oh, I can't speak highly enough about them they are all really pleasant helpful people."

- People's overall care and support was delivered in a non-discriminatory way which respected their equality and diversity. Staff had been trained around equality and the registered manager was aware of their responsibility to support both staff and people living there to live in an environment where there is no discrimination.

- A relative said, "They don't treat [person] as a patient it's far more personal and more as a friend and she is definitely treated as an individual by the care staff, they really are good at their job and seem to really care."

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

- Most people and relatives we spoke with told us they had been involved in making decisions about their care and support needs although their involvement was not recorded in their care records.
- Throughout the inspection people were asked for their views on how they wanted to be supported.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff encouraged and supported them to be independent

One relative said, "They know she likes to remain independent, so they help her rather than do it for her and if she needs anything they seem to know she needs it."

- People told us they were treated with dignity and respect and their privacy was protected. We observed staff knocking on doors before entering and at lunchtime they supported people with dignity.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- The care we observed at inspection was very person-centred, with people fully involved in decisions about the care provided and staff we spoke with knew people well.
- Electronic care plans did not fully reflect the care we observed. Staff knowledge of the system meant it wasn't used to support robust care planning. Care plans were not always updated or fully completed and were not person-centred.
- Some information in care plans had been pre-populated which meant some information was incorrect, for example, the type of diet they required. Changes to people's needs were not translated into each person's care plan but added in the review section, so although the information was there, you had to search for it.

Due to the lack of accurate records there was a risk people would not receive the care required. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager agreed to rectify this immediately to ensure people were cared for safely and the registered provider had visited between inspection dates to support this improvement.

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 management team were not aware of the standard and that it applied to the way information is provided to people and how this information is shared with other organisations. However, people's communication needs were assessed as part of care planning. Staff were clear on how to support each person to communicate.
- Staff had supported one person who was visually impaired to access information in large print and large print library books.

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

- The provider employed an activity co-ordinator for 40 hours a week and they worked across all three floors. Activities were planned in line with people's preferences and were varied and creative. The activities coordinator said, "I speak to the residents to see what they would like to do then make the booklet up for

the month".

- People told us they liked the activities on offer, although one person commented, "If I could change anything, I would have more outings and entertainment, things to do you know rather than sit."
- During our inspection we observed there were times when people did not have enough to do, where staff could have provided people with meaningful occupation.

We recommend the provider considers current guidance on meaningful occupation for people living in care homes and takes action to update their practice accordingly.

Improving care quality in response to complaints or concerns

- The registered manager told us they looked at complaints in a positive light to enable them to improve care. There was a complaints system in place to ensure these were acted upon and responded to in line with provider's requirements.
- The administrator for the home advised, they rarely received complaints, and this was because their door was always open for people to come to talk with the management or administration.

End of life care and support

- People were asked about their preferences for end of life care. When care and support plans for end of life care had been completed they were very person-centred. Staff ensured these preferences were supported during people's end of life care.
- The home worked closely with health professionals and relatives, where appropriate, to ensure people were cared for appropriately at their end of life.
- One person's relatives who had recently reached the end of their life recounted the outstanding care their relative had received by caring staff who had gone out of their way to support both their relative and themselves. They said, "[Staff names] were exceptional. It made me realise how well they looked after her here."

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 inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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

- This inspection took place shortly after the new provider took over the service, so they had not yet put in place their own systems and processes or policies and procedures. There hadn't been any recent provider audit at the service to support and direct the registered manager to where improvements were required. This meant areas which needed to improve had not been identified.
- Although most of the audits we saw were very thorough, we have found breaches of regulations in the safe and responsive domains. This related to record keeping and the assessment of risk which demonstrated the systems in place to assess, monitor and improve the service needed to improve. The registered manager advised us the new registered provider was due to undertake a full audit of the home and had access to support the home to improve.

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

- People and relatives said that the service provided high-quality person-centred care. We saw evidence staff were working well to help people achieve good outcomes using the service.
- The registered manager and deputy were honest with us about the challenges facing the service and were very open to our suggestions in terms of the improvements we required.
- Prior the inspection we had received some concerns in relation to management not acting upon staff concerns. The registered manager was looking into ways to improve this and improve the way staff were supported and supervised.

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

- People said they felt engaged and involved in the service and relatives told us they were kept informed and up-to-date when their relatives needs had changed.
- Staff meetings were periodically held, but we concluded these needed to be held on a more regular basis to involve and support staff. Not all staff felt they could influence the direction of the service and some told us they did not feel listened to.

Continuous learning and improving care

- The service regularly audited medication, weight monthly, falls, complaints and compliments and the new provider had started to introduce some new audits for the registered manager to complete. There was a real willingness to continuously learn to improve the care and outcomes for people at the service amongst management and staff.

Working in partnership with others

- The service worked in partnership with local health and social care organisations. The registered manager had not attended the local registered manager network over the past year, which provides peer support to help providers improve the quality of their services through sharing knowledge and resources.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Failure to assess and record risk assessment and risk reduction plans, for all identified risks to ensure staff follow plans and pathways
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Failure to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided.