

Mrs Wendy Kwong

# Oakapple Care Home

## Inspection report

Debdale Bungalow  
Debdale Lane  
Mansfield  
Nottinghamshire  
NG19 7EZ

Tel: 01623622588

Date of inspection visit:  
29 September 2017

Date of publication:  
06 November 2017

### 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

We carried out an unannounced inspection of the service on 29 September 2017. Oakapple Care Home is registered to accommodate up to ten people who require accommodation and assistance with their personal care. At the time of our inspection there were five people using the service.

There was a registered manager in place. 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.

At our last inspection 14 and 21 June 2016 the service had been rated as requires improvement. At this inspection we found that some improvements had been made in relation to the environment, staff supervision and staff following the principles of the Mental Capacity Act. We also found that where required the service had made applications to the local authority to legally deprive people of their liberty. However, the provider had failed to implement effective systems to monitor, assess and improve the quality of care provided to people. This had led to additional concerns.

People could not always be sure that they received their medicines as prescribed. The medication audits had identified concerns but no action had been taken to effectively address them.

Staff felt supported and received regular supervision. There was no effective monitoring of staff training to ensure that staff had received the training needed and as required to fulfil their roles.

Improvements had been made to the communal areas of the home. People's bedrooms required some additional monitoring in relation to infection control.

People felt safe at the service and were supported by staff that knew them well. Staff were knowledgeable about people's preferences, likes and dislikes. People were supported to live in a homely environment.

People had detailed plans of care that they and their relatives had been involved in developing to guide staff in providing consistent person centred care and support.

Risks associated with people's care had been assessed and control measures to reduce the risks had been put in place. People had personal emergency evacuation plans in place should they be needed in an emergency.

Staff understood the importance of enabling people to make their own choices and decisions. People's dignity and privacy was respected by care staff.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can

see what action we told the provider to take at the back of the full version of this 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 consistently safe.

People's medication records did not always provide an accurate record of the medicines they had taken.

We found that while improvements relating to infection control had been made within communal areas of the service we still identified some concerns in people's bedrooms.

Risks associated with people's care had been assessed and control measures to reduce the risks had been put in place.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

There was no up to date oversight of training that staff had completed.

Staff followed the guidelines of the Mental Capacity Act 2005 to ensure people's legal rights were respected.

People were supported to access healthcare services and to receive on going healthcare support.

### Is the service caring?

**Good** ●

The service was caring.

Staff knew people at the service well.

People and their relatives were involved in planning and making decisions about their care.

People's privacy and dignity was respected.

### Is the service responsive?

**Good** ●

The service was responsive.

People were able to spend their time where they liked.

People's care records contained information about people's preferences, likes and dislikes. These were known and respected by staff.

There was a complaints policy in place. People felt able to raise any concerns about their care.

**Is the service well-led?**

The service was not always well led.

Systems were in place to monitor, assess and improve the quality of the service provided, however, they were not always effective.

Staff told us they would be confident raising concerns with the management team and appropriate action would be taken.

Quality assurance audits provided positive feedback about the service.

**Requires Improvement** 

# Oakapple 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 29 September 2017 and was unannounced and carried out by one inspector.

We looked at and reviewed the provider's information return. This is information we asked the provider to send us about how they are meeting the requirements of the five key questions. We reviewed notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. We contacted the local authority who had funding responsibility for people who were using the service.

During the inspection we spoke with one person who used the service and observed how care was provided. We spoke with two members of staff, the registered manager and the provider. We reviewed the care plans and associated records for three people using the service. We also reviewed records in relation to staff recruitment, supervision and training, medicines administration and the quality monitoring of the service.

Following our inspection visit we contacted an Occupational Therapist and a Community Psychiatric Nurse who worked with the service. We also telephoned two relatives of people that used the service to seek their feedback.

# Is the service safe?

## Our findings

People and their relatives told us that they felt safe. Staff knew their responsibilities in keeping people safe. They knew how to identify signs of abuse and knew how to report any concerns. There was a safeguarding policy in place and information available at the service that provided contact details of the local safeguarding authority so staff had access to them. All staff told us they would report any concerns to the registered manager in line with the service's policy but would also escalate them if needed.

We saw that accident and incident forms were completed when these had occurred and medical attention had been sought. However where people had sustained unexplained injuries such as bruises further details about these were not readily available and they had not always been referred through to the local safeguarding authority. The local safeguarding authority have the responsibility to decide if any further action needs to be taken. Body maps had been completed but these did not always provide details of how these injuries had been sustained and what action had been taken as a result. We discussed this with the registered manager who told us that going forward she would ensure that all incidents and unexplained bruising were discussed with the local safeguarding authority.

One person told us that they always received their medicines at the time they needed them and staff provided them with the appropriate level of support. We saw that people were supported to take their medicines in line with their care plans. When people had medicines prescribed on an as required basis we saw that staff asked people if they were either in any pain or if they wanted the medicine that had been prescribed. We also saw that where one person was sleeping the staff member didn't disturb them to take their medicines, as they were not medicines that needed to be taken at a specific time, but returned to the person once they were awake to support them.

However when we looked at the medication administration records (MAR) we identified a number of concerns. We found that one person's MAR chart had been signed to say that they had taken their medicine however the tablets were still in the medication trolley labelled to be returned. We brought this to the immediate attention of the registered manager who agreed to look into this. We also found that one person had ran out of one of their medicines. This had been reported to the person's GP and a repeat prescription had been requested but this had not been followed up. This person had not received this medicine for two days as it was not in stock. The registered manager followed this up while we were at the service and the pharmacy confirmed they would deliver the prescription on the same day. We also found that there were some gaps in people's MAR charts. We checked people's medicine stocks and we found that people had been taken their medicines at these times but the MAR charts had not been completed correctly. We discussed this with the registered manager who confirmed that they had identified this in their medication audits and that they were in process of discussing this with staff members.

We had received a copy of the services last infection control audit that had been carried out by the local health team. There were a number of actions for the service to address. We found that while improvements had been made within communal areas of the home we still identified some concerns in people's bedrooms. We discussed this with the registered manager who told us that these areas would be

immediately addressed.

People could be assured that safe recruitment practices were followed. The necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them. Before staff were employed criminal records checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions. We also saw that proof of identity and appropriate references had been obtained prior to employment and were retained in staff files. However we did find that the registered manager had not always recorded their decisions and analysis of information in relation to recruitment decisions. We discussed this with the registered manager who told us they would ensure that these were always documented in future.

People told us there were always enough staff to help them. One person told us, "If I can't see anyone I just shout and they come." Staff told us that they felt there were enough of them to meet people's needs. We saw that a staff member was present within the main communal area of the service throughout our visit. We spoke with the registered manager about how they determined their staffing levels and whilst they didn't use a specific tool they explained how they increased staffing levels to meet people's needs. We looked at the staff rota which confirmed that staffing levels had been increased to provide a person's one to one hours. The registered manager also told us how they would reassess their staffing levels as and when people moved into the home.

Risks associated with people's care had been assessed and control measures to reduce the risks had been put in place. For example where a person was at risk of falling out of bed the service had worked with external professionals to establish the best way to support them and reduce the risks. We saw that these control measures were then monitored by the registered manager to ensure they continued to meet the person's needs. We also saw that when people were at risk of developing pressure sores, specialist mattresses to reduce this risk were in place and checks were made on them to ensure they were on the correct settings to meet each person's needs.

There were systems in place to assess the safety of the service such as fire and control measures were in place to reduce these risks. We saw that checks on equipment had been made as required and that people had personal emergency evacuation plans in place should they be needed in an emergency.



# Is the service effective?

## Our findings

During our last inspection we had found that further action was needed by the registered manager in relation to Mental Capacity Assessments and refresher training for staff. During this inspection we found that improvements in relation to mental capacity assessments and training had been made but there needed to be a clear overview of training kept by the registered manager.

Staff told us that they felt supported within their roles and received the training they needed to enable them to meet people's needs. We saw that staff received an induction and regular supervisions that included observations of their practice where they also received advice and guidance from the registered manager. However when we requested to see training records and certificates to confirm people's training we found there was no clear oversight maintained and people did not always have certificates to evidence their training. We discussed this with the registered manager who agreed to send this to us following our inspection. We are still waiting for this information.

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 the 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.

Capacity assessments had been carried out for people using the service where there was a reasonable doubt about their capacity to consent to a decision. The assessments identified where people required help to make decisions, and where they lacked the mental capacity to make particular decisions. Discussion with the staff demonstrated they understood the importance of enabling people to make their own choices and decisions and ensuring that they gained people's consent where possible. We saw that DoLS applications had been made to the local authority for four people using the service and that two people's had been authorised, staff knew and understood that these authorisations were in place. However, the registered manager had failed to notify us that these had been authorised. The provider was awaiting decisions on the two other applications from the local authority.

A person told us that they were able to have what they wanted to eat and drink but there was no pre-planned menu in place. Staff demonstrated a good understanding of people's dietary needs and food allergies and ensured that appropriate meals were provided. We saw staff supporting people with meals in line with their dietary needs. We discussed the menu with the registered manager. They told us that this was done on a weekly basis when they ordered food for the week; they went on to tell us that they were working towards having a five weekly menu in place.

We saw that where there was a need identified to monitor people's food and fluid intake that this was being done, however we were concerned that the monitoring of this was not always totalled over a 24 hour period. This meant there was a risk that people may not receive the amount they required. We discussed this with

the registered manager who told us that as the service was small they kept an oversight of this and staff also alerted each other if there were any concerns.

Three people we spoke with all told us that the appointments were made with GP's as and when people needed them. We saw that district nurses were regularly involved in people's care. We received positive feedback from health professionals about how the service supported people with their day to day health needs. Records demonstrated that referrals were made to relevant health services when people's needs changed, and a log of visits from external health care professionals was being maintained in people's daily care records.

## Is the service caring?

### Our findings

Staff had developed positive relationships with the people at the service. Information was available about people's preferences and choices regarding how they wanted to be supported by staff and staff respected people's choices. A relative told us, "They [the staff] provide the personal touch, everyone knows [my relative] well and know what she likes." A health professional told us, "They [the staff] really know people well," they went on to say, "They [the staff] go above and beyond."

We observed staff react positively and without delay to people who showed signs of distress or discomfort. For example we saw that when one person started to become agitated a staff member responded and gently touched the person's hand and offered them verbal reassurance. This immediately calmed the person down. We saw another person call out for a particular staff member, they were unavailable at the time but another staff member immediately responded and offered them reassurance. On another occasion a staff member noticed that a person was unsettled in their chair, they approached them and held their hand and noticed their hand felt cold so fetched them a blanket with the person's agreement.

People and their relatives were involved in planning and making decisions about their care. We also saw that people and their relatives had been involved in reviews of their care plans. We saw that where a request for a person to be encouraged more to go to communal areas of the home as part of a care plan review, this was being provided and the person was in the communal area for the majority of the day.

The atmosphere in the service was calm and relaxed. It was clear from the interactions they had with people that the staff knew them very well. The provider and registered manager also provided people's care and support. They had a detailed knowledge of people's care and support and knew people's life histories.

People's dignity and privacy was respected by care staff. We observed that staff ensured that personal care was carried out in private and when a person's clothing was out of place they supported the person to ensure their dignity was maintained. Staff also told us how they supported people to be as independent as they wanted to be. Some people had personalised their bedrooms with items such as, photographs, ornaments and mementos to create their own personal space.

People were able to have visitors when they wanted. One person said, "My relatives come every day, whenever they want, but I always have someone every day." Staff told us that people received regular visitors. All the staff on shift were welcoming of visitors and made the atmosphere friendly and warm.

## Is the service responsive?

### Our findings

One person told us, "I like to stay in this lounge, I can go to the other one if I want some company but I prefer it in here." People were able to make choices about where they spent their time. We saw that people were encouraged to visit communal areas of the home to avoid social isolation and maintain contact with other people. Staff members told us that they were able to tell when people wanted to have some time to themselves and ensured that people were supported to do this.

Staff were responsive to people's needs. We saw that when one person was sleeping over lunchtime they did not disturb them but ensured that as soon as they were awake that they were offered lunch. Staff ensured that the service was provided in response to people's needs and not to the needs of the service.

People's care plans contained all the relevant information that was needed to provide their care and support and gave guidance to staff on each individual's care needs. They had been produced with the involvement of people and where this was not possible the person's representatives had been consulted. There was information about a person's life, hobbies, interests and relationships prior to coming to the home. This was particularly important to supporting people living with dementia effectively. Staff demonstrated a good understanding of each person in the home and clearly understood their care and support needs. People and their relatives were involved in reviews of their care plans, although the frequency of these was variable. We discussed this with the registered manager who told they would ensure these were carried out frequently for everybody in the future.

People and their relatives had contributed to a 'My life story' document which detailed the person's life history, people who were important to them and wishes and preferences. Information from the assessment and the life story document had been used to develop the care plan. For example, a person identified it was important to them to maintain a smart appearance each day, including clean clothes. Staff had supported the person to maintain a good standard of personal care and that they were dressed in smart clothes in line with their preferences. Another person's care plan identified that they liked to be seated near to the television. We saw that this person was seated near to the television for the majority of the day, in line with person's preferences during our inspection visit.

Planned activities were limited. Staff told us that as people's health had deteriorated that their interest in activities had too. One staff member told us that they still carried out pampering sessions where they would paint people's nails and cream their hands. Another staff member told us that people enjoyed it when staff sat with them and chatted and reminisced. We saw one person appeared satisfied and smiled when a staff member went and sat with them. We saw that staff members had time to spend with people and staff confirmed this was the case.

The service had a complaints policy in place and people told us they knew how to use it. All of the people we spoke with said they had never had cause to complain about their care. They told us if they were unhappy with any aspect of their care they would speak directly with the registered manager. We saw that information on the complaints procedure was available on a notice board in the reception area of the home.

and it was also available in a dementia friendly format. We discussed complaints with the registered manager, they advised us that the service had not received any complaints. They shared with us a copy of the complaints policy which had been updated with the correct address details for CQC since our last visit.

## Is the service well-led?

### Our findings

We saw that audits had been completed by the registered manager and other staff. Audits and checks were seen that covered the management of medication and health and safety. However during our inspection we found similar concerns in relation to medication that had been identified on the last two monthly audits. This demonstrated that the systems that were in place to assess, monitor and improve the service in relation to the safe management of medicines were not effective.

We discussed training with the registered manager who told us about the e-learning that had been introduced to ensure that staff were provided with regular training and to keep their knowledge up to date. However, the registered manager was unable to confirm for us which staff had completed which courses as they had not maintained an up to date record. This meant that they were unable to monitor staff members training effectively and ensure themselves that staff had completed the training they required.

Infection control issues had been raised with the provider as part of an audit carried out by the Clinical Commissioning Group. Whilst improvements had been made in the communal areas there were still concerns relating to infection control within people's bedrooms. The registered manager had failed to ensure that cleanliness and infection control had been monitored effectively within the service.

The registered manager had not always ensured that the system in place to oversee the monitoring of accidents and incidents had been followed appropriately. The records relating to accidents and incidents did not always provide adequate details to about the injuries and how they occurred. These records therefore did not provide accurate and complete information in relation to people's injuries and how they occurred.

The registered manager's knowledge in relation to submitting notifications to CQC was not up to date. We discussed this with her and she advised that she would ensure that all notifications that we require by law were submitted.

These concerns constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception area of the home.

People and their relatives knew who the registered manager and provider were and they were visibly involved in the service. Talking about the registered manager a relative told us, "They get [my relative] everything she needs, I'm really pleased with that." A health professional told us, "They [the registered manager and provider] are involved and know everyone well. They manage some people's complex needs and deal with them well."

Staff members told us that the provider and registered manager were approachable and that they were able to discuss anything with them. They told us that they were always able to contact either the provider or registered manager as they both lived at the service and this is what made it such a homely home and nice place to work. One staff member told us, "We're all just like one big family, that's what makes it so nice."

Satisfaction surveys were carried out. They were given to people using the service, their relatives, health professionals and staff. We saw the results of most recent satisfaction survey on display within the reception area of the home. These had included questions relating to the quality of care, the food, the environment, activities available and the staff. The feedback received had all been positive.

A whistleblowing policy was in place and staff told us they would be prepared to raise issues if the need arose. The provider's values were displayed and staff were observed to act in line with them during our inspection.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to implement effective systems to monitor, assess and improve the quality of care provided to people. Records relating to incidents and injuries did not provide accurate and complete information in relation to people's injuries and how they occurred. Regulation 17 (1) (2) (a) &amp; (c) of the Health and Social Care Act 2008.</p>