

Heathwaite Care Homes Limited

Twin Oaks

Inspection report

Victoria Road
Windermere
Cumbria
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21 January 2022

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Twin Oaks is a residential care home registered to accommodate up to seven people in need of personal care. Accommodation is provided over two floors with single rooms, all with en-suite facilities. On the days of the inspection there were six people living at the home.

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

Care planning and risk assessing was inconsistent. Some records had not been updated and some were incomplete. They did not always provide a reliable and accurate record to guide staff. There were a limited amount of environmental checks at the home and none of these were documented. Additional checks were also required around fire safety. We have imposed a breach of the regulations around these concerns that can be seen in the 'Safe' section of this report.

In some areas, management and provider oversight and responsibility was poor. The registered manager had purposefully completed care records in advance of the care being provided. This could mislead someone reviewing these records and in particular health care professionals. The provider's systems and processes for the oversight, quality monitoring and safety of the service had been ineffective in anticipating and addressing concerns we found during the inspection. This placed people at risk of harm. We have imposed a further breach of the regulation that can be seen in the 'Well-led' section of this report.

Recruitment processes needed to be reviewed as they did not meet current legislation and guidelines. They were not effective at ensuring staff members were always suitable with working with vulnerable people. Some essential safety checks had not been made. We have imposed a further breach of the regulation that can be seen in the 'Safe' section of this report.

We found some improvements were required with medicines storage. The service needs to make sure medicines are stored consistent with manufacturer's guidelines and have made a recommendation around this in the 'Safe' section of the report. People did however receive medicines as prescribed by their health care professionals

Infection, Prevention and Control (IPC) processes were appropriate and we were assured about the service's ability to mitigate the transmission of infections.

Staff were competent with safeguarding processes and knew how to protect people from abuse. Relatives said their loved ones felt safe in the home and were trusting of staff and management. We observed good practices and interactions between staff and people during the inspection. The service's safeguarding processes were robust.

Staff supported people to have access to health professionals and specialist support and the service worked well with external professionals.

The provider and registered manager acted during and immediately after the inspection to address the risks we found. This included improved monitoring, checks and reviews.

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 17 May 2018).

Why we inspected

We received concerns regarding a specific incident involving a person who lived in the home and management oversight of the service. As a result, we undertook a focused inspection to review the key questions of 'Safe' and 'Well-led' only. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the 'Safe' key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Twin Oaks on our website at www.cqc.org.uk

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

At this inspection, we have identified breaches of regulations in relation to the oversight of the service and systems used to oversee the quality and safe running of the home. In addition, breaches have been preferred around recruitment issues and safe care planning and risk assessing.

Please see the action we have told the provider to take at the end of this 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 well-led?

The service was not always well-led

Details are in our well-led findings below.

Requires Improvement ●

Twin Oaks

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Twin Oaks 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.

Inspection activity started on 20 January 2022 and ended on 21 January 2022.

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, commissioners and professionals who work with the service. We also looked at information we had received and held on our system about the service, this included notifications sent to us

by the provider and information passed to us by members of the public. We used all this information to plan our inspection.

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.

During the inspection

We spoke with two people who used the service. We spoke with two relatives about their experience. We spoke with three members of staff including the registered manager. We also spoke with a representative of the provider company. We looked at a variety of records to gather information and assess the level of care and support provided to people. We reviewed in detail two care records. We looked at staff rotas, risk assessments, multiple medicine records and three recruitment files. We also considered a variety of records relating to the management and governance of the service, including policies and procedures.

We looked around the home in both communal and private areas to establish if it met the needs of people who lived there and if it was safe.

After the inspection

We continued to seek clarification from the provider and care manager to validate evidence found. We also considered new fire safety documents, additional training records and audits.



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.

Assessing risk, safety monitoring and management

- Care records were not always up to date and did not include essential guidance for staff around keeping people safe. In one case, where there was a safety risk, a risk assessment had not been considered. This meant the person posed a risk to themselves and others living in the home. When this was pointed out to the registered manager, they alerted staff of the risks involved and action was taken to minimise the concern.
- The provider had not ensured people's nutritional risks had been properly assessed and risks mitigated. We found one person had lost over 12 Kilos in under 18 months. Their last recorded weight was over three months prior to the inspection. Another person, who had been identified as having had consistent weight loss, did not have a nutritional risk assessment completed and we could not find evidence they had been referred to health professionals. A third person with a history of weight loss prior to admission, did not have their weight recorded in their care records.
- Some servicing requirement records were unavailable such as those relating to mobility aids. Some fire safety checks and processes were not being completed.
- Some people did not have Personal Emergency Evacuation Plans in place (PEEP's). This put people at risk in the event of an emergency. We contacted the fire service over these fire safety and evacuation issues and they conducted an inspection which led to a number of recommendations. They will be following up with the provider on these matters.

We found no evidence that people had been harmed as a result of these issues. However, this series of care planning, support, recording and environmental/fire safety issues placed people at risk of harm and were a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other essential safety checks such as electrical and gas safety were current, and checks were completed on other emergency systems/processes.

Staffing and recruitment

- Recruitment was not always well managed. Records showed some necessary checks were not made to ensure staff were suitable for the role. During the inspection, some of these issues were addressed by the registered manager.
- In one case, we saw an issue of concern because a staff member's potential suitability to care for

vulnerable people had changed during their time at the service. There had been no documented consideration around this issue, there were no assessments around their suitability and other essential enquiries had not been made. The registered manager took steps to address these concerns during the inspection process.

We found no evidence that people had been harmed as a result of these issues. However, this series of employment issues were a breach of Regulation 19 (Fit and proper person employed) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff employed. A relatives told us their loved ones did not have to wait for staff to support them. Rotas and our observations at inspection supported this position.

Using medicines safely

- People received their medicines when they should. When people were unavailable to take their medicine, pharmacists or GP's had been consulted about this.
- Staff had been trained on the safe administration of medicines.
- Sometimes medicines were not always stored safely. Some medicines had been stored in a place that was unsuitable and others in a fridge without a thermometer gauge. There was no consideration towards ensuring medicines were kept within manufacturer's guidelines.

We recommend the provider establishes a storage system for medicines consistent with best practice and current guidance.

Preventing and controlling infection

- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. The home was clean, tidy and well maintained.
- We were assured personal protective equipment (PPE) was used safely to minimise the risk and spread of infection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities around protecting people from abuse. They told us what action

they would take if they believed anyone was at risk. The registered manager and staff had a good understanding of the types of abuse that could occur in a care home setting and knew how to elevate concerns. Staff said they had received good support around these concerns from management and the provider.

- Staff confirmed they had received training on safeguarding vulnerable adults.
- Where appropriate, referrals had been made to the local safeguarding team.

Learning lessons when things go wrong

- The provider had systems to ensure lessons were learnt from any incidents. This included sharing the outcome of incidents with the staff team to further improve the safety of the service.

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; Continuous learning and improving care;

- There was uncertainty around management roles and regulatory responsibility. On one occasion, the registered manager had pre-populated essential daily notes of care in advance of care and support being provided. This included essential areas of support. This would give a false impression of the care and support that had been provided. In the event of an emergency, when health care professionals needed to rely on accurate records, this could lead to harm.
- The provider's systems and processes for the oversight and quality monitoring of the service had not been effective in addressing concerns we found during the inspection.
- Systems and practices had failed to identify incomplete documentation within care records and inappropriate medicines storage systems. Similarly, no one had identified that checks were not being done for essential safety issues such as fire safety risks and servicing of mobility equipment.

These series of governance and oversight issues were a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At inspection, and during the drafting of this report, audit and checks were instigated by the registered manager.

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

- A relative spoke positively about their working relationship with the service. People also said they there was good communication with staff and management. We observed good practices and positive relations between staff and management and with people who lived at the home.
- In most cases, appropriate information sharing and referrals had been made to external agencies. The service also made appropriate requests when additional support was required and a visit by a professional such as a G.P. may be necessary.
- At inspection, we noted people were asked for their opinions and they said their views were respected and valued.
- Formal residents meetings hadn't been held during the COVID-19 pandemic. The registered manager said people's and relative's views were captured informally and formal meetings would be resumed in the near

future.

- Staff commented positively about support they had received from management including the provider representative and the registered manager.

Working in partnership with others

- The management and staff team had established good working relationships with a variety of professionals within the local community. This included GP's and community nurses.
- When required, people had been referred to the appropriate external professionals and agencies for advice, treatment and support,

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 A series of care planning, recording and environmental/fire safety issues that were a risk of harm
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance A series of issues relating to the governance and management of the service
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed A series of employment issues