

Maria Mallaband Limited

Oaklands Country Rest Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 3 February 2016. After that inspection a Crown Court hearing was held in June 2016 where the provider was found guilty and then sentenced in relation to a health and safety charge against them. This related to a death from hypothermia, in 2012, of someone using the service. As a result we undertook a focused inspection to check and be satisfied that any necessary remedial action and lessons learned from the court case had been implemented.

This report only covers our findings in relation to those matters. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oaklands Country Rest Home on our website at www.cqc.org.uk.

Oaklands Country Rest Home is registered to provide accommodation with nursing and personal care for up to 44 people. The service is located approximately ten miles west of York, close to the village of Kirkhammerton. The service provides support for older people, some of whom have nursing needs and require support with living with dementia. There were 38 people living at the service at the time of our inspection.

There was a manager in post at the time of our inspection who was registered with the CQC. 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.

People told us they felt safe at the service. Staff were confident about how to protect people from harm and what they would do if they had any safeguarding concerns. Risks to people had been assessed and plans put in place to keep people safe from avoidable harm.

There were robust systems in place to keep the environment safe. The provider had introduced a number of effective checks to make sure that people who used the service were kept warm.

There were sufficient numbers of staff on duty to make sure people's needs were met.

Staff told us they enjoyed working at the service, that they were supported by management and kept informed about service developments.

People's needs were regularly reviewed and appropriate changes were made to the support people received. Staff were kept informed about any changes in people's needs.

There were effective management arrangements in place. The manager had a good oversight of the service and was aware of areas of practice that needed to be improved. There were systems in place to look at the quality of the service provided and action was taken where shortfalls were identified.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were confident about using safeguarding and whistleblowing procedures in order to protect people from harm.

Risks to people had been assessed and plans put in place to keep people safe from avoidable harm.

Monitoring systems were robust and made sure that people stayed warm and safe.

There were sufficient numbers of staff to meet people's needs.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post.

The registered manager had good oversight of the service and had plans in place to make improvements. Staff told us that the management team was supportive.

There was a positive, caring culture at the service.

There were systems in place to look at the quality of the service provided and action was taken where shortfalls were identified.

Oaklands Country Rest 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.

We undertook an unannounced focused inspection of Oaklands Country Rest Home on 1 November 2016. This inspection was done following the outcome of a Crown Court hearing in June 2016 where the provider was found guilty and then sentenced in relation to a health and safety charge against them. This related to a death from hypothermia, in 2012, of someone using the service.

Despite the length of time since this death had occurred we wanted to be sure that any necessary remedial action and lessons learned from the court case had been implemented.

We inspected the service against two of the five questions we ask about services: is the service safe and well-led. This is because we had examined all aspects of the service at our previous inspection in February 2016 and only needed to focus on certain areas at this visit.

The inspection was undertaken by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection we looked around the premises, spent time with people in their rooms and in communal areas. We looked at records which related to people's individual care. We looked at two people's

care planning documentation and other records associated with running a care service. These included the staff rota, training records, notifications and records of meetings.

We spoke with seven people who received a service and one visiting relative. We met with the registered manager and nurse in charge. We also spoke with three care staff, one domestic staff, the maintenance person and a visiting GP.

Is the service safe?

Our findings

At our last comprehensive inspection on 3 February 2016 the service was found to be safe.

At this inspection we looked at how the provider managed risks to the safety of people who used the service.

The feedback we received at this inspection confirmed that people were safe. People we spoke with told us they enjoyed living there. Comments included, "They keep me warm", "We are very well catered for. Kept warm and well fed. We are very happy here", "It's a nice place" and "I am warm enough". A visiting relative told us, "I have never had any concerns about safety. Staff go the extra mile. They are fantastic. I am very happy with it".

We looked around all parts of the building and went in to every bedroom. Each bedroom had a thermometer on the wall which showed the current temperature, as well as the maximum and minimum temperatures over the last few days. These showed that the temperature did not drop below 20C and was usually around 21C or 22C. Care staff told us that they checked thermometers when supporting people in their rooms, as well as doing a 'hand check' on radiators. The maintenance person made a formal record of temperatures twice a week. This record showed that the environment was maintained at a suitable temperature. We noted that, at the team meeting in September 2016, the registered manager had reminded staff to report any concerns about heating immediately.

Care staff told us that there were spare blankets available for people if they needed them and we saw these being used for one person in bed. A domestic member of staff told us "Everyone is warm and safe. We have extra blankets if needed. [The registered manager] introduced this". At night time there were comfort checks for each person at a minimum of every two hours. More frequently for people who were more vulnerable. For example one person, who was unable to use a call bell, was checked every half hour throughout the day. Records confirmed this.

Care staff told us about the ways in which they kept people safe. One care worker said, "One person sits in chair a lot of the day. I am constantly checking on them. If people stay in their room we do regular checks. For example, half hour checks on one person who has a tendency to kick off bed clothes". A care assistant commented, "I know this is a good care home. People are absolutely kept warm and safe. If they weren't I would speak up... We do room checks at least every half hour".

The registered manager explained that there was a new heating system in place which had two boilers. One was used as a back-up in case there was a problem with the other. They added that, earlier in the year, the estates department plumber had cleared all the radiators in the home and checked all valves, to make sure they operated effectively. Records confirmed this.

We spoke with the maintenance person who worked at the service from Monday to Friday. They showed us a record of regular checks they carried out on the environment. This included call bells and bed rails. They explained that if they were not working in the week, then cover arrangements were made and a handover

took place.

There was a maintenance request book which was kept in reception. Any repair requests were written in the book by staff. The staff we spoke with confirmed they knew of this book, and used it. We saw that any repairs were carried out promptly and had been signed off by the maintenance person once complete.

Staff had received training in safeguarding people, and they told us they were confident about identifying and responding to any concerns about people's safety or well-being. There were up to date safeguarding policies and procedures in place which detailed the action to be taken where abuse or harm was suspected. Records showed that any incidents or accidents were logged and appropriate action taken. Accident reports went to the manager to review and assess if further action needed to be taken. The manager also completed a monthly summary of incidents which helped to identify whether there were any themes or patterns. CQC were notified about incidents or safeguarding alerts as required.

The staff we spoke with were aware of whistleblowing procedures and knew what to do if they had any concerns. One member of staff described how they had used the procedures at the service and they had been effective. Another staff member commented, "I would raise issues about anyone no matter what their rank".

People's care plans included details of risks and there was clear information for staff about how to minimise risks and safely support people. Risks related to moving and handling, skin integrity and nutrition were clearly written and reviewed as appropriate.

All parts of the building were well maintained and the environment was clean and clutter free. There were systems in place to make sure the environment was safe. An up to date workplace risk assessment and fire risk assessment was in place and there were suitable systems and checks to make sure that fire alarms and emergency lighting worked effectively. We noted that gas safety and electrical installation checks had been carried out as required. For each person there was a Personal Emergency Evacuation Plan (PEEP), which detailed the level of risk and how to support them in the event of an emergency.

There were contingency plans in place in case of emergencies. For example, if there were insufficient staff there would be extra checks on medicines administration and more frequent checks of residents. Failure of the call bell system would result in there being increased checks of people in their rooms.

We looked at the admission process for people who had been discharged from hospital to make sure staff had the information they needed to care for people safely. The registered manager explained that they visited people in hospital prior to discharge in order to carry out an assessment of their needs. They told us this was then promptly added to care plans to make sure that care staff had the most up to date information. Hospital discharge letters were kept at the front of the care plan and a copy kept with their medication record. Information was also passed to staff through handover meetings.

We looked at the care records for one person who had recently been discharged from hospital. We saw that the assessment, and information from the hospital, had been incorporated into the care plan. In addition, the person's guidelines for eating and drinking had been updated in line with a Speech and Language Therapy report, also received from the hospital. We spoke with a doctor who was visiting the service, who commented, "Staff seem informed and have the right information when discharges happen. Any requests are always followed through. Nurses appear competent".

There were sufficient numbers of staff to keep people safe and meet their needs. Observations on the day of

our inspection and review of staff rotas demonstrated that staffing levels were sufficient.

We did not look at staff recruitment, or medicines administration at this inspection. At our last inspection on 3 February 2016 there were good systems in place to keep people safe. At this inspection we did not identify any concerns.

Is the service well-led?

Our findings

The manager had been in post since December 2015 and was registered with the CQC. They spoke knowledgeably about the service and had a clear understanding of the requirements of the Regulations. They were aware of areas of practice that could be improved and had taken action to make changes where these had been identified. There were effective procedures in place to make sure people were kept warm and safe. The provider had taken immediate action to make improvements to the safety of the service after the death of the resident due to hypothermia in 2012. These improvements were regularly monitored to make sure they remained effective.

We received positive feedback about the manager. One care worker told us "[Registered manager] has been very supportive. I can speak with her about anything". We observed that while walking around the service, the registered manager was recognised by people and there were warm and friendly interactions. This demonstrated that the registered manager was a familiar face to the people that lived there.

There was a positive, caring culture at the service. The atmosphere throughout the inspection was friendly and relaxed. One care worker told us, "It feels inviting here. Calm" and another commented, "It's lovely here".

Maria Mallaband Limited have a clear set of 'brand values' which include expectations in relation to resident focus, vision and values, and contribution from staff. Values and aims of the organisation were discussed with applicants at interview and a written copy provided to staff when they first started.

There were good systems in place to monitor and review care practices in the service. The manager had a schedule of audits for different areas of practice. This included a monthly care plan audit, bi-monthly medication audit and quarterly infection control audit. A health and safety audit was carried out every six months. We looked at the last health and safety audit carried out in October 2016 which identified actions for improvement and showed when these had been completed. There were also quarterly health and safety meetings with key staff where all elements of safety within the service were discussed. Records showed the last meeting took place in August 2016 and there was a discussion about security and fire safety.

A Quality Assurance Manager, who represented the provider, visited the service every month. We looked at the last monitoring visit report from October 2016 and noted that these included action points, most of which had already been completed by the registered manager.