

Primos Care Limited

Oaklands Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Oaklands Care Home is residential care home providing accommodation and personal care for up to 15 people in one adapted building. The service supports older people, some living with early stages of dementia. There were nine people living in the service at the time of our inspection.

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

We found shortfalls in keeping people safe. Infection prevention and control was not being effectively managed in line with the most up to date government guidance. Areas of the service were not being adequately cleaned. During the COVID-19 outbreak, the service had not fully followed their safe recruitment and induction systems. This meant the previously demonstrated good standard in safety had not been maintained.

The directors acknowledged improvements were needed, including infection prevention and control. They were clear about how they were going to fix these issues and learn from them to make the required improvements.

Relatives and staff spoke highly of the friendly culture of the service. A relative told us, "What I like is that the service is small and very personal. They know my [Person], the staff know and care for them really well." Staff felt supported by the directors and management team, who they described as approachable.

Staff understood their role in safeguarding people from harm, including advocating for people to ensure any concerns were heard and dealt with. People received their medication as prescribed. Risks associated with people's care needs were assessed and guidance was in place for staff to keep people safe.

Relatives told us people were provided with safe care, and staff kept them updated on any changes to their family member's health and welfare. One relative told us their family member, "Seems happy enough, they would tell me if they were not. It's never easy to put a relative in a home, but we [Family] are very happy with Oaklands. The staff are good at sorting [family member] healthcare needs..."

None of the relatives felt they had needed to make any complaints, but if they did they would feel comfortable to raise it with the management. All felt they were involved in making decisions about their family member's care including initial assessment of needs. One relative told us, "Can't fault the home, the staff have been very accommodating, they have gone out of their way to make them feel at home."

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

Rating at last inspection

The last rating for this service was good (published 28 November 2018)

Why we inspected

We received concerns in relation to management, staffing, infection control, record keeping and medicines. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

We reviewed the information we held about the service. 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.

The overall rating for the service remains as good.

We have identified a breach of regulation in relation to infection control at this inspection. You can see what action we have asked the provider to take at the end of this full report.

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

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 standard of 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 well-led.

Details are in our well-led findings below.

Good ●

Oaklands 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.

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 was carried out by two inspectors, with a third inspector who contacted people's relatives.

Service and service type

Oaklands Care Home 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.

Notice of inspection

The first day of the inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We looked at information we had received direct from the general public and whistle blowers. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all this information to plan our inspection.

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.

During the inspection

Our inspection activity started on the 17 February 2021 and ended when we gave feedback to the Directors and new manager on the 18 March 2021. We visited the service on 17 February 2021 and observed staff interacting with five people in the lounge.

We reviewed a range of records, some at the service: multiple medication records, two staff recruitment and induction paperwork, three people's care records, fire safety and infection control records and policies. Plus, records we requested from the provider to limit the time we spent in the service due to the pandemic. This included training records, infection control policies and information relating to the management of the service.

During our inspection activity we spoke with seven staff, [in person or via the telephone] including the manager, deputy manager, activities person, maintenance person, and care staff.

We spoke with eight people's relatives over the telephone to gain their views of the service.

After the inspection

We continued to seek clarification from the provider relating to the infection control policies and management of 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.

Preventing and controlling infection

- We were not assured there were effective systems in place to demonstrate the service was adequately cleaned. The most up to date guidance was not being used to keep people safe and support staff to ensure infection outbreaks could be effectively prevented or managed.
- Staff and people who had already been positive for COVID-19 were being tested weekly and monthly. This is against government guidance which states it should be only restarted 90 days after a positive test, unless they develop new symptoms. This practice meant test results could be inaccurate and misleading when making decisions about risk in the service.
- There was no procedure or appropriate facilities for staff to change into and out of their uniforms. This is important to limit opportunities for cross infection/contamination coming into the service.
- The provider did not employ domestic staff, instead they used a cleaning service which carried out whole home cleaning twice a week. This had stopped during the service's COVID-19 outbreak, but no alternative system had been put in place to maintain/enhance cleaning. No cleaning schedules were in place. Staff told us they would tidy during the day and night staff would carry out some cleaning. Enhanced cleaning was not being routinely undertaken as part of preventing and controlling infection, such as cleaning frequently touched areas such as grab rails and door handles.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate infection control was effectively managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following feedback, the new manager was able to demonstrate action they had taken since our site visit to ensure updated policies and guidance were in place, which were accessible to staff. This included the most recent changes to accommodate indoor visits. The provider told us the contract cleaning had been increased to six times a week.
- One relative told us, "There is a booking system, I can visit once a week, and they still do window visits, but still have to book. I am so grateful to be able to visit, to see my [family member], the staff always have them there ready and waiting, it's all organised very well so we can make the most of our time."

Systems and processes to safeguard people from the risk of abuse;

- Relatives said their family members were safe at the service. One told us, "I am very happy, feel [family member] is safe, staff are there checking on them, especially at night."
- Staff were aware of their responsibility in reporting any safeguarding concerns to management, and external agencies. Staff shared what safeguarding meant to them and felt confident the management

would act on any concerns. One said, "Protect residents...looking after their wellbeing, whistle blow, go to senior or management if I have got concerns." Another told us, "We're passionate," about ensuring any concerns are raised, "We are their voice, not everyone has family."

Assessing risk, safety monitoring and management

- Relatives told us risks to people were managed, without taking away people's independence. One relative commented, "The staff are good at supporting my [family member] to maintain their independence wherever possible, they enable them to take risks and get involved, such as laying the tables."
- People's care records held risk assessments on the level of support they required from staff associated with their health and welfare. This included guidance for staff on the type of transfer and mobility aids used.
- Relatives praised the vigilance of staff in monitoring risks to people's health and seeking medical advice. One relative described how staff had taken action to ensure their family member received prompt treatment, having noted indicators of possible infection. They told us staff "Contacted 111 immediately, explaining about their symptoms and history".
- Staff confirmed they had been trained and felt confident in using mobility equipment, including hoists. The information given on people's risk assessment reflected the level of support staff gave.
- Where staff had not received training in using the emergency fire evacuation sledge, the manager was organising this to take place. This would ensure staff could safely move people downstairs in an emergency, when the lift cannot be used.
- Systems were in place to support people to live in a safe environment. At the time of the inspection, a new floor was being laid, as the previous lino flooring had become a potential trip hazard.

Staffing and recruitment; Learning lessons when things go wrong

- The provider had a system in place for recruitment and induction of new staff. However, during their COVID-19 outbreak this was not followed and checks on a new staff member and induction for an agency staff were fully completed. The provider recognised this shortfall and how to ensure improvements were made so this didn't happen again.
- Where CQC had received concerns on low staffing levels during the outbreak, we cross checked the information given on the staff roster and signing book. We found shortfalls in the completion of both. The records did not give a true account of who was in the building and those accountable for providing care. During feedback the provider said to address this they were planning to implement an electronic system which could be checked and audited.
- Relatives felt there were enough staff to meet their family member's needs. One relative told us, "My [family member] tells me they don't have to wait for assistance when they need the toilet, which makes me believe there are enough staff." Another told us, "I ring different times of the day, I never have to wait for staff to answer the phone, which I think is a good indicator there are enough staff."
- Relatives praised the support their family members were given during the COVID-19 outbreak. One relative told us, "I did worry for the staff during the outbreak, they were all getting it, at different times, and staggered their returns, the staff were very flexible, pulled out all the stops, often working long hours to ensure the home was staffed." Another relative told us, "The staff have looked after my [family member] brilliantly."
- Staff told us there were normally enough staff, and they worked well as a team to meet people's needs. Where they could find themselves busy at times, supporting a new admission or if someone fell, "Everyone chips in." Such as the activities person, trained in care, will step in and support, "If they see someone needs help."

Using medicines safely

- The service had systems in place to ensure people received their medicines as prescribed. A relative told us there were "No problems with medicines, appears to be well organised." Another said, "We have no

concerns" and told us their conversations with staff demonstrated they were fully aware of what medicines their family member was taking, and why.

- Systems were in place to obtain new medicines prescribed following GP consultations. One relative told us, "Staff got the prescription immediately, so [family member] was able to start the antibiotics straight away."
- Staff who administered medicines were trained and their practice checked to ensure they followed safe practice. A staff member was completing their medicines training during the inspection. This included senior staff completing an assessment of their competency to carry out the task.
- The manager took immediate action to address areas identified as needing improvement. Body maps had been introduced for staff to record topical creams had been applied and a system was put in place to ensure medicine labels, containing people names and medication were shredded to ensure people's personal details were kept confidential.

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 remained the same.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was no registered manager in post. The previous registered manager had left in January 2021. When we inspected, the new manager had been in post a week and was getting to know the people, staff and systems. They confirmed they had started the process to be registered with the Commission.
- Although relatives spoke highly about different managers, the directors from Primos Care Limited (the registered provider) acknowledged there had been several changes in the last three years. One staff member said, "Had quite a few managers...changes everything...like picking up all the pieces for a couple of months."
- This inspection identified the manager needed more support with the management systems in the home. The directors acknowledged this and were taking steps to address this through support and training.
- Staff described the provider's directors and management to be approachable, feeling comfortable to voice their opinions during team meetings, "Everyone says it how it is."
- All of the relatives spoke highly about the quality of care people experienced. On relative told us, "We [the family] are really pleased we found Oaklands...I can honestly say I feel my [family member] is happy there and treated well. We are very pleased they are there and with what the staff do for them.... I think the staff coped really well throughout the whole pandemic and recent outbreak."
- The directors acknowledged where improvements were needed, including for infection prevention and control. They were clear about how to fix these issues and learn from them to improve the service. During feedback, they shared the actions they had taken to update policies, ensure staff had access to guidance and the need to employ on site housekeeping staff. They also shared effective oversight during the pandemic had been challenging but they were clear about how they used this to improve.

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

- Relatives described the positive culture in the service, in that staff treated their family members with compassion, and kindness. They felt being a small home, supported the friendly, family atmosphere. One relative commented, "The senior team are really good. The culture in the home, is like a family...they are a close-knit staff team."
- Staff told us they worked well as a team and were supportive of each other having come through a difficult period. Relatives also shared their concerns over the stressful time staff had been through. Staff said they had used social media to support each other. They had also been given information on counselling services, and the provider had arranged video relaxation sessions.
- We observed staff engaging with people in a meaningful way, varying their approach to support people's

individual personality and communication needs. Visiting professionals also commented on the positive interactions they had seen and the friendly atmosphere within the service.

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

- The new manager had previously held a registered manager's post with another provider, so had working knowledge of the regulations and responsibilities. The provider also understood their role in order to ensure ongoing quality improvement.
- Relatives told us the service was responsive in updating them on any incidents including falls and what action had been taken. One relative told us, "If there are any problems, they contact me."

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

- Relatives said they engage well with staff. One relative said their family member, "Seems to be very happy. I speak with the carers all the time, they are a 'super group', nothing is too much trouble." Another said, "I do feel we are kept involved in decisions about [family member's] care."
- We received positive feedback on the new manager, especially how they had got to know people quickly, and responded to their requests. A relative told us "They did reply to me straight away, and clearly knew my [family member] which I was happy about."
- Relatives told us how well staff engaged with health and social care professionals to achieve good outcomes including GPs, physiotherapist, and specialist nurses. One relative told us staff, "Work well with health professionals, such as district nurses and GP's and keeps us informed of any changes."
- At the time of the inspection the management and staff were assisting in a safeguarding investigation, responding to requests for information. The manager said following the outcome of the investigation, they would ensure any recommendations were acted on, as part of driving improvements.
- The manager was working with the clinical commissioner group's [CCG] Infection control lead, acting on their feedback and recommendations to drive improvements in this area.

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 Systems were either not in place or robust enough to demonstrate infection control was effectively managed