Prime Life Limited

Charnwood Oaks Nursing Home

Inspection report

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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
Charnwood Oaks Nursing Home is a nursing home service, it provides nursing and personal care to older people and people with dementia. At the time of the inspection there were 79 people using the service. The service can support up to 84 people.

Charnwood Oaks Nursing Home provides accommodation across 2 floors in four units, with a lift to the second floor. Rooms have en-suite facilities and there are communal lounges and enclosed communal gardens.

People's experience of using this service and what we found
The registered manager and provider had not consistently maintained effective oversight of the service around quality and safety. However, they were focused on improving this with some changes made during the inspection.

We found that risks to people from the environment and around their care needs were not consistently considered and people were not always protected from the spread of infection. People told us that they felt safe and we found they were protected from the risk of abuse.

The staff and management team were working in partnership with health care professionals, but some people felt they were not supported to access health care in a timely manner.

The food choices for people on specialist diets was limited. Further development was needed to ensure a dementia friendly environment. The registered manager was working to improve in these areas prior to the inspection. People told us they enjoyed the food and we saw that people were supported to maintain a balanced diet.

Staff were recruited safely, checks on suitability were in place to ensure people were safe. The registered manager had a system in place to monitor staffing levels. We have recommended that this be kept under review to ensure there are enough staff available to meet people's needs.

People received personalised care from staff that knew them well. However, we have recommended that the provider ensure people from all faiths are supported should they wish to be.

Staff were trained and had the skills and support needed to meet people's needs. There were regular supervisors and appraisals and staff attended regular meetings to share information and learning.

Medicines were managed safely and given to people by staff who were trained and competent. Medicine records were checked regularly to ensure people were receiving their medicines when they needed them.

Where things had gone wrong the registered manager and provider had been open and transparent in reporting to relevant bodies such as the local authority and CQC. There was evidence of learning from incidents, we saw evidence of staff training and system changes to improve safety for people following incidents.

People's independence was encouraged, they and their families or representatives were included as partners in their care. People and relatives found staff caring and supportive and they had developed good relationships.

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; the policies and systems in the service supported this practice.

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 16 July 2016).

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified a breach of regulation in relation to the registered managers and providers oversight of the safety and quality of the service.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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?

Requires Improvement

The service was not always safe.
Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.
Details are in our effective findings below.

Is the service caring?

Good

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.
Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.
Details are in our well-led findings below.

Charnwood Oaks Nursing 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 inspection was conducted by two inspectors and two experts 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 inspection was also supported by a specialist advisor who was a nurse.

Service and service type
Charnwood Oaks Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 and we sought feedback from the local authority. 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. We contacted Healthwatch Leicestershire, Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection
We spoke with 10 people who used the service and seven relatives about their experience of the care provided. We spoke with 11 members of staff including, two senior carers, four carers, one nurse, one clinical lead, the registered manager, the hospitality manager and a cleaner.

We reviewed a range of records. This included two peoples care and support records, multiple DoLs records, multiple medication records and personal care records. We looked at records in relation to training and staff supervision. A variety of records relating to the environment, maintenance and the management of the service were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at supporting information around oral health and activities.

Requires Improvement

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

● People were not consistently protected from the risk of infection. We found some areas of the home had not been cleaned effectively. Chairs and mattresses in some people's rooms were soiled, stained and had unpleasant odours. Chairs in communal areas also required attention. Cleaning schedules were not detailed enough to include regular cleaning of these problem areas.

● Staff had access to protective equipment such as gloves, aprons and handwashing facilities and demonstrated a good understanding of keeping people safe. However, during the inspection we observed that gloves had not consistently been disposed of appropriately which we brought to the attention of the registered manager who addressed this immediately."

● The kitchen completed regular cleaning schedules and fridge temperatures were monitored. We could not be reassured that hot food temperatures were accurately recorded before food was served. We found hot food temperatures for the lunchtime serving during the inspection had not been recorded. A member of staff advised that they remembered the food temperatures and recorded them later.

● Systems and processes for managing hygiene in the laundry room ensured people were protected from the risk of infection. For example. A coloured bag system was used for separating soiled laundry from other items and guidance on wash temperatures were clear for staff to follow.

Staffing and recruitment

● We could not be reassured there was consistently enough staff available as we received mixed feedback from people and staff. One person told us, "They [staff] don't answer the call bell very quickly." We observed the person to wait over ten minutes for staff to respond to their call bell. Another person told us, "Staff are very good and come quickly."

● The registered manager used a dependency tool to assess how many staff were needed to meet people's needs. The registered manager had also considered the design and layout of the building and told us they deployed additional staff across shifts to ensure people's needs were met. However, a staff member said. "Staffing levels are a bit hit and miss, a lot of times we are understaffed, people call in sick. I think that people are still safe, but it means I can't give the care I want to give. Paperwork can get left, taking out bins and stuff like that. People's care and safety is prioritised."

We recommend that the registered manager keep staffing numbers under review to ensure people's needs are met.

● Safe recruitment processes were in place that ensured only suitable staff were recruited by the service. Disclosure and Barring Service (DBS) checks were completed prior to working with people and were

regularly updated. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

● Risks to people in the environment had not consistently been considered. For example, the provider had not ensured that second floor windows were fitted with tamper proof window restrictors that met the Health and Safety Executive (HSE) requirement. Heavy furniture was secured to prevent injury from furniture falling. However we have advised the registered manager and provider to reassure themselves that the fixings are sufficient and that regular maintenance checks are recorded. We observed a chemical store cupboard to be locked but the key accessible on a hook on the door frame.

● Personalised risk assessments were in place and reviewed regularly. They included risks to the individual such as moving and handling, falls and skin condition. We found that records for people with risks to their skin had not included regular checks on their pressure relieving equipment to ensure appropriate settings. We also observed two people who had been assessed to have specific manual handling equipment did not have the correct equipment readily available in their bedroom.

● Regular fire safety checks took place and people had personalised emergency evacuation plans (PEEP's) to assist staff to support them in an emergency.

Systems and processes to safeguard people from the risk of abuse

● People were protected from the risk of abuse. Staff were trained in recognising the signs of abuse and knew how to report concerns. People told us they felt safe. One person said, "Yes, I feel safe, my door is open and staff pass and speak to me."

● The provider had a dedicated whistle-blower help line for the benefit of staff, people and their families, details of how to use this were displayed around the home.

Using medicines safely

● Medicines were managed, stored and disposed of safely. Regular temperature checks of the medicine storage room and refrigerators ensured medicines were stored in line with the manufacturer's instructions.

● Peoples medicine records were clear and easy for staff to follow. Medicines were only given by trained staff and there were regular checks to ensure their competency.

Learning lessons when things go wrong

● Lessons had been learned when things had gone wrong. A recent incident had prompted the provider and registered manager to change their systems and processes for serving food to people with special dietary requirements. Staff had received specialist training and demonstrated a good understanding of the new system which ensured people were safe.

Requires Improvement

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.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were not supported with access to a dentist. A relative told us that their family member had had to have the consistency of their food altered due to problems with their teeth as the home had not arranged dental support. The registered manager told us they had difficulty finding a dentist that would visit the home and this was something they were working on.
- Records evidenced that the service was working in partnership with other professionals such as GP's, speech and language therapists and occupational therapists. One person said, "The GP does their rounds here."
- The registered manager was in the process of implementing the red bag scheme. The red bag scheme is an initiative to ensure people have a timely access to emergency healthcare by ensuring any information to support them goes with the person in their red bag.

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

- Further development was required to provide a dementia friendly environment. For example, signage for people's rooms and communal areas was not in place to support people with orientation. We discussed this with the registered manager who was currently being supported by the provider in arranging for work to start on creating an inclusive environment. Work had started on creating a woodland area indoors.
- People were able to personalise their rooms with their own belongings and rooms were clutter free.

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

- People were supported well with nutrition and meals were well presented with a choice of hot and cold drinks available. People told us they liked the food. One person said, "The food is quite pleasant, it's always hot and I eat in my own room by choice." The registered manager was in the process of reviewing the menus to ensure people on specialist diets had more choice which was currently limited to one option, this would need to be continued and embedded in practice.
- People who were at risk of malnutrition had been assessed and records were kept monitoring food and fluid intake where required. A relative told us, "My [relative] has gained weight which they needed to do, they have a choice of food and they support [people] with their eating." Snacks and drinks were made available throughout the day.
- The registered manager and staff had worked in partnership with dietitians and speech and language therapists to ensure people were well supported with their dietary needs.

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

● People received an initial assessment to ensure their needs could be met before moving into the home. Where people had a specific need this was met. For example, staffing was co-ordinated to provide one to one support for people that needed additional support to stay safe.

● People were asked about their health conditions, religion, relationships, culture, likes, dislikes and hobbies, this information was used to plan their care and support.

Staff support: induction, training, skills and experience

● Staff had received an induction and regular training that ensured they had the skills they needed to do their job. The provider used a regular training coordinator that had got to know staff well and was available for support. Staff told us they could request extra training if they felt they needed it and had specialist training where required. One staff member said, ""We had a person with a [health condition] and we had training on how to support them."

● Staff received regular spot checks, supervisions and appraisals, they told us they felt well supported in their role.

● The provider was an equal opportunities employer. We discussed how this worked in practice with the registered manager who gave good examples of how to manage racism and support for people and staff from the LGBT+ community.

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 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. We found that they were.

● People were being supported in the least restrictive way possible. People and their families had been involved in the assessment and planning process and care plans were signed to consent to care. Where required independent mental capacity assessors (IMCA) were used to support people in making decisions about their care.

● Staff had received training in MCA and had a good understanding of the principles. One staff member said, "Always assume that people have capacity and let them choose, people can always make some choices."

● Some people were being supported under a DoLS, the manager had managed this appropriately. There was evidence of individualised assessments to support what decisions people could and couldn't make for themselves. Where decisions needed to be made in a person's best interest, meetings had been held with the person, professionals and family members.

Good

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 has 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 had developed good relationships with the staff team and staff knew people well. People told us the staff were caring. One person said, "They are kind and gentle." A relative told us, "They [staff] know [relative] and laugh with them."
- We observed kindness and staff were patient with people. For example, doll therapy was used to support some people with dementia. During lunch a person had become restless and concerned about their baby doll. We observed a staff member to support the person by cradling the baby doll so that the person could relax and enjoy their meal.

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

- People and their relatives or representatives had been involved in developing their care plans and were encouraged to make decisions around how they would like their care to be delivered.
- Staff supported and respected choice. One person said, "I can stay up late if I want. No one forces me." Another person said, "They ask me what clothes I'd like to wear."
- People were invited to regular residents' meetings where they were encouraged to share ideas for activities, meal planning and changes in the service.

Respecting and promoting people's privacy, dignity and independence

- People's privacy dignity and independence was supported. People told us that they felt respected. One person told us, "They [staff] don't come straight in, they knock first, I like my door open. When I'm washed and changed the curtains and door are closed. My privacy is respected."
- We observed independence to be encouraged. The registered manager supported positive risk taking for people. For example, one person enjoyed free access to the garden, whilst this involved an element of risk the registered manager had put measurers in place to manage this whilst ensuring the person freedom of movement and choice.

Requires Improvement

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.

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

● People's culture and religion were considered and recorded in the care planning process. Religious services took place in the home. However, this had not been consistently tailored to support individual needs. One person's faith had not been fully considered or supported. One person's relative told us a faith practitioner of their relatives' religion did not visit the home and that, "It would be lovely if [name of faith leader] visited." Another person said, "I'm partially religious but no one has been to see me."

We recommend that the registered manager review current guidance on supporting people of all faiths to ensure people's needs are met.

● We could not be assured that people's social needs were fully met. The meal time experience was a missed opportunity for social interaction. People who sat on tables together were not served at the same time and people's plates were cleared and tables wiped whilst others were still eating. This led to a canteen type service rather than a sociable meal time.

● The provider employed an activities coordinator for three days per week. During this time there were scheduled activities in communal areas such as sensory experiences, garden club, sing a longs and parlour games. Activities outside of that time were not planned and staff on each unit were responsible for providing activity. We could not be reassured that staff would have time for meaningful individualised activity. Most of the people we spoke with were either unaware or did not engage in activity. One person said, "I often get bored during the day." Individualised activities for people in their rooms needed further development. One person said "I don't get out of bed, don't know of any activities but wouldn't do them anyway. Only visitors play cards or stay with me for a length of time"

● Photos were displayed in the hallway of group activities such as animals visiting the home, visits to a local school and the home hosted activities such as carol concerts and garden parties which friends and family could attend.

● Relatives were welcomed to visit people at any time without restriction. One person said, "Visitors can come at any time, my [relative] comes after work as it fits in with their hours." Relatives were also welcomed to eat meals with people, a small charge was made for this and all proceeds went into a social fund to support trips and activities.

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.

● People's communication needs were planned into their care and records gave staff guidance on how best to support each individual. Care plans and records could be made available to people in other formats such as easy read or large print where required. Communication was also supported by using picture cards to support people with meal choices.

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

● Each person had a 'Getting to know me document' which gave good insight into the person and how to support them as an individual. This included their history, important relationships, hobbies, favourite music and important dates and how they preferred to be supported. Staff knew people well. One member of staff we spoke with confidently told us about the people they worked with and how they liked to be supported. This was an accurate reflection of the records we had seen. Another staff member told us they had time to get to know people and chatted with families to find out more about the person.

Improving care quality in response to complaints or concerns

● There was a complaints policy and procedure in place which people and staff had access to, this was available in large print and easy read where required. People told us they knew how to make a complaint if they needed to.

● When a complaint had been made it had been responded to appropriately in line with the providers policy.

End of life care and support

● Staff had received training in supporting people at the end of their life. Peoples choices and preferences had been assessed and planned into care. Support that family members may need had also been considered and the registered manager and provider had started work on a relative's bedroom so that people could stay close to family when needed.

Requires Improvement

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

- The registered manager had not consistently maintained oversight of the quality and safety of the service. For example, regular auditing from the registered manager had not identified issues around infection control, including the cleanliness of furniture and the completion of cleaning records. Where auditing tasks had been delegated the registered manager had not ensured this was being completed effectively.
- The provider's audit had identified issues with the cleanliness of people's chairs. However, they had failed to act upon these findings within a reasonable time frame to ensure people's safety. During our inspection we requested that people's chairs and mattresses were thoroughly cleaned and requested one piece of furniture be removed. The registered manager complied with our request and made arrangements for this to be completed during the inspection. Other areas highlighted in the providers audit had been actioned promptly prior to the inspection.
- Records showed that gaps in recording on personal care records were not identified promptly. One unit had consistently failed to record support with oral care for people. This had not been identified prior to our inspection.
- The provider had implemented a system to ensure people's clothes were safe and returned to them after laundering. This system had failed. We saw large amounts of clothing piled in the laundry, unlabelled and with no clear plan of how it would be returned to its owner. One person told us that the clothes in their wardrobe were not theirs and we also found these to be unlabelled.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

- The registered manager had reported significant events appropriately to the local authority and CQC.

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

- Regular surveys and meetings were arranged for people and their families to discuss services and ideas such as menu choices or activities and days out. The meeting times and dates were advertised. However, it's not clear how effective this was as some people told us they had not been aware that these meetings took place. One person said, "I don't know if there are any meetings for family or residents." Another person said, "I've not been informed of any residents meetings." A relative told us, "I don't know if they have any meetings for residents, but I haven't been invited to one."

● There were regular staff meetings and handover meetings where staff could make suggestions or share information and learning. Staff told us they were comfortable sharing ideas and felt listened to.
● The registered manager ensured the home was part of the community, they had made connections with the local church, school, and a "men in sheds" group.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The registered manager had a positive attitude and was working towards making improvements in the home and improving care for people. They had identified and started work on projects prior to the inspection such as improving the environment for people with dementia and the relative's bedroom.
● The registered manager was proud of recent achievements in the service such as improvements made around food safety and the caring attitude of staff. Staff told us they felt well supported by the manager.
● The registered manager had a good attitude towards positive risk taking and how this supported independence. They said, "You can't constantly stop people from doing things. We reduce risks where we can but always use the least restrictive options."

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 registered manager had been open and honest when things had gone wrong. Accidents and incidents were analysed for trends and learning shared amongst the staff team. One relative said, "We have always been told of anything regarding my [relative] for example when they had a fall and had to go to hospital they phoned us straight up."

Continuous learning and improving care; Working in partnership with others
● Continuous learning to improve care was well supported. The registered manager kept a lesson learned log which was shared amongst staff to increase knowledge and learning. The provider insured that lessons learned were shared across its home network.
● The registered manager encouraged staff development. For example, they had identified a staff member that needed extra support during induction, they extended their probation period and provided extra training and support to accommodate this.
● The registered manager was friendly, approachable and open to suggestions to improve care. During our inspection they amended care and cleaning records to ensure closer monitoring of these areas and fully cooperated when we raised areas of concern.

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 17 HSCA RA Regulations 2014 Good governance The providers systems and processes had not maintained oversight of the safety and quality of the service.