London Residential Healthcare Limited

Oaklands House Care Centre

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

The inspection took place on 5, 6 and 10 October 2016 and was unannounced.

Oaklands House Care Centre is registered to provide accommodation for up to 54 older people who may be living with dementia or have a physical disability. At the time of our inspection there were 51 people living at the home. The home is located in a semi-rural area on the outskirts of Southampton.

The home did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A new manager was appointed in August 2016. At the time of the inspection they had not submitted their application to become the registered manager.

Recruitment checks needed to be more robust and include all of the requirements laid out in the Regulations.

We found the provider had not made sufficient improvements to ensure they acted in accordance with the requirements of the Mental Capacity Act (MCA) 2005. People's capacity to consent to care had not always been assessed and where best interest decisions were required these had not always been recorded. Staff had still not received appropriate training on the MCA 2005.

There had been little improvement in people's care plans. Care plans had not always been reviewed in a timely manner and did not contain enough information to enable staff to meet people's individual needs effectively.

The quality assurance systems in place needed to be more robust to ensure they were effectively driving improvements. The provider had not acted upon requirements from previous inspection reports from the Care Quality Commission in order to improve the safety and quality of the service provided.

People told us that they felt safe living at Oaklands House Care Centre. Agency staff had been used to cover where there were staff shortages and the manager was focusing on the recruitment of new staff.

Staff had a good understanding of abuse and how to identify this. They knew what actions to take to keep people safe.

Medicines were administered safely but improvements were needed to ensure that interruptions to the medicines rounds were minimised.

People were complimentary about the support that they received from staff. They told us that staff were kind and caring. We found that people were treated with dignity and respect.

People had sufficient to eat and drink and were supported to maintain a balanced diet. They had access to a range of healthcare professionals and services.

While people were not unhappy with the activities on offer. Relatives told us they felt that more varied activities could be offered.

People living at the home all thought that the home was well-led. They all spoke positively about the manager and the staff group.

The staff were positive about the new manager and felt they were supportive and approachable.

Complaints policies and procedures were in place and were available to people and visitors. People and their relatives told us they were confident that they could raise concerns or complaints and that these would be dealt with.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Recruitment processes were not robust enough to evidence that appropriate checks had taken place, to ensure suitable staff were employed.

People told us they felt safe and risks to people were managed in a safe way. Staff knew how to recognise and report any potential abuse.

There were enough staff deployed to meet people's care and support needs safely.

Is the service effective?

Requires Improvement

The service was not always effective.

The Mental Capacity Act (MCA) 2005 and its Code of Practice were not being used effectively and consistently within the service.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were offered a choice of food.

Is the service caring?

Good

The service was caring.

People using the services told us they found the staff caring and friendly. We saw staff treating people with kindness and compassion.

People were treated with dignity and respect and staff respected their right to privacy.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care plans were inconsistent and did not contain enough information to enable staff to meet people's care needs

in a person centred manner.

The activities planned could be improved upon.

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

Is the service well-led?

Requires Improvement

The service had some aspects that were not well led.

There were systems in place to monitor the quality of the service. However, these had not always been effectively used to drive improvements to the service. The new manager was aware of this but had not had time to embed the new system and show sustained improvements had been made.

The manager promoted an open culture and they were visible and accessible to people, their relatives and the staff.

Oaklands House Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place over three days on the 5,6 and 10 October 2016 and was unannounced.

On the first day the inspection team consisted of one inspector, two inspectors on the second day and one inspector on the third day.

The provider completed a Provider Information Return (PIR). This 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. We also reviewed other information that we held about the service. This included the provider's action plan, previous inspection reports and notifications that the provider is required to send us by law, of serious incidents, safeguarding concerns and deaths. We used this information to assist us in the planning of our inspection.

During our inspection we spoke with four people who use the service, five relatives, six members of staff and the manager of the home.

The service was last inspected in November 2015 and was rated as requires improvement. The service was not meeting the required standards with regard to regulation 9 (person centred care) and regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Oaklands House Care Centre. One person told us, "Oh yes, it is very safe here. The staff care for me very well." A relative told us, "It is much safer here than being at home on their own."

Whilst people told us they felt safe, we found some improvements were needed. The provider had not made all of the required recruitment checks. We found three files that did not have evidence of any Disclosure and Barring check being carried out. This is a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Other checks had been made which included references being obtained, application forms completed, a full employment history recorded and proof of identity obtained.

The provider had whistleblowing and safeguarding policies and procedures in place to help keep people safe. These were accessible to staff to ensure they had up to date information. All staff had received training in whistleblowing and safeguarding adults. Staff knew how to recognise potential abuse and understood their responsibilities to report any concerns. For example one staff member told us, "If I suspected any type of abuse was occurring, I would report it straight away to the manager." Another said, "Keeping people safe is important if I witnessed anything I would report it straight away."

Risk assessments were in place for each person using the service. For example, we saw that people at risk of acquiring pressure sores due to immobility and frailty were assessed. Where potential risks were identified pressure relieving equipment was put in place, such as specialist mattresses and beds. The staff told us they were aware of the accident and incident recording procedures. We saw that the registered manager closely monitored accident and incidents to look for trends in an effort to reduce the risks. We also saw that relevant risk assessments were reviewed and updated as required following any accidents and incidents occurring.

There was sufficient staff deployed to support and meet the needs of the people living in the home. The manager had recently completed a dependency tool. This is a tool that identifies the correct number of staff required to meet the needs of the people using the service. Using this tool the manager had identified that one more staff member per shift was required to meet people's current level of need. The manager told us they had a plan in place to recruit new staff and would be interviewing shortly. In the interim the manager was adjusting the deployment of staff to ensure that people's needs were met. A relative told us, "There seems to be enough staff around. Although they seemed rushed at times."

People said staff provided appropriate support with their medicines. One person told us, "They give me my tablets regularly." We checked the arrangements in place for the management of medicines in the home and saw people's medicine was ordered in a timely way, stored and disposed of safely. Nurses told us they had the training and skills they needed to administer medicine safely. We saw that nurses assisted people to take their medicines comfortably, such as making sure people had drinks so they were able to swallow their medicines safely. Medicine records had been completed and provided a clear record of when people had taken their medicine. However there had been no regular audit of controlled drugs since June 2016 which

does not follow the providers or national guidance on the auditing of controlled drugs. The provider took immediate action to ensure that regular audits of controlled drugs were carried out weekly.

During our inspection we observed, on two separate occasions that the nurses undertaking the medicines rounds were interrupted by other staff or answered the phone. Both of these are actions that staff are asked not to do while administrating medicines and interruptions during medicines rounds are a known risk factors for the occurrence of medicine errors. We recommend that staff ensure they are following best practice guidance and the provider's policy concerning the need to minimise interruptions during medicines rounds.

The provider had plans in place to deal with foreseeable emergencies, such as loss of utilities or severe weather. Health and safety checks were carried out regularly to ensure the premises and equipment, such as hoists, pressure relieving equipment and beds, were safe for use. The provider had carried out a fire risk assessment and staff were aware of the procedures to be followed in the event of a fire. However the new extension to the building had not had all external work carried out at the time of the inspection. This meant that some fire exits opened onto a short path that lead to rough muddy ground at the end of building. This put people at risk of not being able to evacuate this part of the building safely should they have needed to. The manager informed the inspector they would discuss this with the provider straight away.

There was a Personal Emergency Evacuation Plan (PEEP) for each person living in the home. This is a document which assesses and details what assistance each person would need to leave the building in case of an emergency.

Requires Improvement

Is the service effective?

Our findings

During an inspection at Oakland's House Care Centre in June 2015 we found that staff did not have all the training relevant to their role. New staff were not always provided with a robust induction and supervision was not taking place regularly. When we inspected in November 2015 we found that some improvements had been made to staff supervision and the induction of new staff. But further improvements were still required for the training of staff.

The Mental Capacity Act (MCA) 2005 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

This inspection found that further improvements were still needed. We found the provider had not made sufficient improvements to ensure they acted in accordance with the requirements of the MCA 2005. The principles of the MCA 2005 were still not consistently embedded in practice . For example, we found that in some cases advanced care plans lacked detail and there was no evidence that the person was involved in the decision making process or that MCA 2005 guidance was followed and who had been involved in making best interest decisions were not always clearly documented. One person's care record had a blank admission checklist, blank advance care plan and a blank consent form in their file. A deprivation of liberty application had been made but there was no supporting evidence that the MCA 2005 had been followed. We also saw that some MCA 2005 assessments were not dated and it was unclear if the assessor was appropriately trained or skilled to carry out the assessment as it did not state their designation. Staff spoken with had some knowledge and understanding of the MCA and DoLS, but a training report showed that only 14 out of approximately 52 staff were up to date with MCA and DoLS training. When we discussed this with the provider they took immediate action to arrange staff training for later in October.

We saw that some assessments had been undertaken of people's capacity to make decisions and the management team were aware of their responsibilities with regard to DoLS. Where people had been deprived of their liberty the manager had made appropriate applications to the local authority for a DoLS authorisation. The manager kept a matrix and therefore knew when these authorisations were due for renewal. Staff spoken with had some knowledge and understanding of the MCA and DoLS.

This was a continued breach of Regulation 11 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for Consent.

New staff undertook a period of induction before they were assessed as competent to work on their own. The staff told us that their induction incorporated the Care Certificate. This certificate is designed for new and existing staff, setting out the learning outcomes, competencies and standards of care that are expected

to be upheld. We saw that new staff cared for people in a competent way and their actions and approach to their role demonstrated that they had the knowledge and skills to undertake their role. One staff member told us, "The induction gave me some basic skills and knowledge, but I would like to learn more."

Staff received regular supervision and an annual appraisal. All staff told us that they welcomed feedback on their performance. Supervision notes were recorded. We saw that annual appraisals were recorded for each staff member. One staff member said, "I am able to put my view at an appraisal. We discuss what I can improve and any training I may need."

We observed the lunchtime meal in the two dining rooms. The atmosphere was relaxed and there were a choice of meals and drinks available. People were asked what they would like to eat and drink. Staff provided support to those people who needed assistance to eat and drink. We observed staff took their time and did not rush people. One person told us, "The food is usually ok, but there is not much variety." A relative told us, "The food is quite nice and I have eaten here several times. The menu does change on a weekly basis but is very similar." Drinks were readily available to people throughout the day.

The provider told us they had a rotating four week menu and said they catered for people with special dietary needs such as reduced sugar or sugar free and gluten free. Some dishes were fortified with butter, cream and syrup to support people at risk of weight loss. There was evidence that staff were monitoring people who were at risk of losing weight.

People told us their health care was well supported by staff and by other health professionals. People saw their GP, dentist and optician when they needed to and nurses were always on duty in the home. People saw other health care professionals to meet their specific needs, such as a chiropodist or district nurse.

Good

Is the service caring?

Our findings

During the inspection we observed how well staff interacted with people who used the service. We heard that staff were kind and caring in the way that they approached people. Staff were knowledgeable about people needs and had developed caring relationships with them. One staff member told us "I treat people like I would treat my own family." We saw that people's bedrooms were personalised and the majority contained people's own items such as family photographs and ornaments.

We found that staff respected people's privacy and dignity. Staff were able to explain what they were expected to do to ensure people's privacy and dignity had been respected. This included shutting the bedroom or bathroom door when helping someone with their personal care. One member of staff said, "You always knock before you enter a person's bedroom and ensure you treat them with dignity while giving them personal care." From our observations we found staff were polite and respectful when speaking to people. People said the staff respected their privacy, one person told us, "if I wish to spend time alone in my bedroom I can, staff always knock on the door before they enter." Another said, "Staff always tell me what support and care they are going to give." A relative told us, "The staff are a caring bunch, they are always very polite and from what I have seen, show respect to all the people here."

We saw that people were encouraged to be as independent as possible. Staff encouraged people to use adapted cutlery and cups to eat and drink. A relative told us, "The staff are good at encouraging [person's name] to do things but always assist if needed." A staff member told us, "I will always help the person if they need it but I always encourage them to try to do it for themselves."

During the inspection we saw that people were treated with dignity and respect by staff. Care workers respected people's daily choices about their personal care routines and how they wanted to spend their time. A person told us that they chose whether they had a bath or a shower and that staff respected their choice. One staff member said, "We always try to involve people in their care and respect them as an individual."

The provider placed no restrictions on when people could visit or for how long. People and their relatives told us the home welcomed visitors at any time of the day. One relative told us, "I visit very regularly and am welcome." Another said, "As a family we visit when we can it can vary. The staff are always friendly and welcoming."

Requires Improvement

Is the service responsive?

Our findings

During an inspection at Oakland's House Care Centre in June 2015 we found that people did not always have a detailed care plan which helped staff to deliver care to meet their assessed needs. When we inspected in November 2015, we found that some improvements had been made but that essential standards were still not being met.

This inspection found that further improvements were still needed. Care plans still did not contain sufficiently detailed information about how people's needs should be met. For example, a person's hygiene care plan stated the person was to be showered twice weekly but did not state how their hygiene needs were to be met at other times. Another person's continence care plan mentions the use of a cream and refers staff to see the skin integrity care plan. However there is no mention of this in the skin integrity care plan. Another person who was diabetic had their blood sugar levels recorded on their medicine administration record and not in their diabetic care plan. This made the reviewing and monitoring the person's diabetes problematic as there was no clear overview of when blood sugar levels maybe dropping or increasing. The inspector found that some care plans had been written in January 2015 and it was unclear when they had last been reviewed and therefore may not be meeting people's needs.

Further improvements are required to ensure that people care plans reflect their current needs accurately and enable staff to meet their needs appropriately. This is a continuing breach of Regulation 9 of the Health Social Care Act 2008 (Regulate Activities) Regulations 2014 person centred care.

Staff were not always deployed in a manner that allowed them to be responsive to people's needs. Five people were being cared for on this floor in their rooms. We observed that for a period of 40 minutes there were no staff present on the first floor. When the inspector did find a member of staff and asked where the other staff were. The staff member was unsure and assumed they were on a break. The inspector was told by the manager that four staff members were allocated to this floor for that shift. Staff availability compromised their ability to respond to people's needs in a timely manner.

The service employed activities coordinators. A programme of activities are held regularly and displayed in the reception area. The activities coordinators were observed to offer one to one sessions to individuals in both communal areas and people's rooms. However a number of people told us the activities provided could be improved. One person told us, "I am not interested in rolling or catching a ball." A relative told us, "There are activities offered usually in the afternoon, but they are not very interesting."

People told us they were aware of how to make a complaint and were confident that if they raised a concern with any of the staff it would be listened to. One person told us, "I would tell the nurse if I was unhappy." A copy of the organisations complaints procedure was placed on the notice board. This meant that both people using the service and their relatives had direct access to this information.

We saw evidence to demonstrate that all complaints were reviewed and monitored on a regular basis and that the manager for the service checked any complaints received as part of their regular quality audit.

Requires Improvement

Is the service well-led?

Our findings

The manager had been in post since August 2016. When we visited, the manager had not yet applied to become the registered manager for the location with the Care Quality Commission (CQC). We asked people and their relatives if they found the service provided at Oaklands House Care Centre to be well led. People told us they were generally happy with the way the home was managed. Relatives said that since the new manager had commenced they regularly saw them within the home supporting staff rather than sat in the office.

At our last inspection in November 2015 we saw that while some improvements had been made from the previous inspection in June 2015 many of those improvements needed more time to be embedded in to ensure they were effective.

This inspection found that some improvements had been made. Infection control and legionella testing had improved. At this inspection we found that people were still at risk of falling from height as window restrictors had not been fitted to all of the windows on the first floor of the main building. Those that had been restricted had been restricted by screws being fixed to the window frame and not using products fit for this purpose. When we pointed this out to the manager, they took immediate action to ensure appropriate window restrictors were fitted to all windows.

The systems in place to review the quality of the care provided needed to be more robust. Care plan audits had taken place but, the frequency of these was inconsistent and had not identified that care plans had not been reviewed frequently enough or that information within them was insufficient to provide robust person centred care. We found that there were shortfalls in the way people's medicines were audited as controlled drugs had not been audited since June 2016.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The systems in place were not robust enough to effectively monitor, review and improve the quality of care.

The new manager had identified this as an area that required improvement. They had started to introduce new systems to improve auditing and ensure good governance practices were followed. For example monitoring people's fluid intake and using a recognised dependency tool to determine the skill mix and number of staff required to meet people's needs. However these had not had time to be embedded to ensure they were being fully effective.

The manager had identified other areas that required improvement and this included recruiting new staff to reduce the use and reliance on agency staff. A relative told us, "The new manager is very approachable and seems to know what they are doing, much better than the previous manager."

Staff told us the manager was very approachable. One staff member told us, "The manager is always available to speak to if I need to." Another said, "The manager is changing things in a positive way, much

better than before."

The manager had reviewed and introduced a variety of staff meetings to ensure good communication and sharing of good practice was supported. These included staff meetings and meetings specifically for the qualified nurses. We saw these had commenced but had yet to embedded to ensure their effectiveness.

The manager understood their legal responsibility for submitting statutory notifications to us, such as incidents that affected the service or people who used the service so that CQC could make sure they had been appropriately acted upon.

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 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured that each person had a care plan which helped to ensure staff were able to meet their needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures	Regulation 11 HSCA RA Regulations 2014 Need for consent Where people lacked capacity to consent to their care and treatment, the registered persons had not always acted in accordance with the requirements of the Mental Capacity Act 2005. Regulation 11 (1) (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Insufficient and ineffective systems were in place to assess, monitor and improve the service that people received and to protect them from the risk of harm.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Appropriate checks had not always been carried out to ensure only suitable staff were employed.