Rushcliffe Care Limited

# Oakford Manor Nursing Home

**Inspection report**

Newshaw Lane
Hadfield
Glossop
Derbyshire
SK13 2AJ
Tel: 01457 861117
Website: www.rushcliffecare.co.uk

Date of inspection visit: 10 and 11 March 2015
Date of publication: 27/08/2015

## 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? | Good |
| Is the service well-led? | Requires improvement |

## Overall summary

This inspection took place on 10 and 11 March 2015 and the first day was unannounced.

Oakford Manor is a nursing and residential care home for older people some of whom have dementia.

Accommodation is on two floors and there are two lifts for access. Oakford Manor provides residential and nursing care for up to 50 people; at the time of our inspection there were 40.

The service had a registered manager in post. The registered manager was providing temporary support until a new manager commenced their employment on

# Summary of findings

16 March 2015. 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.

At the last inspection on 11 March 2014, we asked the provider to take action to make improvements on how consent was obtained. Where people did not have the capacity to consent, the provider did not always act in accordance with legal requirements. We also saw care and treatment was not always planned and delivered in a way that ensured people's safety and welfare. This was because care records and risk assessments did not always have all of the relevant information within them.

There were insufficient staff to ensure people received safe care in a timely manner. Insufficient staff resulted in inadequate recording in regards to care records.

People who used the service were not protected against risks associated with unsafe equipment because moving and handling equipment had not been adequately serviced.

Records relating to people's care and support were not securely stored and confidential information was left unattended.

Staff members we spoke with did not have a full understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS. Staff training records showed staff had attended training in MCA and DoLS however their knowledge was limited.

People who at the service were very positive and complimentary about the staff however some complaints had been documented from relatives. The complaints were concerning the lack of staff; we found no evidence of this being responded to.

People told us they felt safe living at the home, "Staff were caring and kind-hearted," and the care they received was good. People remarked that the food was particularly good and relatives were always made to feel welcome.

We spoke with six people's relatives, ten people using the service and ten members of staff, including the manager. We spoke with four health care professionals who were involved in the care of people living at Oakford Manor Nursing Home.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we took at the back of this report.

# Summary of findings

## 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 consistently safe?

The current staffing levels did not always ensure that people's needs would be met in a timely manner.

People using the service and their relatives felt safe. Staff knew the procedure to follow if they were told about any abuse happening or had any suspicions of abuse.

Recruitment procedures ensured that suitable people were employed.

**Requires improvement**

**Is the service effective?**
The service was not consistently effective

People who lacked capacity were protected under the Mental Capacity Act 2005 and Deprivation of Liberty safeguards. We have made a recommendation in this area.

People were referred to the relevant health care professionals when required, which promoted their health and wellbeing.

People's dietary requirements with regards to their preferences, needs and risks were met.

Suitable and sufficient raining was arranged by the provider.

**Requires improvement**

**Is the service caring?**
The service was caring.

People living at the service and their relatives told us they liked the service and the way staff cared for people.

We saw that people were treated with kindness and compassion. People's privacy, dignity and independence was promoted.

People were involved in decisions about their care.

**Good**

**Is the service responsive?**
The service was not consistently responsive

People using the service had limited social activity opportunities available.

Staff did not always have time to spend with people and they were unable to respond to requests for assistance at a time it was requested.

People knew how to make complaints although records showed that complaints were not responded to and addressed appropriately.

**Good**

# Summary of findings

**Is the service well-led?**

The service was not consistently well-led

There were procedures in place to monitor the quality of the service however the service was not effective at acting on the feedback.

People's care plans and daily records were not always accurate and kept up-to-date.

There was an open culture and staff told us they would not hesitate to report any concerns they had.

**Requires improvement**

# Oakford Manor Nursing 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, 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 on 10 and 11 March 2015 and the first day was unannounced. The inspection team comprised of three inspectors.

Before our inspection we asked the provider to complete 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 reviewed the PIR, information of concern that had been sent to us and routine notifications. Notifications are changes, events or incidents that providers must tell us about.

We reviewed four people's care records. We reviewed other records relating to the care people received. This included some of the provider's audits on the quality and safety of people's care, staff training and recruitment records, medicines administration records and minutes of internal meetings.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

Requires improvement

# Is the service safe?

## Our findings

A number of the people who used the service and some people's relatives we spoke with felt that staffing levels were not always adequate. One person using the service told us "There are days when they seem to be short staffed but, they all work very hard." Another person said that staff shortages were a particular problem and on one occasion they had to wait three hours for prescribed medication.

Staff told us the staffing levels were not always appropriate and felt more staff were needed, in particular in the mornings when supporting people with personal care. One staff member told us the main difficulty was when people required two staff to support them with personal care. Due to staffing levels at the home, this left insufficient staff available to respond to other people's requests for assistance. Examples we saw was staff rushing from one person to the next trying to answer their requests for assistance and then having to ask people to wait until another staff member became available to assist.

Comments from staff included, "We could do with more staff", and, "It's very busy in the mornings. Another staff member told us, "Mornings are hard" and, "Buzzers are going a lot and we can't get to people quickly." Staff told us some days they could not take their breaks due to the requirements of people who used the service.

During the night, there were three care staff and one registered nurse working at the service. Staff told us they felt it would be safer and more practical to have a nurse and four care workers. They explained an additional staff member would mean care could be given to two people at a time if they required two members of staff to respond to needs.

We saw that calls bells were not always answered promptly. Staff were conscious of responding to requests at the times people needed them however there were insufficient staff to ensure this happened. An example of this was a staff member who was assisting a person and they had to excuse themselves to go and answer the call bell as no-one else was available. Another example was when a member of staff walked past a person and asked, "Are you okay?" The person replied, "No I have a problem." However, the staff member had to rush past to answer a call bell before waiting for a response.

**This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

People who used the service and their relatives told us they felt safe with the care and support provided at the service. We observed staff being mindful of people's safety. For example when people needed support with their mobility they were safely supported with moving and handling procedures. One person told us, "Yes I feel safe, staff help me." This person required staff assistance for moving and transferring and we saw equipment was used to move them safely. We saw staff move furniture out of the way of a person who walked around using a frame; this promoted their safety and independence.

We found that safeguarding policies were available, which were aligned with local procedures. Notifications that we had received showed that the registered manager reported concerns and worked with the local authority to investigate and protect people from risks. When allegations had involved members of staff, the provider took action to ensure that people who used the service were protected from risks.

Staff told us they had received training in safeguarding people and were able to tell us of the procedures they would follow if there was an allegation of abuse or if they suspected that abuse was happening. This demonstrated staff knew and understood their responsibilities in keeping people safe and protecting them from harm.

We looked at medicine administration procedures and found people were protected against the risks associated with the unsafe use and management of medicines. One person refused to take their medicines and their right to refuse was respected. We observed the nurse dispose of the medices in line with the services policy.

We saw that some medicine administration record (MAR) charts did not have a current photograph in place, which meant there was the potential for incorrect identification of people. Medicines were stored safely and MAR charts filled in correctly. The registered manager completed audits of medicines and demonstrated they recognised legislation and policies were being followed correctly.

The upstairs bathroom was used to store equipment such as commodes, sit-on weighing scales and out of use bins.

Requires improvement

# Is the service safe?

This meant there was little room to move in the bathroom. One of the commodes was dirty and there were patches of heavy rusting on the metal frame meaning it could not effectively be cleaned. This was a potential source of infection as the area was difficult to clean. The toilet seat was very worn and discoloured and although most rooms had en-suite facilities some rooms didn't which meant that people were using some equipment which had potential for harm or infection.

Procedures to minimise the risk of infection were not being followed. Staff were not disposing of personal protective equipment in line with the policy and procedure in place at the service. Gloves and aprons used during personal care had been left on the floor or in over spilling bins in people's bedrooms. There were no clinical waste bins provided in the bathroom; the clinical waste bin was located in the sluice room, and we observed staff did not always use this to dispose of used protective equipment. There was a household waste bin in the bathroom without a lid in place. A used glove for personal care was discarded on the floor at the side. This posed a potential risk of cross infection from contaminated waste as well as a potential slip hazard to anyone using the bathroom.

There were safe recruitment procedures in place. Staff told us they did not start work until references and police checks had been obtained. Records showed that recruitment checks were in place to ensure people employed to work at the service were suitable to do so. We saw all the registration status of qualified nurses had been checked with their professional regulator to confirm it was valid and in date.

Requires improvement

# Is the service effective?

## Our findings

The Mental Capacity Act 2005 ( MCA) is a law that protects and supports people who do not have the ability to make decisions for themselves. The Deprivation of Liberty Safeguards 2009 (DoLS) are a law that requires independent assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe.

The registered manager was able to demonstrate an understanding of DoLS and at the time of our inspection two applications had been made for assessment by the DoLS team. However, despite attending training, staff we spoke with did not have a full understanding of the MCA and the DoLS. One staff member said, "It is about people who could not communicate." and another staff member said "A doctor could consent on behalf of a person who did not have capacity." This demonstrated to us that staff were unsure about their legal obligations in respect of the MCA and people's rights and decision making may not always be addressed correctly.

**We recommend the service considers the Department of Health Guidance on the Mental Capacity Act and the Mental Capacity Act Code of Practice.**

We discussed with staff the training they had accessed and one staff member told us, "Training is spot on." They told us they had been trained in safeguarding and dementia care. They gave us other examples of training courses they had attended, such as training on peg feeding and specific training from the speech and language therapy team and they were able to tell us how they tried to put this knowledge into practice.

Individual choices were catered for with the choice and quality of food. People told us they were, 'Very happy"' with the menu and went on to tell us they, 'Had an interesting and varied diet.' People told us if they asked for anything they got it. We saw staff offering people drinks and biscuits for snacks throughout the day. We saw people were supported to eat a healthy and varied diet that met their individual needs. One person told us, "The food is good. It's just like being at home." We heard staff asking each person for their choice of meal for lunch. The meals served were well presented, nutritious and looked appetising.

Care plans were in place for people's nutritional needs and we saw that this had included the advice and guidance from dieticians. People we spoke with said they were involved in planning their care. Staff were able to tell us what texture foods people required and which people required thickened drinks because they were at risk of choking. Advice and information was also in place from speech and language therapist (SALT) regarding thickened drinks and fortified diets and we saw that staff followed the directions.

Health care professionals we spoke with told us staff met people's care needs and sought medical advice if people's health was of concern. A visiting health professional told us they visited when they were requested. They said they were, "Happy with the care given".

Records showed visits and recommendations from the dietician, GP, tissue viability nurses were obtained and followed. For one person who required their weight monitored we saw there were regular records of progress made and this was discussed in reviews of their care. This showed continuity and individualised care for people.

One relative said they were, "Kept fully informed of any progress and changes to their relatives care and treatment." They explained that their relatives condition was complex and any concerns they had were, "Listened to and acted on". Staff told us that nurses came in to give support and guidance around people's care and we saw equipment was provided and used. We saw that care plans for wound care had a dressing and care regime included and records showed that this had been followed. This demonstrated that people's conditions were considered and managed.

Supervision records were available and showed staff supervision took place either by direct observation or through a face to face meeting. Staff told us this gave them the opportunity to review their understanding of their job role and responsibilities to ensure they were supporting people who used the service.

Good

# Is the service caring?

## Our findings

We heard staff talking to people about the local history of the area and laughing and sharing jokes with people. We heard staff saying to one person, “Are you feeling a bit better now?” We observed a staff member talking to one person about local news of people they were both familiar with; they shared the conversation and the staff member ensured they listened and interacted. When we asked people who used the service about staff, one person told us, “Everyone is very kind, they fall over themselves backwards to be kind and helpful.” And, “I’m very comfortable here and settled.”

We saw that staff approached people in a friendly and respectful manner. We saw examples of staff being kind and attentive and supporting people in a gentle and meaningful way that promoted their wellbeing and dignity. For example, a member of staff was seen reassuring one person by gently holding their hand and another staff member listened attentively to hear what the person was saying before helping them.

Privacy and dignity was respected and promoted. Staff told us they used signs to request privacy when people were being supported with personal care. We saw the signs in use on closed doors when personal care was taking place. A health professional said, “The dignity and respect of the people is respected.”

People and their relative’s told us they attended a review meeting to discuss care planning. One relative told us they were involved in their relative’s care and felt happy and able to raise any concerns with the staff, the manager and the administrator. They said they were, “Always made very welcome.” And, “All in all, it’s a good place”. This demonstrated that people and people’s families had been involved in planning their care.

Good

# Is the service responsive?

## Our findings

People who used the service was supported to follow their hobbies and activities, however some people felt the service could do more. The provider had a designated member of staff who was employed to arrange and assist with providing activities. One person told us they enjoyed the, “Singing” but went on to say, “There is not enough to do.” They also described activities as, “Very rare” but when it did happen they enjoyed it. A relative told us, “There’s nothing to do here.” The registered manager recognised this and was trying to ensure activities took place. The registered manager recognised the lack of purposeful activity had the potential for people to become easily bored, disinterested and negatively impact on their condition. However, one person told us they were able to go out independently and chose what they were doing on a day to day basis. They said that they enjoyed having the opportunity to have freedom and choice within their life. We saw risk assessments had been completed to respond to individuals request for independence.

People who used the service told us the staff always made their relatives welcome when they visited. Relatives said they were encouraged and supported to visit and always made to feel welcome. One visitor told us they were always offered a meal if they were visiting the home. They said this allowed them the opportunity to share quality time together will their relative. We spoke with visiting professionals who all confirmed the staff were very caring and responded well to the needs of the people; one professional stated they were, “Always happy with the care.” And “Always made welcome”.

All the people and relatives we spoke with said that they felt able to raise issues and knew who they would talk to should they have any. We spoke with six relatives who all said if they had a complaint they would feel comfortable in addressing it with the manager or any of the staff. We spoke with one relative who said, “If I saw something I didn’t like, I’d say.” One relative told us they had previously spoken with staff regarding concerns. They told us the issues had since been resolved.

Care plans were personalised and developed based on assessments of need, involving the person and relatives where appropriate. People told us they were involved in decisions about how they wanted to be cared for. They told us they contributed to their care plans and personal preferences and wishes were respected. We saw staff responded to people’s needs and they followed specific requests from professionals. For example, we saw requests to assist people in turning and repositioning to improve pressure care was carried out.

Requires improvement

# Is the service well-led?

## Our findings

Equipment used to aid people's safe movement and transferring, such as hoists and slings are required to be serviced by a specialist contractor. One of the hoist service dates had expired. We saw specialist baths also had well overdue service dates. The registered manager was unaware of the expired service dates of the equipment. Therefore the audits were not used in an effective manner. The audits outcomes were not always followed up and a number of issues raised within them had not been acted on.

The provider's management team also conducted environmental audits which included observation of staff practice and made comments and produced an action plan. We found this was not always followed up by the registered manager resulting in failure in management systems.

**This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We saw that the daily care files were not always completed. We saw that staff did not always complete records and they did not confirm the requests for assistance had happened. For example turning charts for some people in relation to skin management were not completed. The inconsistent recording did not support or confirm that people's needs were always met.

We saw care plans and daily care records were not securely stored and confidential information was left unattended. We spoke with the manager on the first day of the inspection and made them aware of the need for security of the confidential information however, we observed this had not been rectified on the second day.

The provider had a complaints procedure that was available and a complaints book was in the entrance area for people to document any complaints or concerns. There were two documented complaints but there was no evidence to demonstrate they had addressed or followed up the concern with the complainant.

People's relatives had been asked to complete a customer satisfaction survey. We were shown results of returned surveys and saw they contained mixed feedback. There were a number of comments which included clothing going missing through to relatives being happy and satisfied with care and treatment. We saw one comment stating, "Call bell pulled out so dad couldn't buzz often." However, there was no documented follow-up by the registered manager. The provider did not offer any record to show how these had been resolved.

**This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

We saw some records were completed correctly, such as medicines charts and risk assessments which were checked by the registered manager. For example, we saw incorrect recording and medicine errors were, reported and investigated.

The registered manager notified us of significant events and incidents at the as required. This included events affecting people's safety. Examples included any allegations of harm and abuse which meant the registered manager understood local policies and responded appropriately.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing<br>How the regulation was not being met:<br>Appropriate steps had not been taken to ensure that there were sufficient numbers of staff to provide care in a timely manner. Insufficient staff resulted in inadequate recording in regard to care records.<br>Regulation 18 (Insufficient staffing) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision<br>How the regulation was not being met:<br>People who use the service were not protected against risks associated with unsafe equipment because moving and handling equipment had not been serviced adequately.<br>Regulation 15 (Premises and Equipment) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records<br>How the regulation was not being met:<br>We saw records were not securely stored and confidential information was left unattended.<br>Regulation 17 (Good governance) |