

Halton Borough Council

Oakmeadow Community Support Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 5 and 6 November 2018.

Oakmeadow Community Support Centre 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 centre is a two-storey community residential support centre based near Widnes town centre. It offers a range of services for adults requiring rehabilitation after illness or injury and assessment for people who may require permanent residential care. The service can accommodate up to 19 people. The centre also provides day care services and carers break services, along with physiotherapy, occupational therapy, community nursing and social work intervention. For the purposes of regulation the day care facilities are not regulated or inspected by CQC.

The service offers short term care, people stay for approximately four to six weeks while they are assessed for further care or assisted with rehabilitation to go home and live independently. The service was last inspected in December 2015 and rated 'good'.

At this inspection there was a manager who had been in post for four weeks. They had applied to register with CQC; their application had been accepted and was awaiting further checks. Prior to this, the service had been managed by a deputy and principal manager, though neither had applied to register with CQC. 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.

The manager had identified that there were areas of the service that required improvement. They had devised an action plan that detailed the improvements, when they would be completed and by whom. The dates for completion of the action plan were no later than January 2019, with most being November and December 2018. All of the areas identified as requiring improvement in this report had already been identified by the manager on the action plan.

Staff told us they had confidence in the manager. They told us they were proud to work there and were excited about the improvements the manager was implementing. People who use the service and staff told us they liked the deputy manager and they were supportive and approachable.

People using the service and their relatives told us they felt safe living there. Medications were well managed and people who were able to manage their own medications were encouraged to do so. This promoted their independence.

Risk assessments were in place in respect of people's care and rehabilitation. The risk assessments highlighted risks to people and provided staff with some guidance on how to mitigate risk and keep people safe. However, the documentation lacked clarity and detail. When we looked at how people were cared for, we found that risks were well managed and people were kept safe. The lack of clarity was a documentation issue and did not affect the level of care people received. The manager had already highlighted this and developed plans to improve the documentation.

There were enough staff to keep people safe and the provider operated safe recruitment practices.

We observed good practice around the prevention and control of infection.

The environment, although safe and exceptionally clean, was tired and required improvement. Communal areas were not used and the corridors felt industrial rather than homely.

Staff were task orientated and told us that they did not have time within their working day to sit and chat to people. There was a general lack of stimulation and people spent most of their time in their bedrooms.

People using the service were supported to eat and drink enough to maintain a balanced diet. They told us they enjoyed the food but the meal time experience lacked atmosphere and there was a lack of interaction between people and staff.

People received a multi-disciplinary approach to care. They were reviewed by the GP who visited every day and there was access to the community nursing team. As people were assessed by different health care professionals, documentation was stored on three separate systems which made it difficult for the manager to maintain complete oversight. The manager had a plan to improve this which was due to be implemented by December 2018.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

People were supported to take their medication appropriately.

The provider operated safe recruitment practices.

Risks to people's safety were assessed, managed and reviewed.

Is the service effective?

Requires Improvement ●

The service wasn't always effective.

The environment was tired and uninviting. Most people chose to spend their time alone in their rooms.

People received a multi-disciplinary approach to assessment and rehabilitation.

Is the service caring?

Requires Improvement ●

The service wasn't always caring.

Staff told us they would like to have more time to spend with people but their role required them to be task orientated.

People's privacy and dignity were maintained and respected.

Is the service responsive?

Requires Improvement ●

The service wasn't always responsive.

There was a lack of organised activity to keep people stimulated and engaged.

Care plans were under regular review but people told us they did not feel they were consulted about the planning and delivery of their care.

Is the service well-led?

The service was not always well-led.

There had been prolonged periods with no registered manager.

There was a manager who was appointed four weeks before this inspection. They had identified many areas for improvement and implemented an action plan.

Staff were proud to work for the service and felt confident in the changes the manager was implementing.

Requires Improvement 

Oakmeadow Community Support 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 on 5 and 6 November 2018 and was unannounced.

The inspection team consisted of one adult social care inspector, one assistant inspector and one expert 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.

Before our inspection we looked at information we held about the service. The provider had completed a Provider Information Return form (PIR). A PIR is a form we ask providers to submit annually detailing what the service does well and what improvements they plan to make. We reviewed information stored on our database, such as notifications that the provider is required, by law, to submit to us as and when certain specific incidents have occurred. We also spoke to the local authority and commissioning team to gain feedback about the service. The information gathered was used to plan the inspection.

During the inspection we looked at three care plans, three staff files, policies and procedures and documentation relating to premises safety, medication, safeguarding, accidents and incidents. We spoke to five people using the service, two relatives and ten staff, including the manager and a visiting health professional.

Is the service safe?

Our findings

People who use the service told us they felt safe. Comments we received included, "Staff are always here when you need them" and "Staff are very attentive, always walking the corridor".

The provider had robust safeguarding and whistleblowing policies in place. Staff received training in safeguarding adults and demonstrated a good understanding of the types of abuse and how they should respond. One staff member said, "We have a duty of care and I would report anything that concerned me". We saw that incidents were appropriately reported to the local safeguarding teams.

The provider operated safe recruitment procedures. We looked at three staff files and saw that appropriate checks had been carried out to show that staff were assessed as suitable for their job roles. This included seeking references from previous employers and obtaining Disclosure and Barring Service (DBS) clearance. The DBS carry out checks and identify if any information on file that could mean a person may be unsuitable to work with vulnerable people.

During our visit, we saw that there were enough staff on duty to keep people safe. However, people told us that staff were task orientated and could only spend limited time with people. This is discussed in more detail later in the report. The manager used a dependency tool which calculated how many staff were required based on the number of people who required two care staff to support them with personal care.

People were assessed before moving into Oakmeadow Community Support Centre so the service could be confident that they could meet the needs of the people living there. There were risk assessments in place for each person, including falls, self-medication and skin integrity. All major risks were identified and managed appropriately. However, the risk assessment documentation lacked clarity and detail. The manager had already identified this as an area for improvement and plans were in place to ensure risk assessment documentation was improved.

Medications were managed safely. We checked documentation and found that the balance in the medication cabinet was correct and matched what had been administered. Staff had completed medication training and were supported in the administration of medication by supervision and spot checks. People who were assessed as able to manage their own medication were encouraged to do so. Where this happened there were regular reviews to ensure the person remained able to safely control their own medication. We saw that one person had started to struggle with their medication and staff had recognised this and responded by ensuring they were assisted with medication from there on. This showed that the service was proactive at assessing and re-assessing people as and when their needs changed. Documentation was thoroughly completed and regular medication reviews took place.

The environment was safe and secure. We checked the property maintenance certificates and saw all were up to date for electrical wiring, gas safety and fire safety. Regular fire drills had taken place and each person had an up to date personal emergency evacuation plan situated at each fire exit. A personal emergency evacuation plan is documentation that guides staff or emergency services on the safest and quickest way to

assist a person to leave the building in the event of an emergency. There was a fire risk assessment which had been reviewed regularly.

Accidents and incidents were thoroughly documented and analysed by the manager. They had investigated how and why an incident had occurred and recorded outcomes to ensure risks of the same thing happening again were reduced.

There was a culture of learning when things had gone wrong. We saw that safety and security procedures had been reviewed after an incident the year before. Security was improved and future risks were mitigated.

The service had an infection prevention and control policy. We observed good practice from care staff who wore the appropriate personal protective equipment, such as gloves and aprons. Staff demonstrated to the inspection team that they were knowledgeable about best practice guidelines for the prevention and control of infection. The centre was very clean and people and their relatives told us they were happy with the cleanliness. As people only stayed at the centre for approximately four to six weeks, the rooms were deep cleaned before every new person moved in.

Is the service effective?

Our findings

People who used the service told us they were happy with the care and treatment they received. One person said, "Staff are very pleasant, very helpful when they have time". Another person said, "The carers are lovely and try to help". People told us they were cared for by staff who knew what they were doing, one comment we received was, "Yes they know what they are doing".

Oakmeadow Community Support Centre is a multi-purpose building. There is a community centre upstairs where local authority safeguarding teams, occupational therapists, community nurses and physiotherapists are based. There is also a community day centre which provides carers break day care. For the purposes of this inspection, only the residential care unit was inspected.

The environment, although safe and suitable for people living with disability, was tired and required improvement. There were three separate communal areas and kitchenettes available for people to use. However, we observed that communal rooms weren't used during the inspection and people spent most of their time in their bedrooms. Interaction was mainly between staff as they passed the rooms and healthcare professionals who were assisting people with rehabilitation or assessment. We did not see interaction between people who used the service. People told us there were no organised social activities, this is discussed in more detail later in this report. The corridors were not homely and had a bare, industrial feel. The manager had already identified that this was an area for improvement and had plans to redecorate to make the corridors and communal areas more inviting. There was a secure garden area that was well maintained.

Staff had received training about the Mental Capacity Act 2005 (MCA). 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 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 with appropriate legal authority. 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. Mental capacity assessment and best interest decisions were recorded as required, but documentation was not stored in care plans. They were stored in the clinical notes and care staff told us they didn't always know who had been assessed as lacking mental capacity. We discussed this with the manager who agreed that this was an area for improvement and would be resolved quickly after the inspection. There were no people living there who were subject to a DoLS.

Each person living at the centre received a multi-disciplinary team approach. The GP did a daily visit and completed a medical assessment and progress review with each person. This included reviewing their

medication. People were assessed and received support daily from the physiotherapists and occupational therapists. Every week there was a multi-disciplinary team meeting where each person was reviewed by the whole team, including senior carers. Where people were assessed as safe to go home the service liaised with the local authority to ensure that, where necessary, the appropriate care at home package was in place.

The multi-disciplinary approach meant that people had open access to healthcare professionals and therefore received an exceptionally high level of on-going healthcare support. It also meant that documentation was kept on three different systems and this at times led to confusion and lack of clarity. For example, there were clinical notes that care staff did not have access to. The manager had already identified this was an area for improvement and had a plan in place to upgrade the client file system and ensure all relevant documentation was stored in one place.

The manager explained that they only employed staff who had previous experience of working in care. This was because they were an intermediate care unit, some people were admitted there straight from hospital and had complex care needs. New staff received an induction that lasted a minimum of two weeks and included training and a period of shadowing an experienced member of staff. The manager had highlighted in their action plan that the induction process was due to be reviewed and improved before January 2019.

Staff completed training on-line and face to face training for moving and handling which was delivered by the local authority. The manager had a teaching qualification and was designing a new training programme which included more frequent training sessions and time to consolidate learning while working.

People told us that staff always asked their consent before assisting them with anything. We received comments such as, "Of course they ask my permission, staff are very polite".

Staff were supported by supervisions and appraisals. Although these had been inconsistent, all staff had received them and the manager had plans in place to ensure they were completed more consistently.

People were supported to eat and drink enough to maintain a balanced diet and meet their nutrition and hydration needs. The chef understood each person's dietary requirements and preferences. People told us the food was nice, they had a choice over what they ate and were served good portions. There was a pleasant dining room with tables laid nicely, including cutlery, serviettes, condiments and a menu. We observed two meal times during the inspection and found the experience required improvement. Staff did not engage with people as they were focused on completing tasks and cleaning. We noted there were two care staff and the chef completing tasks in the kitchen. The care staff that were in the dining room did not stop and talk to people. Most people chose to eat in their rooms. We recommended that the meal time experience be reviewed.

Is the service caring?

Our findings

We received mixed responses from people using the service and their relatives when we asked them if staff were kind and caring. One person said, "They treat you like a person and that's what makes the difference". Another person said, "Staff are prompt, it's a lovely place". A relative told us that most staff were kind and caring, "But some are off hand".

We observed that people did not wait for care when they needed it. People using the service and their relatives told us that staff came quickly when they called for them. The interactions we saw between staff and people were kind, caring and patient. Staff spoke to people with respect and gained their consent before doing anything for them.

We talked to staff and all told us they liked to engage with people but their roles were so busy that they had to concentrate on completing tasks. This meant they didn't have the time they would like to have conversations with people. One staff member told us, "We don't have enough time to sit and chat with people". Another staff member said, "We don't have the time to encourage them and to give people the independence they need". Another staff member said, "There is no chatter, we'd love to get to know people better but we can't, our job is task orientated".

We discussed this with the manager. The manager had already identified that the culture was task focused and required improvement to be more person-centred. The manager had plans to set up working groups to instigate improvements and give staff the opportunity to help implement positive changes. The groups were scheduled to start in the middle of November 2018.

Every person using the service was assessed for their level of independence, those that were there for physical rehabilitation and not requiring on going care were encouraged to leave the centre as they wished. The manager told us about one person used to go to visit family and friends, care staff respected this and only requested they were informed when the person left and what time they expected to return. The manager told us family were welcomed to attend the weekly multi-disciplinary team meetings if they wished, though we did not see evidence that anyone had chosen to do this.

We saw that staff respected people's privacy and dignity, they knocked on doors before entering and waited patiently outside bathrooms until people requested their support.

People were supported to maintain relationships that were important to them. We saw that relatives visited regularly and there were no restrictions on this. One relative told us they enjoyed visiting and staying all day. They were given privacy and not disturbed unless they requested help.

Information held about people was kept in a secure locked cupboard when not in use. Staff were aware of the importance of confidentiality and all told us they would not disclose personal information about people who lived there.

Is the service responsive?

Our findings

People told us there was a lack of stimulation and organised social activities at the centre. One person said, "They don't do activities very often". Another person told us, "I don't do any activities but they help me stay close to my family".

We observed a general lack of stimulation during the inspection. The manager told us the occupational therapists, physiotherapists and day service staff were responsible for running activities as part of people's rehabilitation or assessment for on-going care. The occupational therapists put on an afternoon tea on the second day of the inspection, there were no signs up telling people about this. There was limited interaction between people during the event and people told us this was not something they did regularly. People told us they did make use of the secure gardens during nice weather. The manager told us they had identified that the service would benefit from introducing an activity co-ordinator role, recruitment was underway and they hope to appoint someone by January 2019.

The manager told us that they were actively trying to recruit an activities co-ordinator. The manager highlighted the lack of displayed information within the centre as an area for improvement on their action plan. Decorators were scheduled to arrive in November and there were plans to improve signage around the home. The manager told us that signs had been removed immediately prior to the inspection as they were preparing the area for decorating.

People and their relatives told us they did not feel involved in the planning and delivery of their care. When we asked if they were consulted we received comments such as, "Never been asked" and "Not had opportunity to express my opinion but I would tell them if I had a complaint".

The manager told us that relative meetings had been attempted previously but due to the short duration of people's stay, people and their relatives were less inclined to attend meetings. The manager had identified this as an area for improvement in their action plan, they had already started implementing a new system of 'client and family engagement' which included meetings and would begin shortly after the inspection.

People's needs and preferences were explored when they moved into the centre. There was documentation discussing their life history. They were asked if they wished to express their diverse needs such as religion or sexuality. Staff told us they would always respect people's diverse needs and preferences and would support people to maintain the lifestyle needs and preferences.

The service was meeting the Accessible Information Standard (AIS). AIS was introduced by the government in 2016 to ensure that people with disability or sensory loss are provided with information in a format that they can understand. Where people required support to communicate this was clearly documented in their care plan. One care plan we viewed reminded care staff to ensure a person had their reading glasses near them all the time so they could read while care staff were not there. The registered manager told us they could provide documentation in a larger print and braille if necessary.

At the time of the inspection there were no people in receipt of end of life care living at the centre. The manager told us that it was rare that they cared for people at the end of their lives as the centre was an intermediate location, used for short term assessment and rehabilitation. A visiting GP who specialised in palliative care told us they would oversee end of life care if someone were to be identified as this while living at the centre. People who had chosen to have 'Do Not Resuscitate' orders were supported with facilitation of these and records were accurately maintained in care plans.

The centre had a robust complaints policy, at the time of the inspection no complaints had been recorded. Staff told us that if they received a complaint they would document it and pass to the management team.

Is the service well-led?

Our findings

People who use the service told us they were not aware of who the manager was but that they liked the deputy manager. The manager had only been in post for four weeks at the time of the inspection. Comments included, "[deputy manager] is approachable and you can talk to them". Staff told us they felt supported by the deputy manager while they were in charge. One staff member said, "[deputy manager] has been my main manager. I can go to them with issues and they will always resolve them".

The manager had been in post for four weeks. Before this the service had been managed by a deputy manager and a principal manager, though neither had applied to register with CQC. The current manager had applied to be registered with CCQ, their application had been accepted and was awaiting further checks. Staff we spoke with told us they were excited about the plans the manager had made for improvement and felt confident that they would benefit from a new approach and stable leadership. We received comments such as, "[manager] being here gives me confidence" and "There has definitely been a positive change, [manager] has given staff a boost".

The manager had created a detailed action plan to implement positive change within the service. All the areas noted as requiring improvement in this report were already recognised by the manager and had plans in place with dates that were within a three-month period. The manager expressed a clear vision and strategy to promote a transparent, person-centred culture within the service. There was no evidence to suggest the people living at the service had been consulted on the proposed changes. We did see that staff meetings had been held and staff told us they did discuss proposed changes and were able to make suggestions to the management team. As the manager had only been in post for a short period of time, they could not yet demonstrate sustainability and stability of their role.

The service demonstrated a good partnership with other agencies with effective communication between all parties. Documentation was stored in three different areas and the service would benefit from reviewing this to aid the manager to maintain complete oversight. We discussed this with the manager who agreed that this was an area for improvement. The manager had plans to improve the consistency of governance frameworks as they had identified that documentation being kept on three different systems made it difficult for one person to maintain complete oversight. The deadline for improvement was set for December 2018.

There were governance frameworks and audits already in place. The manager audited medications, falls, accidents and incidents and skin integrity. They highlighted where errors or potential errors had taken place and addressed ways to reduce future risk. The manager and provider did not complete audits of how long people waited for their call bell to be answered. If a concern was raised then the senior person on duty was able to see how long someone had waited for care that day but the systems did not allow the manager to have full oversight of this.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. This is called a notification. We checked our records and found that the manager had made the

appropriate notifications to CQC as required.

As part of the Regulations, providers are required to display their previous CQC rating in the home. We saw this was done, the previous inspection report was placed prominently in the entrance to the centre.