

Speciality Care (EMI) Limited

The Oaks

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an announced inspection of the service on 21 and 22 February 2017 at which breaches of legal requirements were found. We took enforcement action and served a warning notice on the registered provider and manager in respect of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found there were failures to operate effective systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service and to effectively operate systems to assess monitor and improve the quality and safety of the service.

We undertook this focused inspection to check that the provider met legal requirements. This report only covers our findings in relation to some of the breaches identified at our last inspection and in the warning notice. You can read the report from our last comprehensive inspection, by selecting the link for The Oaks on our website at www.cqc.org.uk.

The Oaks is a large nursing home which accommodates up to 113 older people with dementia or mental health needs across six units. At the time of our inspection there were 87 people living at the home. There was a registered manager, however the provider advised us that they had tendered their resignation and were not actively managing the service. The provider was in the process of recruiting a new manager to run the home and had made temporary arrangements to support staff until a new manager was recruited. 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 this focused inspection on 6 July 2017 we found that the provider had addressed the breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and were compliant with the warning notice we served. There were newly implemented systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service, to assess monitor and improve the quality and safety of the service and to ensure contemporaneous records were kept relating to the health, safety and welfare of people using the service. However the ratings for the key questions safe, effective and well led at this inspection remain 'Requires Improvement' at this time as systems and processes that had been implemented had not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice and to achieve the rating of good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Improvements had been made to people's safety at the service.

Care plans and risk assessments were reviewed on a monthly basis, or, when required to ensure risks to people were managed and minimised.

Care plans and risk assessments included information and guidance for staff in order to promote people's health and safety.

Care plans reflected specialist guidance and advice given by visiting health care professionals.

Food and fluid charts were in place where required to monitor people's daily intake of foods and fluids and people were referred to health care professionals when required.

People were appropriately supported and or supervised at meal times by staff in line with their planned care.

There were systems in place which managed risks to people relating to the use and monitoring of equipment within the home.

The rating for this key question at this inspection remains 'Requires Improvement' at this time as some systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Improvements had been made in people's dining experience, however further improvements were required as information received by kitchen staff was not consistently updated and correct to ensure people's nutritional needs, risks and preferences were met.

The rating for this key question at this inspection remains

Requires Improvement ●

'Requires Improvement' at this time as some systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

Is the service well-led?

The service was not consistently well-led.

Improvements had been made to ensure there were effective systems in place to assess, review, monitor and improve the quality and safety of the service.

Improvements had been made to maintain accurate complete and contemporaneous records and to mitigate risks relating to the health, safety and welfare of people using the service.

There was a registered manager, however the provider advised us that they had tendered their resignation and were not actively managing the service. The provider was in the process of recruiting a new manager to run the home and had made temporary arrangements to support staff until a new manager was recruited.

Requires Improvement 

The Oaks

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 to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook this focused inspection on 6 July 2017. This inspection was completed to check if improvements had been made to meet the legal requirements for the breaches of regulations we found during our comprehensive inspection on 21 and 22 February 2017. We inspected the service against three of the five questions we ask about services, safe, effective and well led.

The inspection was unannounced and undertaken by two inspectors. Before our inspection we reviewed information we held about the service which included the provider's action plan. This set out the actions the provider told us they would take to meet legal requirements. We also contacted the local authority responsible for monitoring the quality of the service and other health and social care professionals to obtain their views. We used this information to help inform our inspection.

During this inspection we spoke with the provider's operations director, deputy manager, clinical lead and care staff about the improvements made at the service. We did not directly speak with people using the service at this inspection but used our Short Observational Framework for Inspection (SOFI) on two units within the home to observe people's experiences at meal times and throughout the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also looked at the care plans and records of six people using the service and records related to the quality monitoring of the service.

Is the service safe?

Our findings

At our last inspection of the service on 21 and 22 February 2017 we found a breach of regulations in that people's care records and risk assessments were not always completed appropriately and were not always reviewed on a regular basis in line with the provider's policy. This meant they were not always up to date and reflective of people's needs and risks.

These issues were in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). In response the provider sent us an action plan telling us what actions they had taken to meet the regulation.

At this inspection we found improvements had been made. We spoke with the clinical lead who told us care plans and risk assessments for people using the service had been reviewed and updated in line with the provider's policy to ensure people received safe appropriate care.

We looked at the care plans and risk assessments for six people using the service and noted care plans and risk assessments were reviewed on a monthly basis or when required to ensure risks to people were managed and minimised. Care plans and risk assessments included information and guidance for staff in order to promote people's health and safety for areas such as nutrition, hydration and mobility. For example we saw that one person had a nutritional care plan in place that was reviewed on a regular basis and reflected specialist guidance and advice given by visiting health care professionals. This detailed the support staff were to provide and how the person's needs should best be met. There were food and fluid charts in place to monitor people's daily intake of foods and fluids, where this was required, due to identified risks. People were referred to the Speech and Language Therapy (SALT) team and other health care professionals for further assessment, in line with their individual needs such as when at risk of choking when eating and drinking.

Where people were assessed as being at risk of choking or required specialist feeding regimes or diets we noted details of their needs and risks were documented within nutritional assessments and care plans that were available for staff reference and guidance to ensure people's needs were safely met. For example one care plan recorded the support the person required when eating and in particular when eating meals in bed. It provided staff with guidance on the person's diet and the use of thickened supplements, preferred safe seating position when eating and the level of supervision and support required at meal times to ensure the person's well-being.

During our inspection we observed people's meal time experience for people whose preference and needs were to eat their meals within their rooms. We saw that where people were assessed as requiring support with meals, they were appropriately supported and or supervised by staff in line with their planned care. We saw that people were positioned correctly to eat their meals safely and staff were available to provide correct safe support. We also noted that for people who required a specialised feeding regime or diet people were provided with suitable preferred foods.

There were systems in place which managed risks to people relating to the use and monitoring of equipment used within the service. For example, where people required the use of pressure relieving air mattresses to help reduce the risk of pressure areas, we saw there were monthly checks in place to ensure air mattress pump settings were set according to people's individual needs and weights. We also noted that pictures of individual air mattress pumps were displayed on walls within people's rooms to provide guidance and reference for staff on their correct use and setting. However, we did note that one unit within the home did not always display this information and this required on going improvement. We also saw that staff on one unit did not always promptly and regularly complete repositioning charts when required to ensure and maintain good skin integrity for people using the service. We spoke with the provider's regional director who took immediate action to ensure the information on equipment within one unit was correctly displayed for staff reference and staff on the unit maintained people's repositioning records appropriately. We will check on these issues at our next inspection of the service.

Where people were at risk from falling out of bed, we saw bed rail risk assessments and consent forms were completed and reviewed to ensure the prevention of falls and to kept people safe. Bed rail risk assessments provided staff with information on their use and when they should be used to ensure people's safety. Where people had capacity to make informed decisions about the use of bed rails, consent forms were completed and signed by people or their relatives where appropriate in agreement. We also saw that where people lacked capacity or had fluctuating capacity to make informed decisions about their use staff completed a mental capacity assessment in line with the Mental Capacity Act 2005 and acted in each person's best interests to ensure and maintain their safety.

We found that the provider had addressed the breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However the rating for this key question at this inspection remains 'Requires Improvement' at this time as some systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

Is the service effective?

Our findings

At our last inspection of the service on 21 and 22 February 2017 we found that although people's nutritional needs and preferences were met, their meal time experience required improvement and kitchen staff were not always promptly updated by care staff about changes in people's dietary needs and risks.

At this inspection although we found some improvements had been made in people's dining experience further improvements were required as information received by kitchen staff was not consistently updated and correct to ensure people's nutritional needs, risks and preferences were met.

We visited the kitchen and spoke with kitchen staff who knew people's dietary preferences and needs well. We saw there was a large white board displayed within the kitchen for kitchen staff to reference that detailed people's dietary requirements, including the consistency of foods and if nutritional supplements were required, or, if there were any known allergies to assist in ensuring people's needs were safely met. We also saw kitchen staff were provided with people's nutritional information and risks by care staff and records of this information was retained within a folder for reference. However we noted that records kept on people's nutritional needs and risks, and information displayed on the white board within the kitchen did not always reconcile. For example we noted from the white board that one person was recorded as requiring a fork mashed diet to assist in swallowing and digestion, however, the nutritional record retained within the folder noted that they required a soft diet. We drew this to the attention of the kitchen staff and the provider's operational director who took immediate action to ensure all information was correct and reconciled. The regional director told us they would implement a system whereby nutritional information that kitchen staff required was checked and audited on a regular basis to ensure information was correct and up to date. We will check on this at our next inspection of the service.

The rating for this key question at this inspection remains 'Requires Improvement' at this time as further improvements are required and there are systems and processes that the provider is implementing to ensure consistent and sustained good practice.

Is the service well-led?

Our findings

At our last inspection of the service on 21 and 22 February 2017 we found there were failings in ensuring there were effective systems in place to assess, review, monitor and improve the quality and safety of the service and to maintain accurate up to date records and to manage risks relating to the health, safety and welfare of people using the service.

These issues were in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). We took enforcement action and served a warning notice on the registered provider and manager requiring them to meet the regulation. In response the provider sent us an action plan telling us what actions they had taken to meet the regulation.

At this inspection we found improvements had been made. We looked at the care records for six people using the service. We saw that where people had been assessed as being at risk from malnutrition and at risk from eating certain foods and meals, detailed risk assessments and care plans were now in place. These provided guidance for staff in areas such as the type and consistency of foods and snacks that should be made available and offered by staff; the support people required at meal times and when eating and drinking, and people's individual needs in relation to any swallowing difficulties or if people were at risk of choking. Where people were assessed as being at risk of choking a nutrition care plan and choking risk assessment were completed and were reflective of people's needs to ensure all risks were minimised where possible. For example one person's risk assessment recorded that they were at high risk of choking due to their physical health needs. We saw that a nutrition care plan was in place and documented the identified risks and how staff needed to manage these.

Following our last inspection on 21 and 22 February 2017 where issues were found with the provider's choking risk assessment tool, we saw that the provider had made appropriate changes to the tool to ensure it calculated risks to people in a safe systematic way. We saw that for people who had been assessed as being at risk of choking the newly implemented choking risk assessment tool with a newly implemented risk flow chart had been completed and was reflective of the person's identified needs and risks. Possible risks were therefore accurately assessed.

Care records and risk assessments we looked at were well documented, maintained and reviewed in line with the provider's policy to ensure they were reflective of people's needs and risks. We noted that people's daily notes kept by staff were updated when required and important physical and mental health care needs and risk information was appropriately updated and retained within people's care records for reference. The provider's admission and transfer of care processes which included obtaining and maintaining accurate records from other providers and health and social care professionals had been improved to ensure the safe transfer and follow up of people's care was managed appropriately. In doing this the provider had also implemented checks and audits on care records to maintain accurate, up to date records and to manage risks relating to the health, safety and welfare of people using the service.

At our last inspection on 21 and 22 February 2017 we found failings as the provider did not have effective

systems in place to assess, review, monitor and improve the quality and safety of the service. We found at this inspection that improvements had been made. We saw that the provider had newly implemented checks and audits in place for the maintenance of equipment used within the home and which included the monitoring of pressure relieving mattress settings to assist in the prevention or healing of pressure wounds. These checks and audits consisted of a mattress tracker that was kept under regular review and documented all checks undertaken. This also included daily checks undertaken by staff to ensure supplementary care documentation of mattress settings and people's weights were documented, up to date and correct and spot checks by the clinical lead every few days, which formed part of the provider's 'quality walk round' audit to ensure mattress settings were correct for people's needs.

We looked at care plan audits that the provider had recently improved to monitor the content and quality of care plans and care records for people using the service. We saw that care plan audits were conducted on a regular basis within all units of the service and any issues or concerns that had been identified were addressed. For example one care plan audit conducted in June 2017 detailed that the person's dietary information was not up to date. However, we saw that appropriate action was taken as a result and updated information was recorded within the person's care plan following the audit. We also noted that a new care plan audit tracker was implemented and in place. This monitored the areas for action that had been identified as part of the provider's audit process ensuring action had been taken where required and actions were appropriately recorded as completed. We also looked at the provider's 'resident of the day' audit tool which staff completed on a daily basis for each person using the service. This ensured that care records were appropriately maintained and update as required, professionals records were appropriately kept where required, people's room environment was appropriately maintained, their social needs and welfare were met and their nutrition and hydration needs were met and catered for.

We found that the provider had addressed the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and was compliant with the warning notice we served. However the rating for this key question at this inspection remains 'Requires Improvement' at this time as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.