

Halton Borough Council

Oakmeadow Community Support Centre

Inspection report

Peelhouse Lane
Widnes
Cheshire
WA8 6TJ

Tel: 01515116050
Website: www.halton.gov.uk

Date of inspection visit:
02 December 2019
14 January 2020
15 January 2020
03 February 2020

Date of publication:
24 April 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Oakmeadow community support centre is a residential care home providing personal care for up to 32 people. The home is divided into Oakmeadow on the lower floor providing intermediate care, and Hawthornes on the upper floor offering care on a period of rehabilitation. The aim of the home is to prepare and enable people to go home following discharge from hospital or to prevent people being admitted to hospital following a specific event.

Oakmeadow community support centre also is registered for personal care and this service supports people with personal care in their own homes following discharge from either hospital or from Oakmeadow.

People's experience of using this service and what we found

At the last inspection we found that significant improvement was needed in monitoring risk, the appearance of the environment, care records, activities, staff supervision and management oversight. At this inspection we found that some improvements had been made, whilst others needed to be revisited.

On this inspection we identified breaches in regulation relating to staff training, supervision and appraisal both in the care home and the domiciliary service. Training and staff supervision were not consistent across the service. Staff told us that they had not always received appropriate training to ensure that they were equipped to fulfil their role.

People's care and support needs were mostly reflected in their plans, however not all support plans were complete and accurate. Details about health and care plans relating to End of Life care for those people receiving support in the community and health led therapies for those people living in the care home were not always available. This was a further breach of regulation.

We also identified a breach in regulation relating to governance. Systems in place were not effective in identifying the shortfalls in the service.

People in the care home were offered a good selection of food and drink. Records relating to weight and food/fluid intake were inconsistent and did not always reflect the reason as to why they were recording the information. We have made a recommendation about this.

People supported by both services had good access to health professionals to support them with their recovery and rehabilitation.

At the last inspection the home was described as industrial and in need of decoration. The home has since been decorated, the community team offices moved from the home to more suitable locations. The home was bright, fresh and clean. The walls still lack any art work and this was discussed with the registered manager.

The registered manager has employed an activities coordinator and we saw that activities were taking place although this is in the early stages of development. We made a recommendation that the timetable for activities be re-visited to best utilise the times when people are available to participate.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service overall supported this practice.

We observed positive warm interactions between people living at the service and staff. It was clear that staff knew people well.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 19 December 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our findings below

Is the service caring?

Good ●

The service was caring.

Details are in our findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our findings below.

Oakmeadow Community Support Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector throughout the inspection and an assistant inspector for one day.

Service and service type

Oakmeadow Community support centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Oakmeadow Community support centre is also registered as a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to understand the scope of the service and to ensure the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager. We spoke with the visiting clergy and a member of the multi-disciplinary team. These are health professionals such as GP's, nurses, occupational health, dieticians and speech and language therapists. 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 with us.

We reviewed a range of records. This included six people's care records and medication records. We also looked at a variety of records relating to the management of the service, including policies and procedures and safety certificates.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding incidents were rare in the service. Staff received safeguarding training and referred matters to more senior staff if they were unsure. Relatives told us that they felt their loved ones were safe.
- Staff were aware of how people communicated which meant they identified potential problems early.
- Relatives told us that they felt their loved ones were safe. We observed that people were relaxed and comfortable around staff members.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The environment was checked for safety by the management team. All the Safety Certificates were not available at the home and had to be obtained from the head office. This made the auditing of the environment by the manager ineffective in ensuring any remedial work had been completed.
- Risks assessments relating to providing care and support in people's own homes was undertaken before care was delivered. This often involved care managers and other professionals such as occupational therapist or physiotherapists to ensure safe discharge.
- Risks were assessed and recorded on people's care plans. This included the actions necessary from staff to keep people safe.
- Accidents and incidents were responded to appropriately. These were monitored, and the provider was able to demonstrate how they had considered lessons learnt and implemented changes when necessary.

Staffing and recruitment

- Recruitment of staff in the home and for the homecare service followed the Local Authorities stringent employment procedures. People were checked to ensure that they were suitable to work in the caring environment.
- People were supported by appropriate numbers of staff. People cared for at home told us that they always received the support as arranged. We observed staff in the care home supporting people in an unhurried calm manner.

Using medicines safely

- People received their medicines from trained competent staff. Senior staff in the care home and all staff in the community received medication training.
- Changes to the operational policy for competency assessments should be agreed and approved before any changes made to practice. Staff may fall outside the required expectation of Halton Borough Council in relation to their medication training.

Preventing and controlling infection

- The environment was visibly clean and schedules were in place to maintain hygienic surroundings both in communal and private spaces.
- Staff were aware of the part they needed to play in controlling the spread of infection. We observed staff using personal protective equipment, aprons, gloves and hair nets to support this.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The frequency of formal, recorded staff supervisions needed to be improved in line with the provider's aim. Care home staff and domiciliary support staff had mixed feelings around the level of formal support they received but felt overall well supported.
- Training plans offered a wealth of training opportunities. However, the care home training plans offered scant information of training completed.
- Evidence of fire evacuation training for all staff in the care home could not be provided. Following the inspection we received information that fire training for all care home staff would be completed by the end of March.
- A review of the training for staff in the domiciliary care setting identified that staff did not always have the appropriate training to deliver the required level of care. Following the inspection we were told that 35% of staff had received end of life training, but the contract for the role in the community would be finishing in March.

These were breaches of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to support, training and supervision of staff to enable them carry out their duties.

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

- People received support from a variety of health and social care professionals to facilitate their discharge from Oakmeadow community support centre. The team was based within the support centre although staff were employed by the NHS. The health and records relating to individual therapies were stored separately by them with access available during the times the community team occupied the office.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to maintaining secure, accurate, complete and contemporaneous records in respect of each service user.

- People were provided with support to achieve the intended outcome, which was discharge back to home from the care home, or to remain independent at home with support from the domiciliary service.
- People's needs and choices were reflected in their care plans. People told us that they were consulted about their care.
- Policies supported equality and diversity. People were treated as individuals and treated fairly,

characteristics protected by law were considered.

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

- Records relating to monitoring food and fluid intake were inconsistently recorded. Portion size and fluid totals were not always calculated, poor records placed people at increase risk.

We recommend that staff re-visit this document and familiarise themselves as to how and when food and fluid charts should be used relating to identified risk.

- People's nutrition and hydration needs were recorded on their care plans. People's dietary needs in relation to their health for example diabetes and food intolerances ensured that these conditions were managed. We found inconsistent recording in relation to monitoring peoples' weight.
- Lunch was a social occasion for some people. However, staff were very task driven and missed opportunities to engage and offer support to the quieter people within the group.

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

- People living in the care home, did so on short stays to rehabilitate them to return home. They had excellent access to the multidisciplinary team, consisting of nurses, GP occupational therapists and physio therapists based in the same building.
- It was testament to the rehabilitation process of people that when we tried to contact the people supported by the homecare team they were often out.

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

- Since the last inspection the home has been redecorated, new flooring laid and upgrades to the bathrooms completed. However the home still remains very sparse and clinical looking.
- Long corridors lacked any points of interest for people to admire or use as points of reference to support them in navigating around the home. The registered manager showed us some ideas for the decoration of the corridors with pictures and art work. We discussed with her ideas and suggested that some were more in keeping with a hospital setting and that they should be reconsidered.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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.

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.

- People told us that staff were always polite and asked permission before undertaking any care tasks or

treatments. We observed good practice throughout our visits.

- People living at Oakmeadow Community Support Centre did so on a short-term basis and had been involved with planning their admission either on discharge from hospital or as a resource to avoid going to hospital.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion both in the care home and in their own homes when receiving domiciliary care. One relative told us, "Staff are excellent they do a good job", another said, "They are a god send they are lovely with him", meaning her relative.
- People's religious beliefs were respected whilst in the home, with visiting clergy offering Holy communion and prayers for people of other faiths should they wish.
- People's preferred communication methods had been identified, with staff observed conversing with one person using a white wipe clean board.

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

- People and their relatives were encouraged to express their views. Care plans and care records were kept in individuals' bedrooms so that they could contribute and comment.
- Regular meetings were arranged with people in the home, their relatives and or family. These often were not well attended due to the frequent admissions and discharges from the home. People did not stay long in the care home due to marked improvement in their well-being.

Respecting and promoting people's privacy, dignity and independence

- Care plans documented people's strengths and areas for improvement in order for them to return home safely.
- Staff were respectful of people's privacy and dignity throughout the inspection. We observed good interactions with people and staff knocking on doors and asking permission before undertaking any activities.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant that people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Since the last inspection an activities coordinator has been employed. We saw some evidence that activities had taken place from the notice boards. We acknowledged that it may be difficult to meet everyone's interest given that people only stay for a short time and staff do not always get chance to know them well.
- We saw that a reading group had been formed and this was proving a positive experience.
- People living in the home receive support from health professionals throughout the day as part of their rehabilitation which restricted their availability to engage in activities.

We recommend that the activities program be looked at to utilise the best times of the day, evenings and weekends when people may feel more able to engage.

End of life care and support

- Care records held in the domiciliary agency were incomplete and did not provide a full picture of the persons' needs when nearing the end of their life. We were told care plans relating to end of live care were produced by the district nursing team and available in the persons own home.

We recommend that copies of the care plan to support people nearing the end of their life be available in the domiciliary care agency. To enable the manager to reconcile that the assessed needs can be supported by suitably trained staff employed by the domiciliary care agency. Staff training in this area has been identified in the effective section of this report.

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

- People's plans incorporated people's choice and preference as to the way in which they wanted to be supported. Care plans for people in the care home did not include the information from planned therapies as this was kept electronically by the nurses and therapists.
- People told us that they had choices about their daily lives from going to bed and getting up, whether to join activities, and where, what and when they wanted to eat.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers. • People's care plans identified the best way to support them with their communication and understanding.

- Documents and information were available in large print.

Improving care quality in response to complaints or concerns

- There was a comprehensive complaints procedure available and information was displayed around the home. People living in their own homes had been provided with the complaint procedure. Complaints had been managed in line with the organisation policy.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a wealth of auditing tools for monitoring the quality of the service, however these had proven to be ineffective due to the narrowness of the audit in identifying any shortfalls and inaccuracy within the care records identified in this report.
- Shortfalls were also identified regarding the management of supervision and appraisals; staff skills mix and competency to deliver some specialist care.
- Records relating to the safety of the building and service contracts for equipment had not been identified as complete and therefore the manager could not be assured of compliance with the regulations.
- Information collated by individuals within the organisation for the purposes of the weekly and monthly audits did not give clear audit trails regarding required improvements, or indeed the timeframe in which they should be achieved. Disconnected information did not give the registered manager a clear overview of the safety and quality of the whole service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to the need for good governance.

- The registered manager had notified the Care Quality Commission (CQC) of specific events in line with their legal responsibility.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager knew their responsibilities in line with regulatory requirements. They knew to notify CQC of incidents and events that occurred at the service. Our review of those notifications demonstrated that the registered manager had notified CQC of incidents appropriately and understood their responsibilities to be open and honest when things had gone wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager has been in post for a year, staff reported that morale had improved and that she was very approachable. One member of staff said that she was always contactable for advice.
- The registered manager and the unit managers were passionate about providing person centred good

quality care and spoke with us about the ethos and philosophy for the home. This included the right of the individual to be unique.

- Staff meetings had been taking place and staff told us that this was around changes being implemented to their working hours.
- Due to the positive changes to people's wellbeing and them returning quickly home the registered manager had found some difficulty in obtaining people's views and experiences of the care home. The recent introduction of exit interviews had proved to be a good source of information, this was still being assessed for the quality of information obtained.
- The care home and the care agency had an effective referral system to support those people in their care. The intermediate care and re-enablement support service has excellent access to the multi-disciplinary team working from an office within the centre. Referrals were managed promptly and monitored by the health professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	Governance systems in place lacked information to ensure checks complied with relevant legislation and guidance. There was limited evidence that the registered manager and provider had audited all necessary elements of the service. Complete and contemporaneous records were not maintained in respect of each service users plan of care. Including results and changes to treatment plans following medical advice.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Personal care	Staff had not received training, supervision or appraisal as is necessary to support them in their role. There was no oversight to ensure that staff were equipped to meet the needs of those they cared for.