

Conifers Care Homes Ltd

Oaklands Nursing Home

Inspection report

10 Tarvin Road
Littleton
Chester
Cheshire
CH3 7DG

Tel: 01244335060

Website: www.coniferscaregroup.com

Date of inspection visit:
09 February 2023
13 February 2023

Date of publication:
15 March 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Oaklands Nursing Home is a care home providing personal and nursing care for up to 50 older people in one adapted building. At the time of our inspection there were 46 people using the service.

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

Medicines were managed safely. Infection prevention and control processes protected people from the risk of infections. People told us they felt safe. The staff team were consistent and had a good understanding of how to care for people who lived at the service. Risks to people were assessed and measures were put in place to reduce them.

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 supported this practice.

There were systems to identify when people needed safeguarding and staff understood their responsibilities to keep people safe.

Staff received regular training and supervision. They told us they felt supported. People were supported to maintain their health and well-being. They were encouraged to maintain a balanced diet and their nutritional needs were met. The environment was adapted to meet people's needs and staff supported people to access health services where needed.

Safety checks of the premises and equipment had been undertaken. All areas of the service were clean and well maintained. People had personal emergency evacuation plans (PEEPs) in place.

There were improved governance systems in place. Effective systems were used to monitor the quality and standard of the service and to have oversight of risks of people's care and support. People and staff were positive about the management of the home.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 20 September 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oaklands Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Oaklands Nursing Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 2 inspectors and an expert by experience. Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Oaklands Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Oaklands Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced on day 1 and announced on day 2.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 19 people who used the service and 5 people's relatives to gain their feedback about the service. We spoke with 9 staff including 2 directors, registered manager, 2 nurses, chef, care, activity co-ordinator and auxiliary staff.

We reviewed a range of records. This included 6 people's care records and samples of medicine records and daily and associated records of their care including care plans and risk assessments. We looked at 5 staff records and a variety of records relating to the management of the service, including audits and procedures. 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.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to ensure that systems were either in place or robust enough to demonstrate risks to people's care and treatment were effectively assessed or managed. Records were not robust and placed people at risk of avoidable harm.

There was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Risks to people had been identified, mitigated and were kept under regular review. This included information on steps to be taken to minimise risk. For example, some people were regularly repositioned to protect their skin integrity.
- The service was well maintained and clean throughout. The provider had systems in place to monitor the safety of the environment and equipment used in the home.
- The provider had a fire safety risk assessment in place as well as an emergency evacuation plan. People had individual personal emergency evacuation plans (PEEPs) which included how many staff members and which aids were required if an evacuation was required.
- People told us staff managed their medicines. Their comments included, "I trust the nurses to give me all my medicines.", "The staff are very good at putting the creams on that the doctor prescribed recently." and "I don't know what I would do without them giving me my meds, I'd be in a right mess."
- People had detailed medicines care plans in place that included an up-to-date photograph of the person and details of any allergies. Instructions and guidance for 'as required' (PRN) medicines were in place.
- Medicine administration records (MARs) were accurate and up to date. All medicines, including controlled drugs, were stored safely. There were systems in place to reduce medicines errors, including stock checks and audits by senior staff.
- There were systems and procedures in place for the safe management of medicines. The staff had access to medicines policies and good practice guidance.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person commented, "I feel very safe here. I've got the technology I need, and I can come and go as I please. I just let staff know when I am going out." One relative said, "From my point of view I feel very happy that he is safe here and staff meet all [Names] needs."

- The provider had a safeguarding and a whistle-blowing policy in place to ensure staff could report any concerns in a confidential manner. Staff told us they felt confident to raise any concerns and would Whistle-Blow to keep people safe.
- There were systems to safeguard people from abuse. Where concerns were identified the safeguarding authority were notified along with the CQC.

Staffing and recruitment

- Relatives told us there were generally enough staff to support their loved ones. People's comments included, "Sometimes I have to wait to get up, but I understand as staff cannot support everyone at the same time." and "The staff never stop, they are so busy. They always check if what I need is urgent or can wait just a short time. Generally I am happy to wait."
- The provider had effective systems in place to ensure staff were recruited safely. Staff records included all required information, to evidence their suitability to work with people at the service. This included DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing levels were determined by the level of care and support each person required. There were enough staff to support people safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were no restrictions to visiting at the time of the inspection.

Learning lessons when things go wrong

- There were systems in place to learn lessons, including when incidents and accidents occurred. This included putting measures in place to reduce the risks of them happening in the future.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to ensure systems were in place and robust enough to demonstrate that consent to care and treatment was sought in line with law and guidance.

There was a breach of Regulation 11 (Consent to Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Throughout the inspection we observed staff asking people for consent prior to any care or support being offered.
- Staff worked within the principles of the MCA when making decisions for people who lacked capacity to do so themselves. Records showed how decisions were made in people's best interests, and how relatives and professionals were involved where appropriate.
- People had the appropriate legal safeguards (DoLS) in place when they were not able to consent to their care and treatment.

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

At our last inspection the provider had failed to ensure systems were either not in place or robust enough to demonstrate accurate, complete and contemporaneous records had been made.

There was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- Systems were in place to assess people's needs and choices in line with legislation and best practice. This ensured the service could meet each person's individual needs.
- Care plans and risk assessments reflected a good understanding of people's needs, including relevant assessments of people's physical and mental health.
- Accurate records were being continually maintained and people's care was subject to regular reviews.

Staff support: induction, training, skills and experience

- Staff told us they received enough training for their roles. Comments included, "The training is good", "I had an induction when I started and was welcomed and supported by the staff team." and "I was very new to working in support and I think the training prepared me well enough."
- Staff had sufficient training to fulfil their role and told us they felt supported at work.
- Staff told us they received supervision. They told us the management team were approachable and they could discuss any concerns they had at any time.

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

- People's individual dietary requirements were being met. People told us they enjoyed the food and were always offered a choice. They said snacks and drinks were offered throughout the day. Two people said that food was not always hot. The provider told us they were trying to resolve this.
- People had been asked about their favourite foods, likes and dislikes. People told us the chef regularly spoke to them and asked for feedback about the meals and menus. The chef was knowledgeable about people's individual needs and preferences.
- Where people were unable to eat independently, staff assisted them in a kind, unrushed and dignified way.
- When concerns had been identified in relation to people's weight or risk of choking, appropriate referrals had been made to dietitians or speech and language therapists. Guidance was included within people's care plans to ensure they received the right support.

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

- Staff worked effectively with healthcare professionals to ensure people received the care they needed. Information about visits and consultations from health and social care professionals were detailed in people's care records.
- Staff participated in daily handovers to ensure care remained consistent between the changeover of staff.

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

- The environment was suitable and accessible for people who lived at Oaklands Nursing Home. This included signage to assist people to navigate their way around the service.

- People personalised their rooms and were included in decisions relating to the interior decoration of their bedrooms and the wider communal areas.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure systems were either in place or robust enough to assess, monitor and improve the quality and safety of the service or to mitigate the risks relating to the health, safety and welfare of people.

There was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The registered manager was clear about their role and their regulatory requirements.
- Staff understood their responsibilities and what was expected of them. The provider had introduced a staff newsletter which highlighted areas that were going well, alongside areas for development. It also gave staff the opportunity for learning and development through training information included.
- The registered manager and management team carried out a range of checks and audits to monitor and improve the quality of the care and support people received. Action was taken to improve practice when audits identified areas for development and improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us that they felt confident to raise any concerns and also raise suggestions for any areas of improvement. Comments included, "I would go to the manager, she is very approachable." and "The directors come and talk to me quite often so I would let them know if I wasn't happy with anything."
- The registered manager had promoted an open culture in the service. Staff were caring and attentive to people's needs, providing appropriate physical and emotional support.
- People's relatives told us the registered manager and the directors were approachable and made themselves available, if they needed to discuss any concern or query anything relating to the service.

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 understood their responsibility in relation to the duty of candour. There were systems in place should they need to report certain incidents to CQC.
- The provider was committed to learning from incidents and sustaining the improvements made since the last inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us that they felt confident to raise any concerns and also raise suggestions for any areas of improvement.
- The registered manager had introduced a regular open office, monthly residents' forums and quarterly relatives' forums. The directors had also shared their contact details for relatives, residents and staff to be able to discuss any concerns or raise suggestions for improvements.
- The provider had introduced a monthly newsletter for residents, families and friends. The newsletter shared news about the service, activities undertaken, and events planned. The directors encouraged everyone to give feedback on the service and highlighting staff for the recognition scheme introduced.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care.
- The provider encouraged engagement within the local community which included local schools and churches of different faiths.