

## Oaklands Care Services Limited

# Oaklands Nursing Home

### Inspection report





43 Bodenham Road  
Hereford  
Herefordshire  
HR1 2TP

Tel: 01432272775

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### Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Oaklands Nursing Home provides personal and nursing care for up to 39 people. At the time of the inspection 37 people were living at the home.

The home is an adapted house with extensions. Accommodation is provided on the ground and two additional floors. Communal facilities such as lounges, and dining areas are on the ground floor.

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

People were not always supported to remain safe. For example, people had not been protected from very hot radiators, fire safety was not always robustly managed, and identified risks were not always consistently monitored to ensure people were safe and not at risk of harm.

Risk assessment tools gave staff differing findings and improvement was needed in relation to the recording of cream application. Infection control risks were in need of improvement to ensure people were not at risk.

Sufficient staff were available and recruitment procedures were in place to safeguard people. The registered manager and staff were aware of safeguarding procedures to protect people from potential abuse. Staff received training and felt supported by the management.

People's needs were assessed prior to moving into the home and healthcare needs were met by visiting professionals. Staff received training to provide them with knowledge to be able to support people. People had their dietary needs met.

The provider was aware of improvements they could make to ensure all areas of the home were dementia friendly in providing people with signage to assist finding their way around. Outside areas were available for people to enjoy warm weather.

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.

People were supported by kind and caring staff who respected them and upheld their privacy and dignity. People and their family members were able to express their views of the care provided. People were able to participate in fun things to do.

Care plans were in place however these did not always cover all aspects of people's needs and how staff should ensure people's care and support needs were to be met.

People and their relatives were positive about the management of the home. Improvements were needed

to ensure governance arrangements were fully effective to provide high quality care and person-centred care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 24 October 2018). This 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.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well led sections of this full report.

Following the inspection, the provided supplied evidence of actions there had taken to mitigate areas of risk identified during this inspection. We will assess these as part of future inspections.

#### Enforcement

We have identified a breach good governance at this inspection. This was in relation to the monitoring of the service and ensure people were not placed at risk of harm.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# 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 Care Act 2014.

#### Inspection team

Two inspectors visited the home on both days of the inspection. A specialist advisor joined the team for the first day of the inspection.

#### Service and service type

Oakland Nursing Home 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 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

This inspection was unannounced.

#### What we did before 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 this information to plan our inspection.

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 four people who used the service and three relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager and registered provider, the clinical manager, the quality assurance lead, a nurse and five care staff. We also spoke with two healthcare professionals.

We reviewed a range of records. This included five people's care records and multiple medicine records. We looked at three staff files in relation to recruitment. In addition, we looked at a variety of records relating to the management of the service.

After the inspection –

We received information requested from the registered manager to validate the evidence found. In addition, we received details of actions taken because of our findings.

# 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 Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our previous inspection we found the provider had made improvements to protect people. Within our previous report we stated the provider needed to demonstrate sustained improvement to achieve a rating of Good. However, we continued to find areas whereby improvement was required during this inspection.

### Assessing risk, safety monitoring and management

- Risks were not always identified to ensure people were not exposed to potential harm.
- We found radiators along corridors, in a bathroom and a bedroom which were very hot to the touch and could have potentially scalded people. The registered provider told us they were aware of these and planned to have work carried out on the thermostatic valves and the boiler to address this. However, no risk assessment or systems were in place to ensure people were safe and to reduce potential risk. Although most people who lived at the home could not independently mobilise we did see one person walking in the corridor area and a person was admitted into the bedroom with a radiator which was very hot to the touch. The provider informed us they would cover the radiator in a bedroom and reduce the heat in the corridor. Following the inspection, we were sent photographic evidence of this having taken place in the bedroom. We will follow this up as part of a future inspection.
- We sought assurance from the provider and registered manager regarding the fire retardancy of curtains in a corridor area used to promote people's dignity. We were supplied with documentation however this was not in relation to these curtains. Therefore, the management team did not have the assurances they required to be able to satisfy themselves the curtains were fire retardant in the event of an emergency. The provider took action to ensure these items were protected against the risk of fire.
- We highlighted several observations regarding fire doors to the management team. Staff were seen to continually not fully close a fire door along a first-floor corridor when taking people to the lift. A fire door on the ground floor and a fire door in the laundry did not close fully into their rebates. Having fire doors not closing correctly could result in fire spreading and people being at risk.
- Equipment to keep people safe from fire was not always tested effectively. The testing of the fire alarm was not happening in sequential order to ensure they were all in working order in the event of a fire. In addition, the list of break glass points was inaccurate as it did not include all of those within the home.
- Risk assessments were in place regarding people's care and support needs. We saw the provider was using two different risk assessments regarding people's skin integrity which showed different outcomes and therefore could have caused confusion as to people's needs.
- Staff had received fire marshal training. A member of staff was allocated each day to take on this role in the event of a fire occurring. Fire safety information was displayed and equipment including sheets to assist evacuating people down stairwells was in place.
- Portable electrical appliances, including Christmas decorations, were tested to ensure they were safe to

use.

- Footrests were seen to be used on wheelchairs when people were transferred. The use of footrests prevents the risk of people becoming entrapped. A healthcare professional told us they had seen staff using equipment safely therefore not placing people at risk of injury.

#### Using medicines safely

- The provider's systems to manage people's medicines were not always safe. For example, we found inconsistency in the recording of prescribed creams and ointments. We could not therefore be confident people had their creams applied as prescribed. Instructions on the records were not always clear regarding the frequency for cream application. In addition, we found one person to have a cream in place where there was no record for staff to sign. We were told following our findings a process was put in place to ensure this did not happen again.
- Nursing staff had written prescribed medicines onto medication administration records for staff to record when medicines were administered. Within the current records there were frequent occasions where a second member of staff had not checked the hand-written entry to ensure it was correct and to identify any potential transcribing errors.
- When people were prescribed medicines on a variable dose the actual amount given was not always recorded. We were not able to balance the medicine remaining as it was not possible to establish the amount administered. Therefore, we were unable to establish whether people received their medicines as prescribed.
- Medicines requiring additional recording to evidence their safe keeping were up to date and in order. Where people were prescribed medicines dispensed through a patch on the person's skin body maps were in place. The nurse on duty describe how these items were safely disposed of.

#### Preventing and controlling infection

- People were not always protected against the risk of infection. We brought to the attention of the registered manager some items of equipment where repair or replacement was required to reduce the risk of infection. We found a dirty toilet brush, waste bins which were rusty around the base and a bin where the foot pedal did not operate meaning staff needed to use their hands to open it. These examples increased the risk of infections spreading within the environment and amongst people.
- Minutes from a staff meeting showed staff attention had been drawn to the need to ensure people's individual slings were not mixed up and only used for the person they were intended for.
- Handwashing facilities were available for staff as well as personal protective equipment such as disposable gloves and aprons. Staff wore suitable disposable items while serving food to people.
- Cleaning schedules were in place in each toilet and washroom showing these areas to be cleaned daily.

#### Systems and processes to safeguard people from the risk of abuse

- Management and care staff were aware of their responsibility regarding the reporting of abuse to agencies such as the local authority. Staff told us they were confident abusive practices had not taken place.
- A relative told us they were happy having their family member at the home. They told us staff and management had a genuine concern for people and believed their loved one to be well looked after. Another relative told us they trusted the staff to look after their loved one.
- Information on safeguarding was available for people and visitors to the home. We saw details about safeguarding were on a continual loop displayed on a television monitor in the reception area. This information explained safeguarding and provided contact details for the local authority. Information on safeguarding was also displayed on a notice board and within the office.

#### Staffing and recruitment



- There were sufficient staff on duty to meet the needs of people. A healthcare professional told us staff were visible in the communal areas.
- Some staff were employed via an agency. These staff members confirmed they worked solely at the home and on a regular basis.
- Nursing staff were employed by the provider and no agency nurses had to be used.
- One relative told us they had seen changes in the staff team but believed the provider now had better continuity of staff with some, "Really established" staff in place.
- Recruitment processes were in place including checks on potential members of staff prior to them commencing work for the provider.

#### Learning lessons when things go wrong

- Accidents and incidents were monitored and reviewed to prevent the risk of reoccurrence.

# 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 previous inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs were assessed prior to them moving into the home to ensure these could be met by the staff team.

Staff support: induction, training, skills and experience

- Staff told us about the training they had undertaken such as moving and handling, safeguarding and fire training. However, despite the training we identified shortfalls in staff practice such as not always closing a fire door.
- Staff told us induction training was provided for new members of staff and shadowing experienced staff which enabled them to have skills to meet people's needs. One member of staff described the training they received as, "Useful" and told us they had enjoyed it.
- Staff had recently undertaken training regarding oral hygiene. An audit found staff had a, 'Good knowledge' in this area.
- A relative told us they had witnessed staff training taking place. They had seen the registered manager training staff in areas such as using the hoist and ensured staff members experienced being hoisted themselves.

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

- People enjoyed the food provided. Staff including the registered manager and clinical lead were observed assisting and encouraging people with their meals. Staff sat alongside people while they provided assistance.
- People had a drink close at hand while having their meal and sat in the communal lounge. Some people had equipment such as a plate guard to assist in their independence.
- One relative told us only experienced members of staff were allocated to care for their family member to ensure they were safe while having assistance with food and drink. We were told the food for their family member had improved.

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

- The registered manager was aware further improvements could be made to ensure the environment was more dementia friendly. There was some signage within the home although this was primarily around the entrance to the home and those bedrooms. Bedroom doors in other areas of the home were regularly indistinguishable to cupboards. Signage can assist people to recognise their way around the home.
- There was a patio area for people to use during warm weather. Some ground floor bedrooms had a small

patio people could access from their bedrooms.

- A relative told us they had chosen the home for their family member because when they first visited they found it to be, 'Homely'. They added they had not changed their mind on this initial feeling.

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

- The management team told us they had experienced difficulties in the past ensuring suitable healthcare was provided for people. They, as well as, relatives told us these difficulties were now resolved with a doctor visiting every three weeks or as needed outside of these arrangements.
- A healthcare professional told us they did not have any concerns as staff listened and acted upon their advice to ensure people's wellbeing was maintained. Records showed the involvement of specialist nurses where needed such as in relation to people's skin and to prevent it becoming sore.
- A relative confirmed their family member had had referrals made to healthcare professionals since living at the home to ensure their needs could be met. These included ones to specialist nurses such as in relation to their ability to swallow food and drink safely.
- Care plans contained information regarding annual checks in relation to sight and hearing tests.

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.

- Staff members were aware of DoLS and of people where best interest decisions were in place for example the use of bedrails and sensor mats. Staff followed least restrictive practice and capacity assessments were completed when needed.

# 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 our previous inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 seen smiling with members of staff. We saw staff were attentive and responded to a person's needs when they showed signs of agitation and distress. Staff acted to reassure the person and maintain their wellbeing.
- Relatives were happy with the care and support provided to their loved ones. A relative described the care their loved one received. They told us, "I think (name of person) gets excellent care" and added, "I am very happy with the care here". Another relative described the staff as, "Very good".
- A healthcare professional believed people to be happy and well cared for with good communication between staff.

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

- A relative told us they and their family member were involved in the care provided and how decisions were made. The relative told us they alongside their family member attended meetings about how the home was run and were encouraged to take part. They told us any issues were addressed.
- Minutes of the meetings involving people and their family members were available. These showed people were able to make comments about the support they needed. People had been consulted about the menu and activities.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was usually respected. To promote people's privacy when needing to use hoisting equipment near to toilet facilities privacy curtains were in place in the corridor. We saw staff using these and closing doors when they supported people.
- Staff describe how they maintained people's privacy and dignity such as knocking on bedroom doors. However, during our inspection we witnessed staff enter bedrooms when the door was open without knocking and without announcing their arrival and intention to enter. This was brought to the attention of the management team as part of our feedback for their attention. The registered manager undertook to make the necessary improvements.
- A relative told us they had no concerns about how staff ensured privacy and dignity was maintained for their family member.
- Care plans were seen to reference the need to ensure people's dignity was maintained.

# Is the service responsive?

## Our findings

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

At our previous inspection this key question was rated as Good At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs may not always met.

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

- People's care was not always carried out in a person-centred way as staff did not always have information available to them to ensure people's needs were effectively met.
- People's care plans did not always detail the support people needed to meet and respond to their individual needs. For example, the equipment needed by people to assist with their continence and how people's pain relief was to be maintained was not consistently recorded. We saw one person's care plan who needed to have their blood sugar monitored did not contain information regarding their safe range for sugar levels to ensure the person healthcare need was fully met for staff attention. We brought this shortfall to the attention of the registered manager.
- Staff were able to access people's care records using a hand-held device which they used to document the care provided.

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 had access to information in different formats. For example, information regarding the date and time of day was visible for people to refer to. Words to carols and songs sung as part of fun things for people to participate in were displayed.
- A pictorial menu of the food available for people to select from was seen to be available.
- Staff spent time and spoke slowly and clearly with people to ensure their understanding. Care plans made reference to ensuring people had their glasses cleaned and hearing aids in place where appropriate. One person's care plan showed how the person responded to a friendly smile.

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

- Information was on display within the home in relation to planned activities. During our inspection much of the activity we saw involving people in the main communal area was based on the lead up to Christmas. These included the use of musical instruments and people visiting the home.
- In addition to the Christmas activities seen other events within the home covered meeting people's religious needs by visiting church ministers.
- Information displayed showed planned events to include exercise, games and quizzes, watching films and sing songs as well as visits from a choir and brass band.

- A family member told us they believed there to be, "Engagement" between people and members of staff. They told us the staff member employed to provide activities for people tried hard and their family member really liked this member of staff.

#### Improving care quality in response to complaints or concerns

- People's relatives were aware of their right to make a complaint about the service provided. Since the previous inspection the provider had received one complaint about the care a person had received. We saw this was investigated by the management team and involved the local authority.
- The provider's complaints procedure was displayed for people to refer to if required.

#### End of life care and support

- Staff were experienced in caring for people at the end of their life. The registered manager told us some people had chosen to remain at the home rather than transfer to hospital for end of life care.
- One relative told us medicines were made available in anticipation of them being required for their family member.
- People's care plans for end of life care were person centred and contained details of their end of life wishes such as wanting to remain at the home.

## 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 previous inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the 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; Continuous learning and improving care

- The provider failed to ensure there were systems in place to ensure shortfalls were identified. Management systems had not ensured potential risks of scalding from hot radiators were assessed and suitable action put into place to mitigate the risk. The registered provider had not recognised the potential fire risk relating to curtains in a corridor and had not maintained a system for checking the fire alarm system. Details of fire break glasses were incorrect and had not been noticed by the management of the home. Therefore, the provider had not ensured their monitoring systems protected people from potential harm.
- Staff meeting minutes showed staff attention had been drawn to the need to make improvements in relation to people's creams. These however, were not effective in driving improvement as we found numerous occasions where staff had not completed records following the application of people's creams to evidence these were applied as prescribed. Therefore, we could not be assured the providers actions had been effective in making improvement.
- Systems failed to identify shortfalls in equipment to protect people's dignity. Audits had not identified privacy locks were either not in place or non-functional on communal toilet and washroom doors.

We found no evidence that people had been harmed however, management systems were not sufficiently robust to evidence risks to people's safety were effectively managed and mitigated. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and registered manager acted in relation to shortfalls identified as part of this inspection. However, the onus of ensuring safe and quality care was the registered providers responsibility.

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

- The registered manager and other managers were seen conversing with people and overseeing the care and support provided.
- Relatives spoke highly of the new registered manager. One relative told us the new manager had made, "Big improvements" in the quality of care and support provided for people. They described the registered manager as, "Committed" and told us they had undertaken care duties themselves and come in if short staffed due to illness. They also told us they regularly saw the provider including at weekends.

- Positive comments recorded included, 'Staff always very supportive', 'The homemade afternoon cakes are a delight' and, 'The entertainment is amazing.' A satisfaction survey from July 2019 showed most people responded with either 'Very good' or 'Good' to the questions asked.
- Meetings involving people and relatives included discussions on whether people felt safe, whether people were happy and activities.
- A recent staff meeting introduced the new clinical lead and information for staff regarding infection control and the need to ensure activities are provided at weekends. Previous staff meetings had involved different sections of staff such as nurses and night staff covering care planning and medicines.

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

- A relative told us they found the provider to be receptive and open in the event of needing to raise any worries about their family member.
- The management team were aware of the need to be open with people in the event of things going wrong.

Working in partnership with others

- The registered manager worked alongside healthcare 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  Systems were not robust enough to effectively safely manage the service provided for people. This placed people at risk of harm.