

Quality Homes (Midlands) Limited

Oaks Court House

Inspection report

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Date of inspection visit: 11 and 14 September 2015
Date of publication: 02/12/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on 11 and 14 September 2015 and was unannounced. At the last inspection in April 2014 the provider was meeting the requirements that we looked at.

Oaks Court House provides accommodation for people who require personal care, including people with dementia for up to 41 people. At the time of the inspection there were 22 people living in the home.

There was a registered manager in place. 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.

People were not always provided with safe care when equipment was used to support them. The home did not always meet safety requirements with broken furniture and inadequate lighting in some communal areas.

Summary of findings

Staff had a good understanding of how to report any concerns they had and knew the different types of abuse. Staff knew about the risks to people but did not always provide them with safe care when using equipment to support people to move.

There were enough staff to support people and the provider had followed safe recruitment procedures to make sure that staff members were suitable people to provide care.

People's medicines were not always stored securely, but people did receive the correct medicines and staff knew how to support people's medicines correctly.

One member of staff was not able to communicate effectively with people and did not have sufficient understanding of English to be able to read and understand people's care plans. Staff members had received the training and support they required to support people effectively.

People were offered choices and were involved in making decisions about their care. If people were not able to make their own decisions, the provider had followed the correct procedures to assess people's capacity and had obtained the correct authorisation to restrict people's freedom.

People were given choices of food and drink and received the appropriate food for their needs and drinks were available when people wanted them. People were supported to access other health services they required and received the appropriate care for them.

People's dignity was not always maintained by staff when supporting people to move in the communal areas. Care

workers had good relationships with people and knew their individual needs and preferences. People were encouraged to make decisions about their care and were listened to by staff.

People did not always receive the stimulation and meaningful activities they required. Care plans contained some personalised information but were not always tailored to give staff the information they needed about people's needs.

People and their families were able to make complaints and felt confident in raising any concerns and that these would be responded to.

The registered manager did not always make notifications about incidents as they are required to do by law.

People, their families and staff told us they felt involved in the home and that the management team listened to their views. The registered manager was visible in the home and staff told us they were approachable and supportive.

The registered manager had a quality assurance system in place to monitor the quality of the service and had made improvements based on these audits.

During this inspection we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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.

People did not always receive safe care when being supported using equipment to move. People's medicines were not always stored securely or safely. Staff members knew they types of abuse and were confident in reporting any concerns. There were enough staff to support people and the provider had used a safe recruitment process for these staff.

Requires improvement



Is the service effective?

The service was effective.

Staff received the training and support they required to provide care for people. People were given choices about their care and the provider followed the correct procedures for people who had restrictions to their freedom. People were supported to have the food and drink they required and their health needs were met.

Good



Is the service caring?

The service was not always caring.

Staff did not always maintain people's dignity when supporting them in communal areas. Staff knew people well and had good caring relationships with them. People were supported to be involved in their care and made choices about it whenever possible.

Requires improvement



Is the service responsive?

The service was not always responsive.

People did not have access to meaningful activities and stimulation they required. People's care plans did not always provide staff with adequate information to provide care. People and their families were confident to complain or raise any concerns about the care provided.

Requires improvement



Is the service well-led?

The service was not always well led.

The provider did not make all the appropriate notifications of incidents that occurred within the home. The registered manager was visible and supportive to people and staff. The registered manager completed regular audits to maintain the quality of care provided but had not always identified issues with the care provided.

Requires improvement



Oaks Court House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 11 and 14 September 2015 and was unannounced. The inspection was completed by two inspectors, a nurse with specialism in tissue viability and pressure care and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information that we held about the service. This included notifications that the provider is required to send by law about incidents that have happened within the home. We also spoke with the local authority safeguarding team about the home.

During the inspection we spoke with seven people living in the home, four family members, three visiting friends, the registered manager, five care workers and the cook. We reviewed records including six people's care files, quality assurance files, five staff files and seven people's medicines administration records. We also spoke with the district nurse. 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

We saw that people were not always provided with safe care that met their needs. We observed the care provided to people and saw that people requiring support to move did not always receive the correct or safe care to do this. We saw that care workers were using support belts to lift people out of a chair and into a wheelchair. Health and Safety Executive guidance details recommended manual handling techniques for people who are unable to weight bear state that care workers should use hoists, stand aids or a transfer board. There is guidance for the use of a handling belt and this is intended to be used for mobile people and is not a lifting aid. The belt used was not appropriate to lift a person with and is only designed to support somebody when walking and should not be used to bear their weight. We saw this technique being used on more than one occasion during the inspection, with people looking uncomfortable and distressed by their experience of being moved in this way. We informed the registered manager about these incidents. They observed the care workers using this equipment incorrectly and unsafely and then removed this equipment from use.

People told us that they felt safe within the home. One person told us, "I feel very safe and comfortable here. There is no danger here." When we asked what they would do if they did not feel safe, one person told us, "I would tell a member of staff, any of them. They are alright. The family members we spoke with told us they felt their relatives were safe within the home. One relative told us, "In my opinion they are probably safer here than at home."

We discussed people's safety with staff members who could all tell us about the different types of abuse and felt confident to report any concerns to the registered manager, senior staff or the local authority. One member of staff told us the process for reporting concerns and told us how they felt that people were kept safe in the home. We discussed safeguarding with the registered manager who told us how they investigated any concerns and would raise concerns with the local authority where appropriate. We looked at the accident and incident log and saw there were a number of falls within the home. The registered manager had not completed a thorough audit and investigation of these to identify any patterns to these incidents. We saw that there

was a person with significant bruising. We saw there were some records of this bruising in the daily notes for this person, and there was insufficient information for staff to identify any changes or potential harm for this person.

We saw that there was enough staff to provide people with care. We observed care in the lounge and dining room on both days of the inspection and saw that there was usually staff members present. There were no call bells available for people in the lounge in their reach so they could not attract the attention of a member of staff when there was not one present, and people had told us they had experienced difficulty in getting staff to help them. The registered manager told us about regular observation of staff and random test of the call bell system to make sure that staff responded to people quickly. We saw that staff responded to call bells and people told us that staff were attending them quickly when they used the system. However, we saw that call bells were not always accessible within the lounge, and people could be left without support. We tested a call bell upstairs where one person was sitting and the bell did not work. We used a second call bell which did work, but the person was not able to use this bell. They told us if they needed help they would shout and staff would come eventually.

We spoke with staff about the recruitment process. One member of staff told us they had completed an application form and was interviewed. They told us when they had accepted the job offer they had provided three references and completed a criminal records check. We saw in their staff file that this had all been recorded by the registered manager, who confirmed that all staff had completed this process.

People told us that they received their medicines on time and when they needed them. One person told us, "I get my tablets twice a day at breakfast and dinner. The girls give it to me." We looked at seven people's medicines administration records (MAR) and saw that people received the correct medicines at the appropriate times. People who required pain relief patches received these at the correct times and we saw the body maps to show the different positions used for the patch at each application in line with the manufacturer's instructions. We saw that people's medicines were not always stored safely. Upon arrival at

Is the service safe?

the home we saw that the medicines trolley was unlocked in the main corridor, so that anybody could open the trolley and remove any of the contents. We informed a member of staff who locked the trolley immediately.

Is the service effective?

Our findings

People told us that the staff who supported them were good at their jobs and provided them with care they needed. One person told us, “They are smashing. It’s a lovely place here. Yes, they treat me well.” A family member told us, “I think they do a good job. They encouraged [person’s name] to come down. Now [person’s name] is always down here and mixing with people and doing things.”

We saw that some staff did not have a clear understanding of English and struggled to communicate with people and other members of staff. We discussed this with the registered manager who told us they had arranged additional support to help staff with communication and supported them to access English classes. We saw that these staff members received good support from the registered manager and were able to deliver care to people they supported.

We spoke with staff members about the support they received. They told us that they had regular one to one meetings with the registered manager to talk about their work, and worries or problems they had, and they felt able to be open with the registered manager about any concerns. They told us they received regular training to increase their skills. One member of staff told us they had just started working towards a level three qualification and had recently completed their first aid training and felt more confident in supporting people. However, we saw staff using incorrect manual handling techniques which showed they did not have the correct knowledge in this area. We discussed this with the registered manager who told us they would review the support with manual handling for care staff.

People told us that staff members gave them choices about their care and supported them to do make these choices when they were able to. One person told us, “As far as I am concerned I do what I want.” Another person told us, “I get myself dressed and I have a shower once or twice a week. One of the staff helps me with the shower, they ask me if the water is too hot or cold.” We observed the staff in the lounge and saw that people were offered choices about where they spent their time, if they wanted drinks and could ask staff for help if they wanted it.

We saw that some people were restricted in their freedom in order to maintain their safety. We discussed this with the registered manager, who gave us information about one person. This included what the restrictions were, how they had made the decision about this, who they had involved in the decision and how it had been made in the person’s best interests. We saw the records of this decision making and the provider had followed the correct process to obtain the authorisation to deprive their person of their liberty. We saw that other people had restrictions that were documented and staff understood these restrictions and how to maintain people’s independence as much as possible.

Staff members told us about people’s capacity to make decisions about their care, and that some people did not have the capacity to make major decisions but were able to make choices about their daily lives, including what they had to eat. We saw that staff involved these people in their care and offered them choices. Staff members told us they used these to provide correct care for people.

People had differing opinions about the food provided, some people enjoyed the food, while others told us they were not happy with the quality of the food. One person told us that the food was, “Smashing, get too much, you won’t be hungry here.” Another person told us, “It’s not too bad. I get enough. It’s more or less the food I would normally eat.” One person told us, “The food’s alright.” A relative told us, “The food is basic but is ok.” We saw the lunch on both days of the inspection. We saw a care worker preparing the evening meal of eggs on toast, where they prepared the toast an hour before serving, by which time it had become cold and unappetising. We discussed this with the registered manager who told us they would amend the staffing of the kitchen to improve the quality of the evening meals.

People with special dietary requirements had these met and were provided with appropriate food and drinks. We saw people requiring a pureed diet received this. We saw that each element of the meal was pureed individually and served separately to make sure they could taste each part individually. People with diabetes received appropriate food with different options with low sugar available for these people.

People told us that their health needs were met and they were able to access the health services they required. One person told us, “I’ve been seeing the district nurse once a

Is the service effective?

week, I have seen the GP and the optician.” A family member told us, “When [person’s name] is not well they get a doctor to come here. They tell me the doctor came and

what they said.” We saw that these visits by professionals were recorded in people’s care files along with any additional support required as recommended by the professionals.

Is the service caring?

Our findings

People's privacy and dignity was not always respected by the care staff when they supported people in the communal areas of the home. We saw care staff supporting people on both days of the inspection using a handling belt to support them to move in and out of chairs in the lounge. We saw one person being lifted by the belt and that their clothes were caught in the belt, exposing them to other people in the room, and the care workers did not consider the person's dignity through this process. We saw that this occurred with other people being lifted in this same manner by care staff on both days of the inspection. We discussed this with the registered manager who immediately stopped care staff using this equipment.

We saw two people who were unable to move from their beds, and these people did not always receive care that promoted their dignity. One person's room had a strong odour that indicated their room was not effectively cleaned and we saw stained bedding in this person's room. We reported this to a care worker who told us they couldn't smell it anymore and were "nose-blind".

This was a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that their privacy was respected by staff. One person told us, "They knock on the door before coming in. I like doing things on my own and I tell them that." Another person told us, "I press the button to call the girl or boy to help me get changed. You can't separate your dignity with these things but if you want to keep it private they don't mind." We spoke with care staff who told us how they helped people maintain their privacy and dignity. One care worker told us about how they made sure people's private space was maintained, including helping them to wash

themselves as much as possible and supporting people to wear appropriate clothing. We saw that people were called by their preferred names, which were recorded in their care files, and we observed staff using these names appropriately.

People told us they felt the staff were caring and knew their personal needs and preferences well. One person told us, "They are a smashing crowd. Anything you want you can have." Another person told us, "They are very caring, any trouble you get into they come running to you." Family members also spoke highly of the staff. One relative told us, "Every time I come here, they actively tell me something. I don't have to chase them down, which is the way it should be. I have no qualms. If we did we wouldn't leave [person's name] here if we weren't happy."

We observed some good caring interactions between care staff and people in the lounge. We saw staff members kneeling down, talking to people at eye level and giving them time to think and respond. We spoke with staff who could tell us about people's backgrounds and personal preferences. One member of staff told us about a person's life and how they used this to engage them and help them to feel more comfortable in the home. A family member told us, "When I spoke to them [staff], they did know [person's name] quite well and very knowledgeable about their needs."

We spoke with people and family members about how they were involved in making decisions about their care and support. One person told us, "They don't know as much as you would expect but they know quite a lot." Family members had been involved and gave us details about how they were consulted. One relative told us, "They talk to my daughter and she tells me as [person's name] can't talk."

Is the service responsive?

Our findings

People told us that there was not always a lot to do within the home and they lacked stimulation. One person told us, “It’s not very fulfilling and is rather dull. I get up and sit in the chair and stay there all day then go to bed.” One family member told us, “Staff are aware of what [person’s name] liked but more could be done in respect of activities.” One visiting family friend said, “I don’t know why we had to sit in that room, it was just all bare tables.” We saw that staff offered people drinks and were available for support but did not engage people in meaningful activities. We saw a Halloween decoration making activity, with people seated around the dining table. Most of the people did not participate in the activity, one person was asleep and there was only one member of staff to run the activity and did not have the time to support people to participate effectively.

People told us that staff were not always responsive to their needs. One person told us about an incident when there were no staff available in the lounge and they could not get someone to help them to the toilet, and there was nobody to support them afterwards. We raised this concern with the registered manager who told us they would look into this incident and make any necessary changes.

We saw that people were supported to go out of the home. We saw one person being taken to the local shop to buy a newspaper in the morning. We spoke with this person who told us they enjoyed going out for this most days. We spoke with a family member about the care their relative received. They told us that the registered manager told them they could get television channels in their relative’s native language and they could provide food from their

background if they preferred this. The person did not want this and was happy with the food provided, and the relatives were pleased that these options were available for them.

People had care plans that detailed their health and care needs. We saw that these care files contained some personalised information but were not always tailored to respond to the identified needs of people. We saw one person had been identified as being at risk of falls and had fallen in the home. This person had a generic risk assessment and handling plan that was not tailored to their needs and did not have been changed following their falls. Staff were not provided with appropriate guidance to support this person effectively and not all staff we spoke with could tell us about correct manual handling procedures and we saw incorrect equipment being used to support people. We discussed the care plans with the registered manager who told us that they were reviewing all of the care plans to make them more personalised and provide more detail for the care staff to follow.

People told us they felt able to make complaints and give feedback to the registered manager. One person told us, “I never complain. I have no complaints. One of the girls asked me about it.” Another person told us, “No, I’ve not complained, but I would tell the staff I expect.” A relative told us, “I’ve not had to make a complaint and no they haven’t asked for my opinion.”

We discussed the complaints with the registered manager, who told us about the recent complaints and how they had been investigated and responded to. We saw that people had received written responses and feedback following complaints and the registered manager had completed investigations into these complaints.

Is the service well-led?

Our findings

We saw that the provider did not always complete appropriate referrals and notifications about incidents that had taken place within the home. We saw examples of records where people had been taken to hospital and required treatment following falls within the home. These incidents had not been reported to CQC as required by law, and the registered manager confirmed they did not know these incidents needed to be reported.

This was a breach of Regulation 18 Care Quality Commission (Registration) 2009.

People told us they were involved in the home. One person said, “Now and again I’ve been to the resident’s meeting.” We saw details of the resident meetings that took place regularly and people had the opportunity to be involved. One family member told us, “The staff have given me surveys.” The registered manager told us about a survey that had recently been sent out to family members to ask for their feedback about the service provided.

There was a registered manager in post. People and their family members told us that the registered manager was approachable and visible within the home. One person told us, “They seem alright to me, they seem friendly.” One family member told us, “I have to say both the manager and the senior have been very helpful.” Another relative told us, “We always see her [the registered manager]. We always makes a point of asking how [person’s name] is doing and they know.” We spoke with staff members about the running of the home. They told us that they found the registered manager to be very approachable and supportive. One care worker told us, “The manager is fine. I can have a word about any problem. She finds training for you.”

We discussed the running of the home with the registered manager, who told us how they involved people and staff in the development of the home. Family members told us the manager asked them for their views and kept them informed about how their relatives were. We saw that the registered manager recorded changes made following feedback from family members. We saw an example where relatives had commented to problems with the laundry service, and the registered manager had created a new inventory system to make sure people using the home for respite received the correct items.

Staff members told us they felt well supported by the registered manager and senior care staff. One staff member told us they felt able to ask for additional support and training, and that their request would be responded to and that training would be provided for them.

The registered manager told us about their programme of audits, including weekly, monthly and annual audits to make sure that people received quality care. We saw a selection of recent audits and details of changes made following these audits.

The environment within the home was not always safe for people and we saw broken furniture that could cause injuries to people. We saw in the corridor on the first floor that several light bulbs did not work and the corridor was dark as there was no window and only one working light. We sat in the conservatory and saw there was a broken chair at the table, with a broken piece of the chair sticking up, presenting a danger to people. We informed the registered manager about these issues and they told us they would make sure they were sorted out.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

The provider failed to maintain the dignity of people receiving care within the home

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

The provider failed to notify CQC of incidents that occurred within the home