Cygnet (OE) Limited

Oaklands

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
The service is a large home, much bigger than most domestic style properties. It is registered for the accommodation and support of up to 15 people with learning disabilities, mental health conditions or autism. 15 people were using the service at the time of the inspection. This is larger than current best practice guidance.

The service continued to work towards the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service should receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
The service did not consistently apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people did not fully reflect the principles and values of Registering the Right Support.

People were not always protected from potential harm and care was not always person-centred, although people told us they felt safe. We were told of some potential inappropriate staff practice that needed to be investigated further. The local authority safeguarding team and the provider were looking into the issues raised.

People received their medicines as prescribed, but record keeping needed to be improved and monitored better. Quality assurance systems needed to be reviewed as they had not always found the issues we had.

The service was clean and tidy. There were enough staff on duty during the inspection, but we have made a recommendation to review staff rota systems to ensure the skills mix and allocation of staff to support people is always suitable.

The service was working in partnership with other organisations. People and staff spoke well of the registered manager. Meetings took place for people to express their views and actions were taken from comments made.

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 on 4 October 2018). The service remains

rated requires improvement.

Why we inspected
We received concerns in relation to the safety of people. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led only.

We reviewed the information we held about the service. At the time, no other areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

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

Enforcement
We have identified two breaches in relation to safeguarding people from abuse and good governance. You can see what action we have asked the provider to take at the end of this full report.

Follow up
We will continue to closely monitor information we receive about the service until we return to visit as per our re-inspection programme. We will work with the local authority to monitor progress. 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Oaklands

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
This consisted of one inspector and an assistant inspector.

Service and service type
Oaklands 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
The inspection was unannounced.

What we did
Before the inspection we looked at information received from the service, including incidents or any allegations made. 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. We contacted the local authority commissioning and safeguarding teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Any comments received supported the planning and judgements of this inspection.

During the inspection
We spoke with six people who used the service and contacted three relatives by telephone and email. We spoke with the operations director, regional manager, registered manager, deputy manager, administrator, one cook and three nurses. We also contacted all the support staff team, either by telephone, email or in person to gather their views.

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 looked at four people's care records, and medicines records for 15 people. We reviewed records relating to the management and quality assurance of the service, which included six staff personnel records.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and other information gathered during the inspection. The registered manager and provider sent us various information requested in a timely manner.

Requires Improvement

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 required 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.

Systems and processes to safeguard people from the risk of abuse

- Staff told us they were confident in reporting allegations of abuse and had received training in this area. However, during our inspection concerns were raised by staff in relation to inappropriate behaviour and some institutional practices by a small number of support staff at the service. These practices and behaviours did not protect people's rights or safeguard them from improper treatment, and staff reporting these issues had not raised them with the registered manager or provider before we visited. We referred the information shared with us by staff to the local authority safeguarding team and the provider for further investigation.
- The provider had reported safeguarding concerns to the local authority safeguarding team and CQC in line with their legal requirements. However, various recording systems used were not always linked with each other and narrative used was not always clear or appropriate.
- The management of people's finances was not robust. Record keeping was poor, including missing people and staff signatures, illegible entries and no clear oversight by the management team.
- The issues found were discussed with the management team who recognised further work was required to improve this area.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risk to people had been assessed, however some information was not clear and needed to be updated and reviewed. We found no evidence of impact on people and the registered manager was aware of the need to fully review documentation and was working to address this.
- Fire safety measures were in place, including an up to date fire risk assessment. However, six people's personal evacuation plans were out of date. There was no central record of exactly who was in the building at any one time, including people living there, staff on breaks or people out of the service. The registered manager was going to address these issues immediately.
- A business continuity plan was available and described how people would continue to receive a service in the event of any type of emergency.
- People told us they felt safe at the service and their relatives confirmed this. An advocate told us, "I have not seen anything concerning about anyone's safety."

Learning lessons when things go wrong

- There were systems in place to investigate and record incidents and accidents. However, daily notes or

handovers did not always reflect what had been recorded. We discussed this with the management team who told us they were going to investigate this.
● The registered manager had investigated issues which had been brought to their attention, including suspending staff while investigations were ongoing. Meetings were held to reflect on practice and learn lessons within the service and the wider organisation.

Using medicines safely
● At the last inspection, a person-centred approach was not always used to support people with their medicines and we made a recommendation. It was now recorded how people preferred their medicines administered and this was followed.
● Medicines records had missing detail, however, there was no evidence to suggest people had not received their prescribed medicines. One person said, "I always get all my medicines." During the inspection the registered manager asked a member of their supplying pharmacy team to attend to help address these recording issues.
● Staff were trained to administer safely, however, not all staff had up to date medicine competency checks in place. The registered manager confirmed this had been arranged to take place within the next week.

Staffing and recruitment
● There were enough staff on duty at the time of the inspection. However, the skills mix of staff and how staff were allocated to support people needed to be improved, as too many new staff/agency staff were working together at times, which made supporting people more difficult.

We recommend the provider reviews staff rotas and staff allocations in light of the issues raised and in line with best practice.

● Safe recruitment procedures were normally followed, including DBS checks on suitability of staff to work with vulnerable people. However, the service could not provide us with details of one agency worker who had already worked at the service. No concerns had been identified with the worker and the registered manager was currently following this up.
● A recruitment plan was in place. Staff vacancies were being advertised and the use of agency staff had reduced in recent months.

Preventing and controlling infection
● Infection control procedures were followed by staff. Gloves and aprons were readily available to help prevent the spread of infection.
● The service was clean and tidy, including the bedrooms we viewed with people's permission.

Requires Improvement

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 required 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.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- The staff culture within the service needed development. We were told of some institutional practices. The senior management team were honest with inspectors about the issues the service faced and were developing a plan on how they were going to address these cultural issues.
- Person centred care was not always promoted by the staff team. There was a lack of evidence to show that people's aspirations or goals were always explored. Outcomes were not always recorded. For example, at the last inspection we discussed with the registered manager how one person may be capable of self-administering their own medicines. There was no evidence to show this had been looked into.
- Activities were taking place tailored to individuals. However, for some people, person centred stimulation on a day to day basis was lacking.
- Garden areas needed to be developed. At the last inspection we were told that the garden area was going to be improved, but we found it mostly remained the same.
- Staff told us they were not always afforded enough time to read care plan information and relied on verbal handovers. However, verbal handovers were not always robust.
- Duty of candour needed to be improved. In the weeks prior to this inspection, the media had raised some serious concerns about another of the provider's services. This had not been communicated to all people or their relatives in order to give some reassurances. The operations director said that this should have occurred and would address this immediately.
- Quality monitoring systems were not always robust. The provider had a range of systems to audit and monitor the quality of the service provided. However, they had not always identified the issues we had found during the inspection.
- Provider visits were not always recorded, although the registered manager confirmed support was provided.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- Staff understood their roles. Management feedback to staff was constructive and supportive.

● People knew the registered manager and spoke well of them, as did staff.
● The registered manager met their regulatory requirements, including submitting information about incidents or accidents appropriately. The previous inspection report and rating was displayed prominently in the service and on the provider's website.
● Staff morale was generally more positive than at the last inspection, although recent media coverage about another of the provider's services had caused morale to fall somewhat.
● Policies and procedures were available to staff and these were being updated due to the change of provider.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Meetings took place at the service to allow people and staff to share their thoughts and views. People also attended external meetings, including The People's Parliament where they could join people with similar needs to their own who were living elsewhere to share thoughts and discuss a range of topics.
● Surveys were completed by people to gather their views. Display boards gave details of the action taken in response to comments made.
● Advocates were involved to support people and weekly visits took place.

Working in partnership with others
● There had been recent improvements in partnership working, including with more input from the local area authority and commissioning teams. It was reported by local commissioners that the management team had been transparent and showed a willingness to move the service forward.

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 Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were not fully protected from the potential of abuse or improper treatment. Regulation 13(1), (2) and (4)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Robust quality assurance processes and systems were not always in place. Regulation 17(1) and (2)(a)