ENCORE OAKDALE POOLE LTD

Oakdale

Inspection report

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Ratings

Overall rating for this service	Insufficient evidence to rate

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

Summary of findings

Overall summary

About the service
Oakdale is a nursing home providing personal and nursing care to 33 people aged 65 and over at the time of the inspection. The service can support up to 84 people. The home has three floors. There were 24 people on the ground floor and 9 people on the first floor. The home had recently partnered with the local authority to support people to move from hospital into short stay rooms on the first floor. The second floor was currently closed.

People's experience of using this service and what we found
There were enough staff on shift to help ensure people's needs were met safely. Although staffing numbers had fluctuated in recent months this was linked to a position of overstaffing in late 2020, a subsequent reduction in staffing to better match the numbers of people living there and then an increase in January 2021 required to support admissions under a new partnership with the local authority.

Management within the home had not always been consistent. There was currently no registered manager. Staff felt management could be more visible around the home and engage with them more.

Although a number of audits were undertaken these were not always up to date or accurate. We have made a recommendation about auditing.

People said they felt listened to. Communication with relatives was not always consistent. Some told us they received regular updates whereas others felt they had to initiate calls to the service to get these.

Staff told us they got on well with their colleagues and supported each other. They described the team as "one big family."

Staff had a good understanding of the signs and symptoms that could indicate people were being harmed or abused and knew how to report this both internally and to external agencies.

People's medicines were managed safely. When errors had occurred required follow up actions were taken to help prevent a re-occurrence.

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.

The home had partnered with the local authority to support people to move from hospital to short stay 'step down' placements. This was helping to support the wider health and social care system during the Covid-19 pandemic.

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

Rating at last inspection
This service was registered with us on 24/10/2019 and this is the first inspection.

Why we inspected
We received concerns in relation to the management of people's risks and the governance of the service. 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. No areas of concern were identified in the other key questions. We therefore did not inspect them.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the Well Led section of this report.

Follow up
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?

Good

The service was 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.

Oakdale

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.

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
The inspection team comprised one inspector on day one of the inspection. On day two of the inspection the lead inspector and second inspector made calls to staff. On the same day an Expert by Experience spoke with relatives by telephone. An 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
Oakdale is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager 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 the inspection
We reviewed information we had received about the service since they registered with us. We sought feedback from the local authority. 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 used all of this information to plan our inspection.

During the inspection
We spoke with four people who used the service and nine relatives about their experience of the care provided. We spoke with 12 members of staff including the director of health and care, the manager, clinical lead, domestic staff, senior carers, a registered nurse, care workers, maintenance and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We made general observations throughout the inspection.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment, induction and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the manager and provider to validate evidence found. We requested further information from them and this was supplied to us promptly.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

● There were enough staff on shift to help ensure people's needs were met safely. Although staff told us staffing numbers sometimes fluctuated, evidence linked this to a historical position in December 2020 when the home had been overstaffed in some areas. The provider had then reduced staffing numbers at that time to better reflect the number and needs of residents living at the home. From January 2021 the home had taken on a block booked beds contract with the local authority to support people to be discharged from hospital. Staff levels were increased in line with new admissions.

● People's dependency scores were reviewed weekly and the director of health and care was overseeing people's pre-assessments and the pace of new admissions.

● Relatives were confident staff responded in time to their family member's needs but explained, due to the pandemic restrictions, they had not been able to observe this in person. Two people told us staff usually responded quickly to their requests.

● Staff expressed a wish to be more included in decisions about staffing levels. We raised this with the nominated individual who told us they would meet with staff to discuss the rationale around staffing.

● The provider was taking a proactive approach in recruiting staff to current vacancies. The nominated individual received daily progress on this.

● The provider had launched a staff rewards initiative for taking on additional shifts. This was helping reduce the need for agency workers and maintain consistency of care. The provider told us staff had responded well to this initiative.

● Employment checks were robust. Evidence of good character was obtained and recorded. Each staff member completed a health questionnaire to ensure their capability to do their role.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

● Risks to people were assessed, recorded and regularly reviewed. People had personalised risk assessments to help reduce risks including fragile skin, diabetes, Parkinson's Disease, mobility and poor dietary intake. Daily records evidenced staff were supporting people as detailed in their care plans. One person with vulnerable skin told us, "They turn me regularly at night." A relative said, "They understood [relative's] risks when [relative] went there and have been careful."

● General environmental risk assessments had been completed to help ensure the safety of the people, staff, relatives and visiting professionals. These assessments included: water temperature, legionella, call bells, electrical systems and equipment.

● Risks to people from fire had been minimised. Fire systems and equipment were regularly checked and serviced. People had personal emergency evacuation plans which guided staff on how to help people to

safety in an emergency.
● People were protected from abuse and improper treatment. Two people told us they felt safe. Staff demonstrated a good understanding of the signs and symptoms that could indicate people were being harmed or abused and knew how to report this both internally and to external agencies.
● Staff said they would feel confident whistleblowing if they observed poor practice by their colleagues. They felt they would be listened to and appropriate action taken by management.

Using medicines safely
● Medicines were managed safely. The service had safe medicines systems and processes which meant people received their medicines as prescribed and in line with best practice. Regular medicines reviews took place. When medicines errors occurred, the provider ensured appropriate follow up actions included internal investigation, mandatory staff competency checks via clinical leads and reflective supervision to help prevent a re-occurrence.
● Medicine records clearly detailed what medicines people required and the reason it was prescribed. Medicine records were legible, complete and audited appropriately. Spot checks were undertaken to ensure compliance.
● Medicines requiring stricter security were stored appropriately with stocks matching records.
● Where people were prescribed medicines they only needed to take occasionally guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

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 meeting shielding and social distancing rules.
● 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 accessing testing for people using the service and staff.
● 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.

Learning lessons when things go wrong
● Accidents and incidents were analysed by the management or clinical lead to find out what had happened, the cause, identify themes and determine the actions required to help reduce the risk of a re-occurrence.
● Learning was shared with staff via the home's electronic care planning system, at handovers, 10@10 meetings, whole team and departmental meetings and supervision.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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; 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

- There was no registered manager at the home. There had been a period of management instability. The previous registered manager left the home in October 2020. The current manager had been at the home for seven weeks and was being supported by the provider. The provider understood having a registered manager was a condition of their registration and said they would address this as soon as possible.
- Quality assurance systems did not always operate effectively. Although numerous audits were undertaken including tissue viability, health and safety, nutrition and IPC, not all were up to date or contained inaccurate information. For example, clinical governance reports from September 2020 to December 2020 stated all IPC audits had been completed despite the last IPC monthly audit on file being August 2020. We raised this with the nominated individual. They said a new operations manager would be starting who would support the provider with audits and documentation updates. Our observations of IPC practice did not identify any concerns but this shortfall in monthly records had the potential to miss issues if they had been there. The Director of Health and Care advised us, "Part of the plan for 2021 is discussing what we want the quality assurance process to look like."

We recommend the provider ensure robust completion and oversight of auditing.

- The manager and staff had a clear understanding of their roles and responsibilities.
- The manager understood CQC requirements, in particular, to notify us, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.
- The manager had a good understanding of the duty of candour, that is, their duty to be open and honest about any incident that has placed a person at risk of harm.

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

- There was mixed feedback about the manager. People told us the manager had taken the time to introduce themselves when they moved in which they had appreciated. Relatives described the manager as "reassuring", "very welcoming and friendly." Some staff expressed confidence in the difference they felt the manager could make whereas other staff said they could be more visible around the home.
- Staff told us they enjoyed working at Oakdale and felt supported by their colleagues. Their comments

included, "I work with all nice staff", "I feel proud to work at Oakdale", "I get on with my colleagues, the carers work so hard", "The best thing here is the team work" and "People in all the different departments pull together" and "Everyone is there for the same reason…the residents."

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

● Staff had completed an employee engagement survey in November 2020. Feedback had included concerns about staffing levels and management communication. The provider had met with staff to discuss the results and had committed to a home specific improvement plan to resolve the identified issues. The provider had scheduled a visit for January 2021 to monitor progress.

● Communication with relatives was not always consistent. Some relatives told us they received phone calls and email updates. Other relatives told us they would only get updates when they initiated contact with the home.

● Management had responded to feedback from relatives and people by introducing Covid-secure visiting pods. This had enabled visits to continue safely during the pandemic.

● Residents meetings had taken place. Where the pandemic had restricted the home's ability to hold large group meetings, residents' views were captured during one to one activity sessions with the home's wellbeing manager and ad hoc conversations with the manager. One person told us, "I feel listened to. We are kept up to date."

● Team meetings took place and included topics such as staffing, spot checks, resident choice, e-care recording, rotas and PPE compliance. A staff member expressed, "Team meetings are good. It gives us an opportunity to discuss things."

● Staff told us they were encouraged and supported to improve their practice and increase their knowledge. For example, one staff member said, "They always say do you want to do NVQ3 [a national qualification in Health and Social Care]. They are encouraging me."

Working in partnership with others

● The home had partnered with the local authority to support people to move from hospital to short stay 'step down' placements. This was helping to support the wider health and social care system during the Covid-19 pandemic.

● The home worked with other agencies to provide good care and treatment to people. This included commissioners, GP surgeries and multidisciplinary teams.

● The provider had recently met with a local university research team about working with them to develop an improved dementia friendly environment based on evidence-based practice.