

Mondial Care Ltd

Oakland Nursing Home

Inspection report

Whitepoint Road
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Whitby
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Tel: 01947602400

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

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. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Oakland Nursing Home accommodates up to 27 people in one adapted building. It is situated in the town of Whitby, close to local amenities and the town centre.

This inspection took place on 3 and 8 January 2019 and was unannounced. At the time of this inspection, 23 people were using the service.

At the last inspection in October 2017 the provider was found to be in breach of two regulations. These were Regulation 17 Good governance and Regulation 18 Staffing.

Following the last inspection, we met with the provider and asked them to complete an action plan to show what they would do and by when to improve the key questions: Is the service safe, is the service effective, is the service caring, is the service responsive, is the service well-led to at least good.

There was a manager in post who had registered with CQC. A registered manager is a person who has registered with the CQC 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.

Thorough quality assurance systems were now in place and had been effective in identifying and addressing any shortfalls. Clear action plans were in place to evidence action taken to address concerns that had been completed in a timely manner.

There was enough staff on duty to meet people's needs. Call bells and requests for support were responded to in a timely manner by staff who were friendly and approachable. Staff were clearly visible throughout the service.

Safe recruitment processes were in place and had been followed. The registered manager had implemented robust checks to ensure all pre-employment checks were completed before employment commenced. Staff had been provided with an induction to the service and received consistent support through regular one to one and group supervisions. Staff training had been further developed to ensure staff had the skills and knowledge to carry out their role. Medicines had been stored, managed and administered safely.

Risks to people had been assessed and management plans were in place. These had been regularly reviewed and updated when changes occurred. Risk relating to the environment were regularly reviewed and servicing certificates were in place to ensure equipment was safe and well maintained. Recent re-

decoration had significantly improved the appearance of the service. Staff followed good infection control practices and the service was clean throughout.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People told us they were treated with dignity and respect. Staff addressed people by their preferred names and encouraged them to remain as independent as possible.

There was a range of meals on offer, although some people told us they would like more variety. The registered manager was already taking action at the time of this inspection to address this. People who were at risk of malnutrition were closely monitored to identify any further concerns.

Care plans contained person-centred information and it was clear people were at the heart of the service. Activities were now provided on a daily basis and staff understood the importance of social interaction.

People, relatives and staff spoke positively of the management team and their approach. People had been asked to provide feedback on the service and told us they were confident any concerns they raised would be addressed appropriately.

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.

Safe recruitment processes were in place and had been followed.

Risks to people had been assessed and appropriate management plans were in place.

There was enough staff on duty to support people safely.

The service was clean and tidy throughout and staff followed good infection control practices.

Is the service effective?

Good ●

The service was effective.

Staff had received training and supervisions to ensure they had the skills and knowledge to carry out their role.

The service had developed good working relationships with other professionals to ensure people received the care and support they needed.

People's nutritional needs were met and their views with regards to the meals on offer were listened to.

Is the service caring?

Good ●

The service was caring.

People told us staff treated them with dignity and respect.

We observed staff to be kind and caring in their approach and addressed people by their preferred name.

Staff were familiar with peoples' likes, dislikes, preferences and communication needs.

Is the service responsive?

Good ●

The service was responsive.

Care plans contained a good level of detail which enabled staff to provide person-centred support.

Activities were provided and adapted to meet people's needs.

Documents to monitor people's health and well-being were in place and regularly reviewed.

Is the service well-led?

Good ●

The service was well-led.

The registered manager had processes in place to monitor and improve the service. Lessons learnt were shared with the staff team.

People were regularly asked to provide feedback on the service provided and their views were listened to.

The registered manager understood their role and responsibilities and was continuously looking at ways to improve the service. They were supported by an experienced management team.

Oakland Nursing Home

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.

This inspection took place on 3 and 8 January 2019 and was unannounced. Day one of the inspection was carried out by an inspector, a specialist advisor who was a registered nurse 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. Day two was carried out by one inspector.

Before the inspection we reviewed information we held about the service. We contacted the local authority adult safeguarding and quality monitoring team as well as the local Healthwatch England, the consumer champion for health and social care in England, to ask if they had any information to share. We used this information to plan our inspection.

The provider had been requested to send us a Provider Information Return (PIR) and had returned this within required timescales. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and any improvements they plan to make.

During the inspection we spoke six people currently using the service, four relatives and a visiting professional. We also spoke with the registered manager, clinical lead, activities coordinator and four other members of staff.

We reviewed four people's care plans, risk assessments and daily records. We checked the arrangements in place for managing medicines and recording of complaints. We reviewed three staff's recruitment and induction records and three staffs' supervision and appraisal records, as well as training records, meeting minutes, audits and a selection of other records relating to the management of the service.

Is the service safe?

Our findings

At the last inspection in October 2017 we found the service was not always safe. This was because safe recruitment processes had not been followed and staff were not deployed effectively. At this inspection we found improvements had been made and awarded a rating of good.

At the time of this inspection there was 23 people using the service. Rotas showed during the day there was six care staff and one nurse on duty. At night, there was two care staff and one nurse on duty. Observations showed staff were deployed effectively throughout the day. Call bells were responded to in a timely manner and people we spoke with told us staff were visible and available at all times. One person said, "There is enough staff. They are on hand to help me when I need it, so staffing doesn't seem to be a problem." The registered manager told us they had regular discussion with staff to ensure staffing levels remained adequate. Minutes of staff meetings confirmed this.

The registered manager had worked hard to improve the recruitment process to ensure all pre-employment checks were in place. Recruitment files now contained a 'recruitment checklist' which enabled the registered manager to clearly see when pre-employment checks had been completed. The recruitment files we looked at all contained references, record of interviews and demonstrated that any gaps in employment history had been explored. There was evidence that nurse's registration PINs were checked on a regular basis to ensure they remained safe to practice.

Medicines had been stored and administered safely. Medicine administration records (MARs) had been completed accurately and the registered manager had introduced an assessment to monitor staff's competencies in administering medicines. A pharmacy had recently visited the service to conduct their annual audit. Within their report they congratulated staff and management for the 'remarkable improvements made within the past 12 months.' People we spoke with told us they received their medicines as prescribed. One person said, "I take quite a lot of medication and staff always give me it on time. The nurses are on the ball with medicines."

Accidents and incidents had been appropriately recorded by staff and evidenced any action taken to further reduce risk, such as referrals to relevant professionals when a person suffered an increased number of falls. The registered manager had also developed a system so they could effectively monitor accidents and incidents on a monthly basis to identify any trends.

Risk assessments were in place for people which clearly identified associated risks and how these should be managed. For example, one person required all food and fluid via a feeding tube. Assessments highlighted associated risks, how they should be managed and also included guidance from relevant professionals. Another person was at risk of falls from bed. Bed rails were in place and risk assessments had been implemented and updated on a monthly basis. There was also evidence that bed rails and protective bumpers were checked on a regular basis to ensure they remained safe and free from any damage.

Where people required regular re-positioning due to the risk of pressure damage, we found care records

clearly detailed what pressure relieving equipment people had in place and how often they needed to be re-positioned. A professional we spoke with told us, "I cannot fault the staff here for their skin integrity management. We have seen some great results and they are quick to report any concerns at all."

People were kept safe from the risk of emergencies in the home. People had a risk assessment in their care files for the environment and a personal emergency evacuation plan (PEEP). PEEPs are documents, which advise of the support people need to leave the home in the event of an evacuation taking place. Records showed regular fire evacuation practices had taken place and firefighting equipment had been serviced on a regular basis.

Servicing certificates were in place for required areas. Regular checks had been conducted on hoisting equipment, window restrictors and maintenance of water outlets to control the risks from legionella.

Refurbishment work had been completed in the lounge and dining area and the service was sufficiently clean throughout. We observed staff following good infection control practices and the registered manager conducted regular infection control audits to continuously monitor this area of the service.

Is the service effective?

Our findings

At the last inspection in October 2017 we found the service was not effective and awarded a rating of requires improvement. The provider was also found to be in breach of Regulation 18 Staffing. This was because staff had not been provided with sufficient training or support to ensure they had the skills and knowledge to carry out their role.

At this inspection we found sufficient improvements had been made with regards to training and support provided to staff to evidence the requirements of this regulation were now being met, and we awarded a rating of good.

Since the last inspection, the registered manager had sourced a different training provider to ensure staff were provided with training they required to carry out their role. Training records showed, overall, there had been a significant improvement in training completed by staff, although there were still some shortfalls in relation to mental capacity and deprivation of liberty safeguarding training. The registered manager was able to show us email exchanges with the training provider addressing this shortfall. Training plans were in place for the next 12 months to ensure staff continued to be provided with refresher training they needed.

People we spoke with felt staff were well trained. One person said, "Staff are very good. They are taught well. They all seem to know what they are doing." Staff we spoke with told us the improvements made regarding training had been effective. One staff member said, "I think the training over the past 12 months has been beneficial. It is always good to refresh."

There had been a significant improvement in the support provided to staff. Regular one to one supervisions had been conducted and thoroughly recorded. These meetings had been used to discuss staff's personal development as well as any areas of concern. Group supervisions had also been utilised to inform staff on any changes within the service, such as changes to documentation or redecoration planned for the service. The registered manager also used these meetings to discuss any lessons learnt from recent audits.

When new staff joined the service they were required to complete an induction. The induction took place over three days and consisted of staff familiarising themselves with policies and procedures as well as the layout of the building and fire procedures. New staff also worked alongside experienced members of staff to allow them to build relationship with people.

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 with appropriate legal authority. 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. Records showed that applications to deprive a person of their liberty had been submitted to the local authority as required. Where people lacked capacity to make decisions, best interest meeting had been held and decisions made in the persons best interest were accurately recorded.

Records were in place to ensure people who were at risk of being malnourished were being monitored. People's weights had been recorded on a monthly or weekly basis and where risks or concerns were identified, referrals to relevant professionals have been completed. Care plans had then been updated to reflect guidance provided by other professionals.

People spoke positively of the meals of offer although some people told us they would prefer more variety. We found there was only one weekly menu in place and all meals generally consisted of meat, potato and vegetables. The registered manager had recently conducted a food survey where people had reported they wanted to try other foods, such as pasta and rice dishes. The registered manager had listened and acted on the feedback provided and was in the process of developing a new three weekly rolling menu which incorporated people's preference.

We observed the meal time experience on both days of inspection. The dining room layout had been changed since the last time we inspected the service and we found the new layout created a much more enjoyable experience for people. There were a number of small tables all dress with table clothes, placemats, large print menu's and condiments. One person said, "It is very much the same meals but that is what I like. We tried a new pasta dish last week which was not bad." The chef was familiar with people's special dietary needs, such as a pureed diets, and we found these requirements were well managed.

The service had good relationships with other professionals who visited the service on a regular basis. Records clearly stated when visits had taken place, the outcome and any action needed. A visiting professional told us, "This is a good service and I feel people get good care. The nurses are on the ball and report any concerns to us. We visit the service weekly and are very much kept updated."

It was clear that improvements had been made to the environment with regards to dementia friendly signage. Signage was displayed on toilets, lounge areas and bedroom doors for example to aid people with orientation. Redecoration had taken place in some areas of the service which had much improved the overall appearance of the service.

Is the service caring?

Our findings

At the last inspection we found the service was not always caring and awarded a rating of requires improvement. This was because people were often left for long periods of time, specifically at lunch time, without any support and people were not supported to allow them to communicate via their preferred method.

At this inspection we found improvements had been made and awarded a rating of good.

People told us staff were kind and caring in their approach. One person said, "Staff are very caring. They are all very good with caring natures."

Staff were clearly visible throughout the inspection and we found people received the support they required in a timely manner. Call bells were answered promptly, and staff were on hand to respond to people's requests for support. At lunch time there was enough staff on duty to support people and we observed staff remained in the dining area to offer additional support if this was needed.

When people had chosen to remain in their bedroom's we observed staff visiting them at regular intervals to offer refreshments, general chats and to ensure their care needs were being met. The activity coordinator took time to ensure people who chose to remain in their rooms were provided with one to one support. The activities coordinator told us, "It is difficult to spread my time out, but I try my best. I know some people look forward to me going to have a chat with them or do their nails and I know how important a little bit of social interaction can be."

Care records clearly detailed people's communication needs. One person was unable to communicate verbally but we found care records contained clear guidance on what hand gestures and facial expression would indicate. We observed staff effectively communicating with the person ensuring they were the centre of conversation. All staff we spoke with were able to describe how the person communicated and how they would identify if the person was distressed or in need of additional emotional support.

People told us staff treated them with dignity and respect. One person said, "Staff talk to me and keep me covered as much as they can when they are helping me get dressed or washed. I don't feel rushed." We observed staff knocking on people's bedroom doors before entering, addressing people by their preferred names and seeking consent before providing any support.

People were observed approaching staff at regular intervals throughout the inspection without hesitation. It was clear that positive relationships had been developed. We observed friendly banter between people and staff and there was a relaxed atmosphere within the service. Staff took time to chat with people, relatives and visiting professionals in a friendly manner.

People were supported to remain as independent as possible. Staff knew how best to support this and wanted people to do as much for themselves as possible. One person told us, "Staff know me well. They

encourage me to wash where I can manage and remind me to use my walking when moving around." Staff we spoke with told us they were familiar with people's abilities. One member of staff said, "We are a nursing home and people are generally quite ill, but it is important for people's well-being that they continue to do things they are able to."

The registered manager had a good understanding of the role of advocacy services and the importance of making sure people's wishes and views were heard and were central in decisions made about their care and support. Advocates represent people and support them to communicate their view on matters that are important to them. The manager told us advocates had been used in the past, but they were not currently support anyone at the service.

The provider had a policy and procedure for promoting equality and diversity within the service. Discussion with staff indicated they understood how it related to their working role. People told us that staff treated them on an equal basis and we saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation was recorded in the care files.

Is the service responsive?

Our findings

At the last inspection we found the service was not always responsive and awarded a rating of requires improvement. This was because there was a lack of activities of offer to provide people with stimulation. At this inspection we found improvements had been made and awarded a rating of good.

People told us the provision of activities had much improved. One person said, "There is something on every day. [Activities coordinator's name] sorts it all out. They play cards with me on a morning and we sometimes go out in the wheelchairs." Another person said, "I spend a lot of time in my bedroom but that is my choice. [Activity coordinator's name] comes and spends time with me doing my nails and other bits."

A weekly activities plan was now in place but the registered manager explained this was very flexible depending on how people were on the day. They said, "We may have certain activities planned that don't go ahead because people are just not well enough but there is always something on offer." Activity records were now being completed and these demonstrated that a variety of activities were now on offer which included entertainment from singers, arm chair exercises and pet therapy. Photographs of people participating in activities were on display around the service. A relative told us, "Staff try hard with activities, but a lot of people would benefit from having more one to one support and that is not always possible as the activities coordinator only works a few hours." We discussed this with the registered manager who told us they requested feedback from people with regards to activities and at present people were happy with the activities provided. They confirm this was under constant review and any dissatisfaction would be addressed.

Pre-admission assessments had been completed prior to new admissions to the service. This was to ensure the service would be able to meet people's needs. We found these assessments were thorough and looked at all aspects of a person care and support needs.

Care plans continued to be person centred and focused on what was important to each individual. Care plans had been completed by nursing staff and the content of these evidence they were familiar with people including their likes, dislikes and preference. Care plans had been reviewed on a regular basis to ensure they reflected people's current needs. Life history documents were also in place detailing people, places and hobbies that were of importance to each person. One staff member told us, "[Person's name] doesn't like to get involved with activities but they enjoy a good natter. The life history documents help to stimulate conversations and get people engaged."

People we spoke with were familiar with their care plan, it's content and the purpose of having such plans in place. They confirmed they were regularly asked if they were happy with the support or if there was anything they wanted to change. One person said, "One of the nurses sat with me a week or so ago and we went through everything."

People's wishes with regards to their end of life care had been discussed and recorded. The service had been awarded a seven-star rating by the local hospice. This demonstrated their commitment in ensuring

people received effective support at the end of their life in accordance with their wishes.

Daily records and monitoring documentation had been completed by staff as required. These documents were audited by senior staff to ensure they had been completed appropriately. Handover documents were in place to ensure staff coming on duty were updated with any significant events that had happened.

During the inspection we found confidential information was stored appropriately. A relative told us they were disappointed when they visited and found monitoring documents in the hallway of the service which mean they were visible to all. We discussed this with the registered manager who told us this concern had been addressed and the importance of confidentiality was discussed in staff meetings.

People we spoke with told us they knew how to make a complaint. One person said, "I would speak to the senior on duty. I have never had to complain but I do know how to." Another person told us they had raised concerns in the past and they had been addressed appropriately.

A complaints policy and procedure were in place. There has been one formal complaint made in the past 12 months. We found this had been responded to within required timeframe and appropriate action was taken to address shortfalls found.

The registered manager was aware of the Accessible Information Standard and care plans contained information about people's preferred method of communication. The Accessible Information Standard came into force in 2016 with the aim of ensuring people with disabilities, impairments or sensory loss get information they understand, plus any communication support they need when receiving healthcare services. The registered manager was able to provide information to people in other formats if this was required.

Is the service well-led?

Our findings

At the last inspection we found the service was not always well-led and awarded a rating of requires improvement. The provider was also found to be in breach of Regulation 17 Good Governance. This was because quality assurance processes in place had not been effective in identifying and responding to shortfalls within the service.

At this inspection we found sufficient improvements had been made to evidence the requirements of this regulation were now being met, and we awarded a rating of good.

There was a manager in post who was registered with CQC). They did not have a nursing background but were supported by a clinical lead with the day to day running of the service. They both had a number of years' experience supporting and managing services for older people.

The registered manager told us they had introduced more robust audits and an action plan folder was now in place. They said, "If any audits identify a shortfall, the action needed to address it is added to the action plan folder. This way I have one working document with all required actions listed. I review this in a daily basis and ensure it is updated when actions are completed."

Quality assurance audits were in place for areas such as medication, care plans, infection control and health and safety. We looked at a sample of audits completed since the last inspection. These were thorough and demonstrated they had been effective in identifying concerns. For example, an infection control audit identified that there was some flooring that was in need of replacing. The action needed had been added to the action plan folder and the flooring had been replaced promptly. A medication audit identified that a body map to record where topical creams were to be applied was not effective and a new body map had been introduced.

Residents meetings had also been re-introduced. Agenda items included the meals and activities on offer as well as redecoration of the service. It was clear people's views were valued and action had been taken when people had made suggestions. For example, pasta dishes being added to the menu and re-decoration of communal areas. In addition to this feedback, people had also been asked to complete annual surveys and make suggestions on how the service could further improve. The registered manager had analysed and evaluated the feedback and ensure that people were updated on the action taken as a result of feedback provided.

People spoke positively of the management team. One person said, "The management of this place was not great, but it is much improved – a lot better." Another person told us, "The manager is easy to talk to and listens to what I have to say. We spend quite a lot of time having general chats. It good that they take an interest in people."

Regular staff meetings had taken place to ensure staff were kept up to date with changes happening in the service. Minutes of meeting evidence that required improvements to the service were high on the agenda. A

member of staff told us, "We were disappointed with the last inspection report but [Registered manager's name] made sure we all understood what the shortfalls were and how we were going to put them right. We have all worked hard."

When we asked staff about the management of the service, we received consistent positive comments with regards to their approach, support they offered and availability. One staff member said, "I cannot fault the management at all. They are always around, and help is on hand whenever we need it." Another staff member said, "I like the fact they are not afraid to address issues. It is a much better place to work now."

It was clear lessons had been learnt when things had gone wrong. The registered manager had conducted an internal investigation when any accident, incidents or safeguarding concerns occurred. There findings were clearly recorded, including actions taken to reduce the risk of reoccurrence and any changes made to systems and processing as a result. The findings of any internal investigations were then shared with staff during meetings and one to one supervisions.

Registered providers of health and social care services are required by law to notify us of significant events that happen in their services such as allegations of abuse and authorisations to deprive people of their liberty. The provider ensured all notifications of significant events had been provided to us in a timely way.