

PWC Care Limited

Oak Tree House Residential Care Home

Inspection report

Oak Tree Estate
Preston
East Yorkshire
HU12 8UX
Tel: 01482 899169

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Ratings

Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 8 January 2015. Two breaches of legal requirement were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches regarding medication, some health and safety aspects of the environment, staff induction training and working towards making the home suitable for people who were living with dementia. We also asked the registered provider to send us an update to inform us of the progress they had made towards meeting their action plan; we received this on 10 July 2015. We undertook this focused inspection to check that they had followed their plan and to check that they now met legal requirements. This report covers our findings in

relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Oak Tree House Residential Care Home on our website at www.cqc.org.uk

Oak Tree House Residential Care Home is a care home for older people, some of whom may be living with a dementia related condition. The home is located in the village of Preston, close to the city of Hull, in the East Riding of Yorkshire. It can accommodate up to 23 older people. The home is close to local amenities and transport routes.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a registered manager employed at the home. The registered manager is also the nominated individual for the service. A registered manager is a person who has registered with the Care Quality Commission to manage

Summary of findings

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.

At the inspection on 11 September 2015 we found that staff who had responsibility for the administration of medication had completed medication training, that there was always someone on duty who could administer medication and that medication was stored safely.

The health and safety hazards previously identified in respect of people walking on uneven carpets and using the stair lift had been alleviated; a new carpet had been fitted in the hallway and a lap belt had been fitted to the chair on the stair lift.

Induction training had improved and new staff had been enrolled on the Care Certificate, although training records needed to be more robust so that there was a clear record of the training the registered provider considered to be essential, and the training completed by each person working at the home.

Progress had been made towards the environment being more suitable for people living with dementia. Staff had undertaken training that gave them more information about how to support people who were living with dementia, and information to assist people with decision making had been considered.

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 is safe.

A new carpet had been fitted in the hallway and a lap belt had been fitted to a chair on the stair lift; this protected people from the risk of harm.

Medication was stored safely and at the correct temperature. Staff who administered medication had completed appropriate training.

This meant that the provider was now meeting legal requirements. While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

Requires improvement



Is the service effective?

The service is effective.

Staff had undertaken some training they needed to carry out their role effectively and progress had been made towards staff undertaking more robust induction training, although training records needed to improve.

Progress had been made towards making the environment more suitable for people who were living with dementia.

This meant that the provider was now meeting legal requirements. While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for effective at the next comprehensive inspection.

Requires improvement



Oak Tree House Residential Care 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.

We undertook an unannounced focused inspection of Oak Tree House Residential Care Home on 11 September 2015. This inspection was done to check that improvements to meet legal requirements planned by the registered provider after our January 2015 inspection had been made. We inspected the service against two of the five questions we ask about services: Is the service safe? Is the service effective? Is the service caring? Is the service responsive to

people's needs? Is the service well-led? This is because the service was not meeting some legal requirements. At this inspection we checked Is the service safe? and Is the service effective?

The inspection was carried out by an Adult Social Care (ASC) inspector. We did not consult with people prior to this inspection as the purpose of the visit was to check the registered provider had made the improvements recorded in their action plan; this had been submitted to the Care Quality Commission following the previous inspection.

On the day of the inspection we spoke with the registered manager and the member of staff who was responsible for the administration of medication. We looked around communal areas of the home and some bedrooms, with people's permission. We also spent time looking at records, which included individual training records and medication records.

Is the service safe?

Our findings

At the last inspection of the service on 8 January 2015 we identified some concerns in respect of the administration and storage of medication; the medication trolley was not fastened to the wall, fridge and room temperatures were not recorded consistently and there was a lack of evidence that staff who administered medication had received appropriate training.

This was a breach of Regulation 15 of the Health and Social Care Act (Regulated Activities) Regulations 2010, now Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the inspection on 11 September 2015 we saw that the medication trolley was securely fastened to the wall in the medication area. We checked the fridge and room temperatures and saw that the recording had improved, although there were a small number of days when records had not been made. However, the temperatures recorded were consistently within recommended parameters.

At the previous inspection we were told by the registered manager that there was no system in place to check that the medicines prescribed by the GP were the same as those supplied by the pharmacy. The registered manager had tried to arrange this with the local GP practices and the pharmacy, but with little success. At this inspection the registered manager told us that this process had improved. There had been a change of pharmacist and this had caused a setback, but the registered manager told us that this was improving again.

At the inspection in January 2015 we checked the training records for staff who were responsible for the administration of medication. We were concerned that some of these members of staff had not had training since 2006, although the manager told us that refresher training was booked. In addition to this, on two nights a week there was no-one on duty who had completed medication training. Staff were expected to telephone the 'on call' manager to ask them to come to the home to administer medication if someone required pain relief or other medication during the night. It was acknowledged that this was not an ideal arrangement, as there could have been a delay in people receiving their medication.

On the day of this inspection the registered manager showed us a sample staff rota. We saw that there was a

member of staff on each shift who had completed medication training. This ensured that people always had access to their prescribed medication at the time they required it.

We checked the training records for staff who currently had responsibility for the administration of medication. On 10 July 2015 the registered manager forwarded copies of training certificates to the Commission in respect of four members of staff who had completed medication training. The registered manager told us that the certificates for three members of staff who had recently completed medication training had not been received at the home, and certificates for a further three members of staff had been archived as they dated from 2005. On the day of this inspection we checked training certificates again; we saw certificates for most members of staff who had responsibility for the administration of medication but not all. The registered manager told us that some staff were still waiting for certificates and was able to show us some individual training records that included evidence of medication training. However, training records were generally disorganised; the registered manager agreed that, by the time of the next comprehensive inspection of the service, they would produce an overall training record that listed all of the training completed by staff. There also needed to be certificates in place to evidence that training had been completed by staff.

On 10 July 2015 the registered manager told us that they had started to undertake competency checks with staff to ensure that training had equipped staff with the necessary skills or that staff were maintaining their skills over time. No records to support this could be located on the day of this inspection.

The registered manager showed us a form they had introduced. This recorded the time that people had been administered 'as and when required' (PRN) medication to ensure that there was a suitable gap between the times medication was administered. This was because PRN medication was not always administered at the time stated on the medication administration record (MAR) chart, but when it was requested by people because they were in pain.

A pharmacy technician from the NHS had visited the home to carry out an inspection. The registered manager was unable to share the report with us, as they were still waiting to receive a copy. However, the registered manager

Is the service safe?

explained some of the verbal feedback they had been given and what action they had started to take. One recommendation was that MAR charts should not be signed using a code but left blank when people did not require PRN medication, and we saw that this had been actioned.

At the last inspection of the service on 8 January 2015 we were concerned about some health and safety issues at the home. One of the stair lift chairs did not have a lap belt and this meant that people were not safe when using the stair lift. The carpet in the hallway was uneven and created a trip hazard. We also observed that there was water in the bath and the bathroom door had been left open; this created a drowning risk. In addition to this, the gas safety certificate had expired and this meant there was no reassurance that the gas safety systems and equipment were safe, which did not protect people from the risk of harm.

This was a breach of Regulation 15 of the Health and Social Care Act (Regulated Activities) Regulations 2010, now Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the inspection on 11 September 2015 we saw that a new carpet had been fitted in the hallway and this had removed the trip hazard. A lap belt had been fitted to one of the chairs on the stair lift; the other chair already had a lap belt fitted. This meant that both chairs attached to stair lifts at the home were now safe to use, protecting people from the risk of harm.

In the action plan submitted following the inspection in January 2015 the registered manager told us that a new

gas safety certificate had been issued in February 2015. In the update they sent to the Commission on 10 July 2015 they attached a copy of the certificate. This evidenced that the work was completed on 12 February 2015 and this meant that people were no longer at risk of harm from unmaintained gas appliances and systems.

The registered manager told us in their action plan that staff had been reminded about not leaving the bath unattended, and that the bathroom door should be locked when there was water in the bath. On the day of the inspection we saw that the bathroom door was not locked, although there was no water in the bath; the registered manager told us that the bathroom door was usually locked and should have been locked on the day of the inspection.

At the inspection in January 2015 we saw there had been a leak through the ceiling in one bedroom. The ceiling had not been repaired or redecorated and we were concerned that the damp could cause health problems for the person living in this room. The registered manager told us in their action plan that the person living in this bedroom would be moving to another bedroom so that the ceiling could be repaired.

On the day of the inspection we checked this bedroom. The ceiling had been repaired and redecorated. The registered manager told us that the person who lived in this room had moved out whilst the work had taken place, but had now returned.

Is the service effective?

Our findings

At the last inspection of the service on 8 January 2015 we were concerned that there was a lack of signage and information to assist people who were living with dementia to find their way around the home, and to make day to day decisions.

This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2010, now Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the inspection on 11 September 2015 we saw that signage had improved. However, the registered manager told us that the people who currently lived at the home could find their way around. All bedrooms had numbers on the door and this was sufficient for most people to identify their room. A small number of people had their name written on the door as well as a number. The registered manager told us that they had considered using pictures on doors but not photographs, as some people living with dementia might not recognise current photographs of themselves.

The registered manager described how they had started to develop a picture menu. They were taking photographs of meals on the menu and would eventually be able to add these to the written menu. The registered manager told us that the people who currently lived at the home were able to understand the written menu or explanations by staff, but they would prepare the picture menu in case it was needed by people in the future.

The registered manager told us that 70% of staff had completed training on dementia awareness, including ancillary staff. They said that the remaining staff would be doing this training as part of the Care Certificate; the Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

The registered manager had started to attend some dementia training as part of a 'Dementia Friendly East Riding' programme organised by the local authority. They told us that, when they had completed this training, they would be able to cascade training on dementia awareness to the rest of the staff group. This meant that new staff would be able to receive this training as part of their induction programme. The registered manager had also

obtained a copy of the National Institute for Health and Care Excellence (NICE) dementia strategy and told us she was holding informal training sessions for staff, although these sessions had not been recorded.

At the last inspection of the service on 8 January 2015 we noted that there were gaps in training that people needed to ensure they had the skills they needed to carry out their role, and that induction training was not robust.

This was a breach of Regulation 23 of the Health and Social Care Act (Regulated Activities) Regulations 2010, now Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us in the action plan we received on 23 March 2015 that 100% of staff had completed training on safeguarding adults from abuse at Level 1, and 90% of staff had completed this training at Level 2. Managers and senior staff had completed or were booked on training at Level 3. We confirmed this when we checked the training records on 11 September 2015.

The registered manager also told us in the action plan that 90% of staff completed moving and handling training. The registered manager had requested moving and handling 'champion' training via the local authority, but there were no places available. However, on 11 September 2015 the registered manager told us that two staff had been allocated a place on this training on 30 September 2015.

The registered manager had completed training on safeguarding adults from abuse and training on dignity that was designed to give her the skills needed to cascade this training to other members of staff. This meant that, in future, all staff would be able to have this training when they were new in post as part of their induction training.

Each member of staff had an individual training record and we saw some of these on the day of the inspection. However, there was no record of which training was considered to be essential by the organisation, and no overall record to show which staff had completed this training.

We checked the induction checklist for a new member of staff. This covered the structure of the organisation, a tour of the premises, the terms and conditions of employment, the job description, equal opportunities, health and safety procedures, fire safety, accidents, moving and handling and data protection, but only briefly. Staff also received a copy

Is the service effective?

of the Skills for Care Code of Conduct; Skills for Care is a nationally recognised training resource for the care sector. The registered manager told us that new staff completed approximately three shadowing shifts with an experienced member of staff. They would be shown how to move people safely and how to use moving and handling equipment. They would then be observed whilst carrying out these tasks and would not be allowed to carry them out unsupervised until they were deemed competent. New staff were issued with a certificate to show they had completed this shadowing. Following an induction review, the new employee would then be 'signed up' to commence the Care Certificate. However, there were insufficient records at the home to evidence that these processes had been followed.

The registered manager told us that three new members of staff had been enrolled on the Care Certificate, and all future new employees would be enrolled on this training. The registered manager also intended to use this training programme as refresher training for existing staff. They said that they planned to issue each member of staff with their own training handbook to record when they have had competency checks on a variety of topics, starting with medication.

We checked the training records for an existing staff member and saw they had completed training on safeguarding adults from abuse, fire safety, moving and handling, use of the hoist, health and safety, first aid, medication, equality and diversity, dementia, person-centred care and infection control. They had also achieved a Diploma in Health and Social Care in 2014. We noted that some of this training had been completed some time ago and that refresher training had been completed in 2014 and 2015.

We found that information about training was recorded in various formats and was not easy to follow or analyse. We discussed this with the registered manager and they agreed that they would develop an overall record of training completed and training needed for all staff so there was a complete record of the staff skill base.

We recommend that action is taken to streamline records so they are robust, easy to follow and easy to locate.