

Okeley Healthcare Limited

Okeley Care Home

Inspection report

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Essex
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Okeley care home is a residential care home providing personal and nursing care to up to 84 people aged 65 and over. At the time of the inspection there were 74 people living at the service, the majority of them were living with dementia.

People's experience of using this service and what we found

When we last visited the service in February 2019, we met a new registered manager who told us about the improvements they were making. However, when we returned in November 2020, the previous registered manager had left, and we were welcomed by another new manager who was in the process of becoming registered with the Commission.

Although the registered manager had made positive changes since their arrival, these improvements need to be sustained to demonstrate management stability across the service. The feedback we received during our inspection combined a positive view of the new manager, with an anxiety that they would leave.

The manager had started to address the concerns we had raised at our last inspection. They had a practical, person-centred approach which was making a difference to the care people received. Feedback was particularly positive about how well and openly the registered manager was communicating with people, families and staff.

We found care was well-planned and staff minimised risks to people's safety. The administration of medicines had improved. Risk from the spread of infection was well managed.

There were enough staff to keep people safe. The manager was working well with the staff team to improve staff turnover, morale and skills.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The manager promoted a person-centred approach to managing restrictions resulting from the COVID-19 pandemic. They communicated well with people and families to explain restrictions.

Senior staff carried out regular checks on the quality of care and took action which directly improved care standards.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 8 April 2019). The service remains rated requires improvement. This service has been rated requires improvement.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. We also met with the provider and the former registered manager to discuss their action plan. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We received concerns that the provider did not have effective systems in place to keep people safe. We also had concerns about the high turnover of registered managers within the provider's services. 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. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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 considered how well the provider had responded to the concerns and breaches found at the previous inspection. The overall rating for the service remains requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Okeley Care Centre on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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?

The service was safe

Good 

Is the service well-led?

The service was not consistently well led

Requires Improvement 

Okeley Care Home

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

One inspector and an assistant inspector visited the service on 2 November 2020. We limited the amount of time spent at the service to minimise risk. And therefore, asked the manager to send us documentation we needed to look at after the inspection.

An Expert by Experience rang and spoke with family members on 3 November 2020. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

Okeley Care Home 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 new manager had applied for their registration certificate with the Care Quality Commission. 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used all this information to plan our inspection.

During the inspection

We focused on observing how people that live in the service were cared for. We spoke with two people that lived in the service. We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing the care to help us understand the experience of people who could not talk with us.

We spoke with the new manager, the infection control lead and two staff. After the inspection we contacted a further five staff.

We viewed a limited number of key records as we were minimising our time at the service.

After the inspection

We received additional information from the manager, as requested and spoke with them on the phone. We spoke with twelve relatives by phone to ask their views of the service.

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 requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

At our last inspection the provider had not ensured adequate systems were in place to protect people from harm, these included shortfalls in medicines, risk management and infection control. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the was no longer in breach of Regulation 12.

Using medicines safely

- At the last inspection we found medicines were not always given safely. On our return we found there had been a marked improvement and people received their medicines as prescribed.
- Only senior staff who were fully trained administered medicines and checks were in place to ensure staff remained competent.
- The manager told us they had a good working relationship with a new pharmacy who had supported them along with the Clinical Commissioning Group (CCG). Comprehensive training had been provided for all staff dispensing medicines.
- People had detailed care plans outlining the support they needed to take their medicines. Staff completed legible and accurate medicine records.
- Medicines were stored and disposed of safely.
- Senior staff carried out robust checks which ensured they had a good oversight of the medicines people had received. Any medicine errors were acted on swiftly, and where necessary staff were retrained to ensure they had the skills to support people safely.
- On our last inspection we found the provider had not followed best practice guidance on how staff should administer 'when required' medicines. On this inspection we found improvements and been made and when medicines were prescribed to be given 'when required' we saw that protocols had been written to guide staff when it would be appropriate to give doses of medicines.

Preventing and controlling infection

- At our last inspection we had concerns around infection control. On this inspection improvement had been made.
- The service was clean and odour free. Staff were visibly cleaning surfaces and floors to prevent the spread of infection.
- Cleaning materials were kept locked away. Sluice room doors were kept locked to prevent people entering them and causing harm to themselves.

- 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.

Assessing risk, safety monitoring and management

- At our previous inspection we identified that staff did not always manage and respond to people's risks safely. During this inspection we found improvements had been made.
- The new manager investigated all incidents and signed them off to say they had logged them, and a clear audit trail was visible including the actions to be taken after each incident. This was to mitigate the risk of it happening again.
- Staff were able to tell us who was at risk for example, of choking and pressure sores and the documentation they were required to complete, including any actions they took to minimise the risk of these people coming to any harm.
- People had clear personal emergency evacuation plans (PEEPS) informing staff how to support people to evacuate in an emergency, staff were able to talk to us about these plans and how they would support people who had mobility problems.
- Relatives comments included, "I talk to [name] regular on the phone. I always manage to get a window visit or in the garden. The staff are very hot on PPE. I feel [name] is safe because I get regular feedback from the home and I have no complaints." And, "I feel [name] is safe the staff take good care of them I can relax knowing they are in safe hands."

Systems and processes to safeguard people from the risk of abuse

- The new manager understood their safeguarding responsibilities. They had worked well with external professionals on their arrival to the service to resolve several concerns.
- Staff had been trained in safeguarding, knew the signs to look for that people might be being abused and how to report any concerns.

Staffing and recruitment

At our last inspection we found there were not sufficient numbers of staff deployed to meet people's needs. Therefore, the service was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014. During this inspection we found there were enough staff deployed to meet people's needs and staff feedback told us there were enough staff on shift to care for people safely.

Enough improvements had been made at this inspection and the provider was no longer in breach of Regulation 18.

- We found there were sufficient staff on duty to keep people safe. Feedback from relatives and staff confirmed there was enough staff.
- Staff worked as a team and supported each other. Whenever staff were needed in a different area of the home staff were called upon to support. Staff were flexible in the areas they worked in. We observed the lunchtime period, people were well supported, and staff were attentive to people's needs. One member of staff told us, "We have enough staff to support people if they wish to eat in their rooms they can, and also

some people are in bed and need support." One person chose to sit in a chair in the hallway to eat lunch, and a fully height adjustable table was brought over to facilitate this.

- During the inspection we observed staff checking people who were in their rooms to make sure they were comfortable and had everything they needed. At no time did we observe people having to wait any length of time for staff to attend to their needs.
- The provider used a dependency tool to calculate staffing numbers and records showed this was up to date and being implemented.
- Rotas showed the provider was able to fulfil their intended skill mix of staff. The manager told us there had been a huge decrease in using agency staff. This was visible from the rotas.
- Recruitment of staff continued to be safe.

Learning lessons when things go wrong

- There were systems in place to monitor and learn from accidents and incidents. These were analysed to look for any patterns or themes.

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 requires improvement. We also found a breach of regulation, as the provider did not have systems in place to ensure improvements were sustained. At this inspection the rating for this key question remained the same.

Leaders and the culture they created had not consistently supported the delivery of high-quality, person-centred care.

At our last inspection we found the provider had shortfalls in auditing, governance and record keeping. These findings demonstrate a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- When we last inspected, we found the lack of auditing, governance and record keeping negatively impacted on people's quality of life. At this inspection, we could see the new manager had made a positive impact in a short period of time. They had only been in post for eight weeks. However, more time was needed to be sure the provider could achieve a period of stable leadership and maintain recent improvements.
- Feedback from relatives and staff described the impact of change within the management team. A member of staff said how unsettling it was for them, "We have had so many different managers hopefully [name] will be here to stay." Relatives told us the new manager contacted them on a regular basis providing updates about the home and keeping them up to date with any changes. One relative told us, "I have had a zoom meeting with the new manager. We are going to have another one they seem very nice and communication is good." Another one said, "I hope this one stays long enough to make the improvements needed they keep leaving."
- At our last inspection we found checks on the quality of the care and accommodation had not picked up many the concerns we found during our visit. Audits undertaken by the new manager were thorough. For example, as part of their actions around accidents and incidents, they had reviewed the care being provided to people and used each form as a discussion point with staff for lessons learnt. The manager told us they had gone back over the last few months before they were in post as a learning curve. Audits were clear and concise with actions clearly documented and signed off.
- A member of staff said, "The manager walks around the service, so they always know what's going on."
- The manager told us they received ongoing support from the provider's quality team.

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

- There was a new manager in post who was in the process of registering with CQC. The manager was an experienced manager who had worked for another service within the organisation, and told us they were intending to stay at the service to ensure the improvements were made and embedded.
- The manager had already made some improvements, and these were in the process of being implemented. We will follow up on the impact of these changes at our next inspection.
- The management team were open with people, relatives and stakeholders. Relatives told us management were accessible and they were informed of any important changes or incidents at the service. Records showed relatives had been informed where there had been any issues.
- The provider understood the responsibilities of their registration. Records showed that where required, statutory notifications had been sent to CQC. Providers are required by law to notify CQC of incidents such as deaths, injuries and allegations of abuse.
- People's records contained evidence of information being shared with stakeholders to improve people's care. For example, where there had been changes to one person's needs recently we saw records of emails with social workers and the persons mental health practitioner to prompt changes and reviews.

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

- Relatives were positive about how well the service had communicated during COVID-19, such as letting them know about restrictions and testing.
- Feedback about the manager was positive. A relative told us, "They are keeping me informed this is what we need in times when we cannot visit."
- Staff told us they felt the manager was open and inclusive, comments included, "[manager] is very approachable, I feel she listens and takes on board any suggestions."

Working in partnership with others

- External professionals told us the manager had worked well with them since their arrival at the service.
- Despite the challenges resulting from the COVID-19 pandemic, staff were involving external professionals when needed, for example, referring people for support with pressure area care.
- A survey was carried out annually to gather the views of people and relatives in order for them to influence improvements at the service.