

Oakdale Care Homes No. 2 Limited

Timken Grange

Inspection report

Timken Way South
Duston
Northampton
Northamptonshire
NN5 6FR

Tel: 01604594310
Website: www.oakdalecaregroup.com

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Timkin Grange is a residential care home providing personal and nursing care to 66 people aged 65 and over at the time of the inspection. The service can support up to 66 people.

Timkin Grange is a purpose-built care home which accommodates people across three floors. Each floor has a communal lounge, dining area and kitchen. All bedrooms have private en-suite facilities. There are two lifts operating between floors which also give access to a library, cinema café and bar. There are communal gardens and parking.

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

Temporary staffing checks required further development to ensure staff were suitably trained, and they required further support and guidance to ensure people's holistic needs were met. We have made a recommendation around this.

People had not been consistently protected from abuse. Medicines were not consistently managed safely.

People were not always supported as per their care plan with food and drink. People's weight and food and fluid intake was monitored and recorded. People were supported with a fortified diet where required.

Laundry procedures had not been adhered to and people had lost clothing and items which were special to them.

Complaints and incidents had not been well managed, however, lessons were learned and shared where things had gone wrong and the provider continued to work on improving the service and develop more positive relationships with people.

Safety checks were not always recorded. However, the building was safe and well maintained we observed safety checks taking place during the inspection.

Internal auditing processes had not maintained oversight of the quality and safety of the service and we found gaps in several areas of record keeping.

Individualised activities were limited. People in their rooms or who needed help with mixing and meeting people were at risk of social isolation

Communication between the service and professionals was not consistently effective, for one person this had a negative impact on their well-being. Visiting professionals such as chiropody, district nurses and GP's visited the service regularly.

People were not always satisfied with the continuity of care but told us staff were kind and caring.

Staff had not been trained in end of life care, but some staff were experienced in this area. End of life decisions were in place where needed,

The provider understood the regulatory requirements.

DBS checks and staff references were completed and there were enough staff available to keep people safe.

The staff and management team sought advice from other professionals to plan and deliver people's care where needed. Care plans were person centred and detailed people's cultural and religious needs. People and their families were involved in the assessment and review process.

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. People were offered choice and were included in making decisions in the home.

People were protected from the spread of infection. Staff used protective personal equipment when supporting people with personal care. Staff received regular training and felt the culture of the service had improved.

There was a range of planned activity delivered by an enthusiastic friendly team, and the home was an active part of the local community.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection The last rating for this service was requires improvement (published 9 March 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to the providers oversight of the safety and quality of the service.

Please see the action we have told the provider to take at the end of this full report.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Timken Grange

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector, one assistant inspector and one 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.

Timkin Grange 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 had a manager registered with the Care Quality Commission however they were not working in the service at the time of the inspection and were due to deregister with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and 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 contacted Healthwatch Northamptonshire, Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also

contacted the local authority for feedback. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care provided. We spoke with twelve members of staff including, the interim manager, the activities coordinator, the maintenance person, a host, a cleaner, three care assistants, two temporary care assistants, two deputy managers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care and support records. We looked at records in relation to training and staff supervision. A variety of records relating to the environment, maintenance and the management of the service and medication were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training schedules, Deprivation of Liberty Safeguards (DoLs) oversight and action plans.

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 remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from abuse. Incidents of abuse had taken place which once aware of the provider had reported appropriately and taken steps to address this. Including, the implementation of a consultancy to investigate, oversee concerns and encourage a more open culture. The consultancy was in place to support the management structure in the interim and there was no evidence to suggest anyone was currently at risk.
- Systems and processes had been strengthened. One staff member told us they would feel more confident to whistle blow now and advised that a senior member of the consultancy team had ensured staff could contact them directly to raise concerns.
- Staff had access to a whistle blowing policy and had a good understanding of recognising and reporting abuse. The Whistle blowing policy was under review to ensure it included contact details for the local authority safeguarding team and the care quality commission. This would need to be continued and embedded in practice.

Assessing risk, safety monitoring and management

- Risks to people were assessed and recorded with measures in place to mitigate risk where needed. For example, people who were at risk of falls had assistive technology in place to alert staff to when they would need support to mobilize. However, records were not consistently completed to ensure this equipment was in working order.
- Fire alarms were tested regularly, the maintenance person told us they ensured fire doors were operational during this test but we saw no recorded evidence of fire door checks. People had personal emergency evacuation plans in place to guide staff and emergency services on the level of support they would need to evacuate.

Staffing and recruitment

- Some information was missing from recruitment files such as, a gap in employment history. However, this had not impacted on the safety of people, reference checks were consistently completed and Disclosure and Barring Service (DBS) checks were completed prior to staff working with people. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- The provider had a contingency plan which included using temporary staffing solutions whilst they were recruiting permanent members to the care team. This meant there were enough staff deployed across shifts

to keep people safe.

Using medicines safely

- Medicines were not consistently well managed, we found some opened refrigerated medicines with a limited shelf life had not been labelled to include the date they were opened. A senior carer addressed this during the inspection.
- Regular temperature checks of the medicine storage room and refrigerators ensured medicines were stored in line with the manufacturer's instructions.
- Medicines were administered by trained senior members of staff who were regularly checked for competency.
- An electronic recording system provided guidance for staff on people's medicines and reduced the risk of errors. Staff knew how to report errors and what action to take.

Preventing and controlling infection

- The home appeared clean and was free from unpleasant odour. Daily general cleaning was carried out by housekeeping staff.
- Personal protective equipment was used to prevent the spread of infection.

Learning lessons when things go wrong

- Lessons were learned where things had gone wrong. The consultancy service had conducted a thorough review of the incidents and complaints at the request of the provider. An action plan was in place that detailed areas of concern and a time frame for completion with evidence of progress being made, this would need to be continued and embedded in practice.
- Staff understood the importance of recording accidents and incidents and mitigating future risk. For example, where a person had experienced falls these were recorded, the risk assessment reviewed, and a referral made to the fall's prevention team.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had not reassured themselves that temporary care staff had received appropriate training to support people's needs as records did not fully demonstrate the level of training they had achieved.
- Temporary staff did not consistently use the information in people's care plans to deliver person centred care. For example, we observed one person was not supported as per their care plan to manage their emotions, this resulted in a negative experience for both the person and the staff member. One person told us, "The Agency [temporary] staff come and go, so you lose continuity."
- Some people reported communication difficulties due to language barriers with temporary staff.

We recommend that the provider review the management and support of temporary staff members to improve care and support for people.

- The provider was exploring ways to improve retention of staff which included flexibility and promoting staff well-being and support.
- Permanent staff received an induction that included working alongside existing staff to get to know people. Regular training ensured staff had the skills they needed to do their job.

Supporting people to eat and drink enough to maintain a balanced diet

- People were not consistently well supported with eating and drinking. We observed one person who was not being supported with eating as per their care plan. This meant they had been unable to finish their meal before it was taken away.
- The provider had recently employed a new head chef who was liaising with people and staff to find out people's likes and dislikes. One person told us, "There is a new Cook now and they seem to be trying to find out what sort of things we want to eat."
- The head chef was passionate about getting people interested in food and was planning taster sessions and restaurant experience evenings. They also had a good understanding of nutrition and the importance of presentation. For example, they had ordered moulds to shape pureed foods into its original shape, so it looked more appetizing to people.
- Food and fluid intake were monitored for people who were at risk of not eating and drinking enough. People were weighed regularly, and some people were being supported with fortified diets to prevent weight loss.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had not consistently received timely, effective support with healthcare. For example, due to a communication issue with a professional one person had not received their medication as prescribed prior to a routine procedure. This meant the person had experienced unnecessary pain. A request from the person for the visiting professional to return to review the procedure was not actioned. The person received an apology during the inspection.
- Regular team meetings took place to discuss people's healthcare needs. People were accompanied and supported by staff where needed to attend appointments.
- People had regular appointments with chiropodists and opticians and visits to the dentist when required. Oral health support was planned into care and care notes evidenced people were being supported in this area.

Adapting service, design, decoration to meet people's needs

- People were able to personalise their rooms. There was a maintenance person on site to put shelves up for people and hang pictures etc.
- The building was purpose built and had a community feel. There was a café, bar, cinema and library. Pictorial signage was in place in communal areas to help people with orientation
- Bathrooms and en-suites were easily accessible with walk in showers and bath lifts available.

Ensuring consent to care and treatment in line with law and guidance

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 when this is in their best interests and legally authorised under the MCA. 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.

- Where required decision specific mental capacity assessments were in place and records were kept around decisions made in people's best interest.
- DoLS applications had been made and there was a tracker record in place to keep oversight of this which was currently under review to check for accuracy.
- People were being supported in the least restrictive way possible. People and their families had been involved in the assessment and planning process and care plans were signed to consent to care. Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- A thorough assessment of people's needs took place before they moved into the home. The person and their family members were involved in the assessment process which ensured that the home could meet people's needs.
- A dedicated member of the team was responsible for initial assessments and also supported people with a settling in period. We spoke with a relative who told us the process had been very smooth and their family member felt settled immediately.

- People were asked about their health conditions, religion, relationships, likes, dislikes and hobbies, this information was used to plan their care and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. However, people felt staff were very busy and this impacted on the time they had to spend with people. One person told us, "They do their best and are very kind, but under so much stress." A relative said "Staff do their best but it's difficult for them to have the time they need/want to spend with residents when there are so few of them. They are very good with people though."
- We observed staff ask people about their well-being. For example, how they were feeling that day, if they had slept well and staff demonstrated genuine interest during conversation. One person told us, "The staff make me laugh sometimes when I forget what I am doing."
- Regular religious services took place in the home and people's religious and cultural needs were assessed and planned into care.

Respecting and promoting people's privacy, dignity and independence

- We observed two people who had not been supported with their dentures before a meal time. This appeared to be causing one person some difficulty with eating. We brought this to the attention of staff who then ensured this task was completed for people.
- The systems and processes in place to manage people's laundry effectively had not been adhered to. This meant there had been a large amount of laundry lost which people and their relatives had found frustrating and upsetting. One person had lost a particular item that was very special to them which they had found distressing.
- The provider had taken steps to ensure the laundry process was reimplemented and strengthened. Improvements were made prior to the inspection which would need to be continued and embedded into practice.
- Privacy was respected and people could choose if they would like their room door left open or closed and they could also have a key to their own room if they wished. We observed staff knock on doors before entering and doors were closed when supporting people with personal care.
- People's records were stored securely and privately via electronic devices and in line with GDPR regulations.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make decisions, express their views and be in control of their care. One person's relative told us they had discussed a change in their relatives preferred bathing pattern, and we saw this had been put in place promptly.

- Throughout the inspection we observed that staff offered people choices and their choices were respected. For example, choice of food drinks and snacks, where they would like to sit/spend time e.g. the Library or cinema.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were detailed, and people's choices and preferences were recorded. However, people told us that staff knowledge of their needs particularly amongst temporary staff was inconsistent. One person said, "I don't think it helps that staff are swapped around between floors. You never get chance to get to know them and vice versa."
- People and their families were invited to attend meetings to review care plans with senior care workers. Care plans were updated to reflect people's changing care needs and preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they did not feel consistently well supported to mix and make friends. One person said, "We don't get introduced to other people to make friends. We have to get on with that ourselves." Another person said "I have made a few friends here, but nobody has introduced me to anyone. Unless they are passing my door and stop, it's difficult for me."
- There was limited support with individualised activity for people in their rooms. One relative told us, "It would be lovely to come (to visit) and find [relative] being entertained in their room. I have never seen that." Another person said, some staff check in on me, but it depends who's on (shift)." The provider was taking steps to improve individualised activity for people and were in the process of increasing staffing in the activity department. This would need to be implemented and continued in practice.
- There were several planned activities daily. The activities team were pleasant, outgoing and friendly and interacted well with people. Regular meetings took place to ensure people had input into which activities they would like to feature in the timetable.
- Family and friends were welcome to visit at any time. One person said, "Friends and family can visit whenever they like and if they want to eat with us, we can have it downstairs (in a small lounge area)."

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place and people and/or the relatives felt confident to use it. Complaints had not consistently been resolved promptly and in line with the providers policy. The consultancy had analysed complaints for trends and patterns, they had identified learning, this was shared amongst the team.
- There had been group meetings for people and their relatives to discuss complaints and discuss how the service planned to move forward.

End of life care and support

- Staff did not receive training in end of life care and support. Some staff had experience of end of life care and felt that new, less experienced staff would benefit from training. One staff member told us that staff numbers were increased to ensure staff were available to support people at the end of their life when needed.
- Peoples end of life decisions were recorded appropriately and were easily accessible to staff in an emergency.
- Where people had been comfortable to provide their choices and preferences around end of life this information had been recorded.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and planned into care.
- Records could be made available in large print or pictorial formats where required to support people's communication needs.

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. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had not consistently maintained oversight of the management of the service. Internal audits were not consistently taking place to monitor quality and safety. We found gaps in record keeping. For example, cleaning records and deep cleans were not consistently completed. Staff told us falls mats and sensor beam checks were carried out but not consistently recorded.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014

- A manager audit schedule was now in place. This would need to be implemented and continued to ensure the safety and quality of the service.
- The interim manager, consultancy team and provider had a good understanding of the regulatory requirements to notify CQC of significant events.
- Following an internal audit of complaints and incidents retrospective notifications were submitted to both CQC and the local authority.
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Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us they had not been consistently satisfied with outcomes or the care provided. Staff shortages, lost clothing and the cleanliness of the home had impacted on some people.
- A newly formed forum which included people and their families was in place to improve communication, empower people and drive improvement.
- Staff were positive about the future and reported improvements in the culture of the service.

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

- Several complaints and incidents had been poorly managed with some people telling us they were hopeful but not yet reassured that changes would be positive. The provider had been open and honest in addressing shortfalls.
- The provider had restructured the management team and hosted meetings with people and their families to communicate plans going forward. One relative told us, "The new CEO is very focussed on the future. I just hope that they learn from their mistakes."

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

- Regular staff meetings and handover were taking place to ensure staff were fully involved in the management of the service. Staff told us they felt listened to and better supported.
- The service was an active part of the local community with local toddler groups, children's music lessons and reading sessions all taking place in the home that people could get involved in. The public were also invited in weekly to use the café.
- People and their relatives were able to get involved in planning menu's, planning activities and interviewing staff.
- The provider had an equality and diversity policy and procedure in place to support staff and people and employed a work force that reflected the diversity of the local community.

Continuous learning and improving care

- The provider had commissioned and worked in partnership with the consultancy team to review the service and identify areas for learning and improvement.
- The provider had conducted lessons learnt meetings that had been shared amongst other homes in the organisation.
- Staff support procedures had been strengthened to improve staff retention as the provider had recognised the impact of this on staff and people using the service.

Working in partnership with others

- We spoke with a visiting professional for the service who had positive feedback on the staff in the home and the handover of information on people's needs.
- The home sought professional guidance for health professionals where needed with advice planned into care and implemented. For example, some people were on fortified diets following dietician advice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not maintained effective oversight of the safety and the quality of the service. |