

Valorum Care Limited

Oaklands - Care Home with Nursing Physical Disabilities

Inspection report

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Oaklands - Care Home with Nursing Physical Disabilities (Oaklands) is a residential care home providing personal and nursing care for up to 30 adults. At the time of the inspection there were 29 people living at the home.

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

People were at risk of avoidable harm because the provider did not have systems in place to ensure risks were always assessed and managed well.

The environment was not of a reasonable standard in relation to cleanliness, infection control and accessibility. The provider had already identified this area needed to be improved and had appointed a cleaning contractor to deep clean the entire premises. We noted improvements had been made during the second day of our inspection.

We have made a recommendation about ensuring a good level of cleanliness throughout the home and improved storage space for large pieces of unused equipment.

People did not always receive person-centred care in a respectful way. We observed staff providing support which did not promote a dignified approach. However, some people were supported to maintain their independence by accessing the community and partaking in activities, such as attendance at college and meeting up with friends. This helped to empower the individual and to enable reasonable risk taking. Staff did not always ensure people's care records were updated as their needs changed. For example, the current moving and handling equipment used for one person was not accurately reflected in the care records.

Staff told us staffing levels were low and records showed a high percentage of agency staff were being used. Staff recruitment was safe. The management team confirmed a recruitment drive had recently been conducted, which had filled the staff vacancies.

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. Staff told us they felt supported and listened to. People had access to a wide range of external health care professionals. There were procedures in place to promote equality, diversity and human rights.

Some care records were detailed and well written. However, others were less informative and provided basic information only.

We have made a recommendation about care files being more detailed to show the support people prefer.

Training for staff and supervision had fallen behind during the pandemic. However, the registered manager

assured us this had been scheduled to take place and any overdue training would be brought up to date.

We have made a recommendation about recording staff supervision and training more accurately.

We received positive feedback from visiting professionals who told us staff were responsive to people's changing needs and good at asking for support. Some care plans contained good detail about people's needs and preferences. Staff supported people to maintain a healthy balanced diet. People had a choice of meals. However, on the first day of our inspection the dining experience was not a positive one. The registered manager felt this was due to the staff team being nervous about the inspector observing.

We have made a recommendation about people's privacy and dignity being promoted at all times.

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

This service was registered with us on 06/08/2019 and this is the first inspection.

The last rating for the service under the previous provider was outstanding, published on 08/11/2017.

Why we inspected

The inspection was conducted so that we could give a rating under the new provider. It was also prompted in part due to concerns received about a closed culture in the home, safeguarding incidents and complaints. A decision was made for us to inspect and examine those risks.

The provider did not always ensure good governance of the service. However, the provider made some improvements straight away to mitigate the immediate risks identified. We found evidence that the provider needs to make further improvements. Please see the key question sections of this full report. 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 COVID-19 and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Oaklands - Care Home with Nursing Physical Disabilities

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of three inspectors, two of whom visited the home on the first day of the inspection and two on the second day. A medicines inspector and an Expert by Experience also visited the home on the first day of our inspection.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Oaklands 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. 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

The first day of this inspection was unannounced. The registered manager was given short notice of the second day of this inspection.

What we did before the inspection

We reviewed information we had received about the service since registration. 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 used all of this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and two relatives about their experience of the care provided. We spoke with twelve staff members, including agency staff, the registered manager, the regional operations manager, nurses, senior care workers, care workers, chef, maintenance and activities.

We reviewed a range of records, including six people's care files. We watched some people being given their medicines and we looked at six medicine charts. We looked at two staff files in relation to recruitment, induction and staff supervision. A variety of records relating to the management of the service, including quality monitoring and policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data. We sought feedback from the local authority and professionals who work with the service.

Is the service safe?

Our findings

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

This is the first inspection under the current provider. This key question has been rated requires improvement. 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.

Assessing risk, safety monitoring and management

- The provider did not have systems to ensure risks were always assessed and managed well.
- Some risk assessments were not accurate and had not been updated to reflect changes in need.
- Appropriate signage had not been used to protect people from slipping on wet floors and domestic products were not stored securely.
- The maintenance records were sporadic and did not reflect what we were told. Not all faults had been recognised and those identified had not always been addressed in a timely manner.
- One fire exit was partially blocked due to a piece of equipment being parked in the corridor, despite guidance on corridor walls stating corridors were to be kept clear.
- Systems and equipment were serviced in accordance with manufacturers' recommendations. However, evidence was not available to show some electrical shortfalls had been actioned.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The piece of equipment was moved from the corridor on the first day of our inspection making fire exits clear and accessible.
- Some risk assessments and policies were in place, which were current, and which helped to support people in positive risk taking. This helped people to maintain their independence.
- Staff told us they felt confident operating the specific equipment in use and our observations confirmed this. One person told us, "I'm happy with everything. I feel totally safe here."

Preventing and controlling infection

- The provider had failed to provide a clean and hygienic environment for those who lived at the home, which did not promote good infection control practices.
- A cleaning schedule was in place. However, this was ineffective, as we found most of the environment needed a thorough deep clean. There were dirty items left on the floors of some bathrooms, such as clothes, personal items and used gloves. Some of the bedding we saw was dirty. There were flies on one person's breakfast. We asked staff to remove this and provide a replacement.
- We established there were not enough domestic hours covered to ensure a structured cleaning programme could be followed. Staff told us there were not enough cleaners employed.

- The provider had conducted a recent infection control audit, which had identified failings. An action plan had been developed, which included the appointment of a cleaning contractor.

We recommend the provider maintains a good level of cleanliness throughout the home in order to reduce the risk of cross infection.

- The reception area, main staircase and two bedrooms were clean, pleasantly decorated and well maintained.
- Clear guidance around Covid-19 was available for staff and personal protective equipment (PPE) stations were accessible on each floor. However, these were not always stocked up with the necessary equipment. We informed the registered manager who assured us this would be addressed promptly.
- On the second day of our inspection, one week later, improvements had been made. This was due to the involvement of a cleaning contractor. The operations manager told us additional domestic hours had been covered and another cleaner had been appointed. Action taken mitigated the risk of cross infection.

Staffing and recruitment

- The provider ensured robust recruitment practices had been adopted by the home.
- Agency workers were used very regularly to cover staff shortages. However, agency staff we spoke with were confident and felt able to support people safely. One staff member described staffing levels as 'minimal.' Another member of staff told us, "Care staff are pushed to the brink. We have so little time trying to get everyone turned within four hours. We are losing the time and ability to interact with people and talk to them about their day. We are just meeting people's needs." One person told us, "There are not as many staff at night, but it doesn't seem to have a negative impact. I never have to wait long if I ring [my call bell]."
- We established that a successful recruitment drive had recently been conducted, which resulted in vacant positions being filled. The management team told us this would reduce the amount of agency usage and would provide a more stable staff team.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had systems in place which helped to safeguard people from the risk of abuse.
- Policies and procedures were in place which provided staff with clear guidance around protecting people from potential abuse. Staff spoken with were fully aware of whistle-blowing policies and the correct reporting procedures, should they be concerned about the safety of someone in their care.
- Notice boards showed some staff members were designated champions for various areas of practice, such as safeguarding. This helped to ensure relevant safeguarding information was updated and disseminated to the staff team.
- There was evidence of lessons being learned following incidents. The outcome was shared throughout the organisation as a learning exercise for all locations within the company.

Using medicines safely

- The provider had systems in place to ensure people's medicines were being managed safely.
- Medicines were administered in a safe and caring way.
- Accurate medicines records were kept, and medicines were kept at the correct temperatures
- Guidelines for staff on the administration of medicines to be taken only when required (when required protocols) were available on the electronic medicine records system.

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.

This is the first inspection under the current provider. This key question has been rated as requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- The provider had systems in place which helped to ensure people's needs had been assessed and recorded. People's views and preferences had been included.
- Most care plans were reviewed on a regular basis which helped to ensure they were up to date. People had been involved in developing their own care plans and setting their own goals. However, some care files could have been more detailed and informative.
- Care plan audits identified some gaps, which needed to be addressed, but it was not always clear if shortfalls had been actioned. However, staff told us there was enough information in care plans to guide them when supporting people, including guidance from community professionals. One person told us, "I've been to the emergency dentist once; the home arranged it all. This time they've managed to get me an appointment with my old dentist. The nurse arranged it very quickly."

We recommend the provider ensures some areas of the care files contain more detailed guidance for the staff team to enable them to provide the support people prefer.

Staff support: induction, training, skills and experience

- The provider had systems in place which helped to ensure staff members had the skills and knowledge they needed to support people who lived at the home. New staff said their induction had been useful and informative. One staff member told us, "My induction was really good. I had a lot of opportunity to shadow and they (registered manager) told me if I did not feel ready, I could have more time."
- Training records showed some inconsistencies. The training matrix was not up to date and we established some training was overdue. The registered manager told us there had been some difficulties accessing training during the pandemic. However, she provided us with assurances that out of date training had been planned and this was displayed on the staff training notice board. New staff told us they had received initial training when they started to work at the home and one person told us, "They [staff] seem to be well-trained. They've never made any mistakes with me. They help me to keep comfortable."
- Staff had received supervision sessions and appraisals to support them in understanding their training needs. The registered manager had not always followed the provider's supervision policy, which stated all staff would receive individual supervision every three months. However, staff we spoke with said they felt very well supported in their jobs and were able to seek advice and guidance at any time.

We recommend the provider follows their policy in relation to staff supervision and revises their training

matrix to reflect staff training more accurately.

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

- The provider had not ensured the premises were maintained to a good standard, which did not promote a homely environment for those who lived at the home.
- The environment was cluttered. Bathrooms were being used as storage areas for items of equipment, which made some personal care facilities difficult to assess. There was a shortage of storage space and this was confirmed by the management team.
- The management team told us the landlord proposed to refurbish and upgrade the property with a series of adaptation works for the benefit of the service users. We saw the proposed plans for renovation work.

We recommend creating more storage space for items of equipment and furniture, which is not used on a daily basis.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- The provider had systems in place which supported people to manage their nutritional needs.
- Where people needed assistance to eat and drink care records included clear guidance for staff and incorporated advice from other community professionals.
- People were offered a choice of meals and picture menus were available. People told us they enjoyed the food. Specialised diets were catered for and kitchen staff were aware of individual dietary needs. People who received their nutrition by Percutaneous Endoscopic Gastrostomy (PEG) were supported by trained staff.
- Care records included information about people's health needs and the health professionals involved in their care. Staff supported people to attend health care appointments and to have routine health screening. One person told us, "The staff usually tell me what's on [the menu]. The choices and quality are fine; you can usually ask for something else if you don't want what's on the menu."

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.

- The provider understood their obligations in relation to the MCA and DoLS. People's ability to make specific decisions had been assessed and recorded in their care records. Where people needed support to make decisions or had someone else acting on their behalf this had also been recorded.
- Staff understood the importance of gaining consent from people in relation to their care. Staff were seen to knock on people's doors and ask people before providing support.
- Applications had been made to comply with the deprivation of liberty safeguards, should this be required.

Records showed progress of applications and when they were due for renewal.

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.

This is the first inspection under the current provider. This key question has been rated 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; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- The provider had not ensured people's privacy and dignity was consistently respected.
- On the first day of our inspection we observed one person's privacy being compromised, while being transferred along a corridor in a wheelchair. We also observed the lunch time service, which did not ensure people's dignity was always respected.
- Care records did not always refer to people in respectful ways or demonstrate patience and empathy. Two staff members we spoke with made derogatory comments about one person and another member of staff contradicted someone who lived at the home.
- People gave mixed responses about their experiences at the home. Whilst most gave positive feedback and were complimentary about the caring nature of the staff team, some raised issues about staff not always understanding their needs and staff not always listening to them.

We recommend the provider ensures an open culture is promoted to empower people and one that protects people's privacy and dignity

- We discussed our findings with the management team, who assured us they would find alternative ways to protect the person's privacy during transfers.
- The management team felt staff were nervous about the inspector observing the dining experience, which resulted in negative observations. The regional operations manager told us she had conducted observations of the mealtime service and found this a positive experience for people. However, she agreed to repeat the observation exercise and reinforce with staff the importance of communication and promoting people's dignity.
- We returned to the dining room during the evening meal service on the first day of our inspection and during breakfast on the second day of our inspection. We found these experiences to be much better. We observed staff support people in a kind and respectful way, which promoted dignity and respect.
- The registered manager told us comments made in care records were not intended to be derogatory. However, she dealt with this recording issue immediately.
- The provider had systems in place, which helped people to make decisions about the care and support they received. This helped to promote people's independence.

Is the service responsive?

Our findings

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

This is the first inspection under the current provider. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- The provider had systems in place which supported personalised care planning.
- However, the care records we saw varied in consistency. Some were detailed and very well written, but some could have been more informative, as they were basic in places and did not provide staff with a clear picture of peoples' needs, interests and preferences. We discussed this with the management team, who assured us care records would be reviewed immediately and more detailed information would be added.
- The majority of people we asked said they were aware of their care plan and had some involvement in it. One person commented, "Every couple of months I meet with the staff to discuss [my care plan]. I am listened to."

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.

- The provider had systems in place to ensure people were able to access information in a way they understood.
- We noted information was produced in easy read formats and staff we spoke with were aware of people's communication needs.
- On the second day of our inspection we observed staff communicating well with people by using preferred methods, which helped to promote individual needs.

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 were supported to develop and maintain relationships within the home and within the wider community.
- Records showed that one person attended university several days each week and met up with friends regularly within the community. This was observed during our inspection.
- We saw a large activities room was available and an activity plan had been developed, which incorporated a wide range of leisure activities for those who lived at the home.

Improving care quality in response to complaints or concerns

- The provider had systems in place to support people to make complaints.
- A complaints procedure was available, which outlined how complaints could be made and who would

deal with any concerns raised.

- People spoken with said they knew how to make a complaint, should they need to do so.
- Systems were in place for the recording and monitoring of complaints received by the home.

End of life care and support

- Systems were in place to support people on end of life care and their families.
- At the time of our inspection there was no-one receiving end of life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection under the current provider. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider did not have a thorough oversight of this service.
- Quality monitoring systems were in place. However, these were ineffective, as risks had not been recognised in a timely manner and failings had not always been appropriately addressed.
- Records showed a range of internal checks were conducted. However, these did not always identify shortfalls and were not maintained in accordance with information we were given.
- We received mixed views from staff about the service. We were told the change of ownership had impacted on staff morale, although there had been some recent improvements in the management of the home.

We found no evidence that people had been harmed. However, oversight of the service was not sufficient. Quality monitoring systems were not always effective, which resulted in shortfalls within the service not being recognised or addressed in a timely manner. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A wide range of policies and procedures were in place, which had been reviewed and updated earlier this year.
- A business continuity plan was in place, which provided staff with clear guidance about action they needed to take in the event of an environmental emergency.
 - The provider had conducted a recent infection control audit, which had identified failings. An action plan had been developed, which included the appointment of a cleaning contractor.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; 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.

- The provider had not always embedded a positive culture to ensure good outcomes for people.
- Some people told us they were not listened to and staff did not understand their needs. There were some negative observations, which did not always demonstrate a positive or empowering culture. However, on the second day of our inspection improvements were evident. People were much more engaged with staff and they looked comfortable with staff members.
- Advocacy information was displayed within the home and policies helped to support people in accessing

these services, should they wish to appoint an independent person to act on their behalf.

- A recent inspection of the environment conducted by the provider one week prior to our inspection had resulted in some failings being identified. Action had been taken immediately in response to the findings on that report. However, these failings should have been recognised and addressed sooner through internal monitoring systems.
- The registered manager had submitted notifications to CQC.
- Staff did not always keep accurate, complete and contemporaneous records in respect of people's changing needs. We discussed this with the registered manager on the first day of our inspection, who took action immediately in order to rectify the shortfalls.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and stakeholders were encouraged to be involved and engaged in the service provision.
- We received positive feedback from visiting professionals about how the service was being managed.
- We were told the company sent out surveys to service users, relatives and staff annually in order to obtain the views of people involved with the service and that the home received the overall results in graph format. The registered manager told us a recent survey had been conducted, but the results had not yet been received. One relative told us, "We've met the manager and found her very approachable; she has a very close involvement with the people here."
- Meetings for service users and staff were held regularly with a record of discussions documented. These generated a good attendance. Records of service user meetings showed one person to be the resident representative, which was good practice and helped to engage and involve people who used the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Oversight of the service was not sufficient. Quality monitoring systems were not always effective, which resulted in shortfalls within the service not being recognised or addressed in a timely manner.