

The Oasis Care Home Limited

The Oasis

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 responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We returned to inspect The Oasis on the 16 October 2018 to complete a focused inspection which was unannounced. This was to follow up on warning notices we had served on the provider and registered manager following our inspection on 10 and 11 April 2018. At that inspection, there were concerns that aspects of the service were not safe, effective, responsive and well-led. This was because the service was not meeting some legal requirements. We found breaches of Regulation 12 Safe Care and Treatment and Regulation 17 Good Governance and issued warning notices as part of our enforcement actions. This report will report on the findings in respect of the warning notices and information of concern we had.

Prior to the inspection we had received new information of concern. One of these concerns was in respect of people being supported out of bed early so the day staff would have more time to do other duties. We arrived early to look at this and found this was not a concern. We noted three people were up early. We talked with one person and asked them if they liked getting up early. They replied, "I go to bed early and am ready to get up early". We walked around the service and noted that some people were still in bed, some getting up and other people waiting for support from staff. We spoke with a member of the night staff who said, "We only get people up who have requested it".

We shared other concerns we had received with the registered manager to which they were able to respond appropriately to. These were about how the service was staffed; how staff delivered personal care; how a person's skin had been looked after; how staff spoke to one person negatively, how a person's medicines were being recorded and, infection control measures in the kitchen. They advised us the director of compliance would be advised of these concerns and would communicate with us.

Another breach in Effective from the previous inspection, in relation to staff training will not be reviewed fully until the next comprehensive inspection. This means Effective cannot be rated higher than Requires improvement.

The registered manager had deregistered when we inspected but continued to work in the service during a handover period to a new manager. Since this inspection, this has been corrected and the registered manager was again in this role. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Since the last inspection, changes had been made to the senior management of the service. There was a new director of compliance and a new administrator. Some roles were still being defined as two staff were leaving and supporting new staff to understand and take over their responsibilities.

No risks, concerns or significant improvement were identified in the remaining Key Question of the service being Caring through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in

calculating the overall rating in this inspection.

The Oasis is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Oasis accommodates up to 35 older people who may be living with dementia. On the day we inspected, 29 people were living at the service.

We found positive steps had been taken to make improvements since our inspection in April 2018 but not all aspects had been fully implemented yet. The service was in a process of review and restructure which impacted on meeting all the issues fully. A new management structure had been brought in which was still in process of being finalised. Two staff were leaving, new ones had been employed and others were waiting to be appointed. This meant we could not fully assess that the issues from the previous inspection had been addressed.

We found some people's risks continued to not always be assessed and mitigated. Progress had again been made but these changes were not showing on all people's records.

People now lived in a service where infection control was being managed effectively, as well as fire safety and the administration of people's medicines.

The systems in relation to how people's capacity was assessed and recorded were now in place. People who may be deprived of their liberty to keep them safe could be assured this was being appropriately managed. Staff were clear then on what people could do for themselves and when they were acting in people's best interests.

People's records demonstrated more clearly how staff were ensuring their care was personalised. People's personal history had been combined into their care plan. Also, people could take part in a range of activity in line with their ability and needs. This meant people could be kept active in mind and body.

We found a breach of the Regulations. You can see at the back of the full report the action we have told the provider to take. We have recommended the provider reviews their care plan auditing process to ensure that all gaps in people's records are identified and acted on.

These findings should be read in conjunction with our previous inspection that can be found at <https://www.cqc.org.uk/location/1-3518306155>

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service continued to not always be safe.

People's risks continued to not all be assessed.

People's needs in the event of a fire were now being met.

People were now being protected by improved infection control and food hygiene practices.

Is the service effective?

Requires Improvement ●

The service continued to not always be effective.

Not all concerns on this inspection were reviewed. This meant that the service could not be rated higher than requires improvement.

Is the service responsive?

Good ●

The service had improved to be responsive.

People's care plans contained greater detail about what would make their care personalised.

People now had activities provided to support them to remain active in mind and body.

Is the service well-led?

Requires Improvement ●

The service continued to not always be well-led

Changes had been made to improve the leadership and governance, but some of those changes had not been finalised.

Essential records held by the service had now been organised and streamlined.

The service had put in place systems to ensure the safe handling

of chemicals.

The Oasis

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 returned to inspect The Oasis on the 16 October 2018 to complete a focused inspection which was unannounced. This was to follow up on warning notices we had served on the provider and the registered manager following our inspection on 10 and 11 April 2018. At that time, there were concerns that the service was not being safe, effective, responsive and well-led. This is because the service was not meeting some legal requirements. Breaches of Regulation 12 Safe Care and Treatment and Regulation 17 Good Governance were issued in the form of warning notices. This report will report on the findings in respect of the warning notices. In the summary, however we highlight the concerns we had were discussed with the registered manager.

The inspection was completed by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed information on the service we had received since our last inspection in April 2018. We also reviewed the warning notice and communication the service had sent us about this.

During the inspection we focused on information that reflected on the content of the warning notices. This included four people's care records, the systems around staff training, people's medicine administration records and records of compliance as identified by the managers.

We spoke generally with staff, the registered manager and the director of compliance. The providers were also present.

During the inspection we also spoke with 12 people and two visiting relatives.

Is the service safe?

Our findings

During our inspection in April 2018 we found a number of issues in respect of how the service was ensuring people received safe care and treatment. The areas we were concerned about are reported on below:

In April we found that people's risk assessments did not always include the details staff needed to keep people safe. Risk assessments of choking, where people were taking warfarin or other blood thinning drugs and/or had diabetes were not in place. There was also no supporting information for staff to understand when these conditions were demonstrating a risk. Action when people were falling often did not always demonstrate action had been taken.

On this inspection we found positive steps had been taken to improve many aspects of the concerns we had raised previously. However, further improvements were still needed. For example, one person who was at risk of choking had a choking risk assessment and care plan that reflected the information given, following a Speech and Language Team (SALT) assessment. However, another person who was at risk of choking, had not had a risk assessment put in place. Their care plan which had been updated in September 2018 stated only that they required thick and easy (a substance to thicken liquids) in their fluids and a pureed diet. This did not tell staff what stage of food and fluids the person required. Staff were aware of this assessment and were implementing the recommendations. This included the kitchen and care staff.

However, in another part of the person's care file (slotted among other records), we found there had been a further SALT assessment completed on the 10 October 2018. This detailed the exact consistency and stage their food and fluid should be prepared to, how the person should be supported and what unrestricted foods could be added to their diet. It also told staff what consistency of medicines should be considered. We showed this information to the new manager to ensure they were aware and to see if they could tell us how this information had been given to staff and the kitchen. There was no written evidence this information had been added to their care plan or that staff had been informed to ensure this person was receiving their food and fluid as required. The director of compliance was going to check the practice and care plan was in line with the person's newly assessed needs.

One person who was taking the blood thinning medicine warfarin continued to not have a risk assessment in place, and details for the staff of what risks to be aware of. A new management plan for warfarin had been brought in and linked to the person's medicine record, however this had not included ensuring the person's record was complete. There was however, good evidence of how this person's diabetes and falls history was being managed including them being reviewed by a range of health professionals. However, we discussed with the director of compliance that information on how staff should recognise a hypo or hyper glycaemic (low or high blood sugar) episode for that person as this was still not available for staff in people's care plans.

There was an ongoing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider has advised us that staff have access to details of recognising a hypo or hyper glycaemic (low or high blood sugar) episode within the medicine cabinet.

We saw a new record to review people's risks had been developed to give an overview of the person to identify individual risks. If staff had any concerns this record would be completed to help determine whether a specific assessment was then required.

People said, "I feel very safe"; "I'm safe here because staff care" and another, "I feel safe as there are so many people around and I have my call bell". A relative said, "My mum is safe here which is reassuring for us".

During the last inspection, we found staff were taking people's blood sugar readings but had not received training to ensure this was accurate and they understood the readings. On this inspection, we found staff had received training in respect of diabetes which included staff taking people's blood sugars. Seventeen staff had so far received the training which meant there would always be a trained member of staff on duty to carry out this task safely.

At our last inspection, we found that not all staff had been trained in infection control and food hygiene. This had been resolved and we saw that staff practiced good infection control on this inspection. However, we observed some gaps in the records of the kitchen cleaning schedules which we passed onto the director of compliance for them to address. We observed the kitchen to be clean and the staff in the kitchen ensuring food safety.

In addition, we had also been concerned about the management of the laundry. People also had ready access to the laundry room which contained a number of chemicals and hot water. We saw that the management of the laundry had now improved. Though still restricted by space, staff were keeping people and themselves safer by improved practice. Also, the new manager advised that plans were in place to move the laundry to a new location on the premises which will further improve the staff ability to keep people safe. A lock was now on the laundry to ensure people's safety.

There were new infection control risk assessments giving staff guidance on infection control and prevention. New laundry trolley's along with dedicated coloured bags, aprons and gloves had been purchased. The service was also referring in the new infection control policy and procedure to the National Institute for Clinical Excellence (NICE) guidelines of health "Prevention and control of infection in care homes". A risk assessment is an examination of what could cause harm to people in the workplace, including the risk of infection so that an assessment can be made on whether enough precautions are needed to prevent harm.

People said, "My bathroom is cleaned every day and my room every other day"; "They are very hot on cleaning and maintenance and my room gets a deep steam clean every month" and another, "It is spotlessly clean – the cleaner works very hard and the handyman is very good".

During our last inspection, we had found concerns in how the service managed some aspects of fire safety. There were concerns that an escape route in the event of a fire alarm sounding would put people at risk of falling from height; evacuation equipment was not available and a contingency plan had not been developed so staff knew what to do and where to evacuate people in the event of this being required.

On this inspection, we found the escape route was being managed in line with the fire service's advice. Evacuation equipment had been purchased but was only available in the entrance area. We spoke with the new manager about considering if this was suitable given people may need to be evacuated from any of the fire exits. A contingency plan was nearly ready for sign off by the provider. We were advised this included

detail of the place of safety where people could go and how staff could contact the key holder.

People's Personal Emergency Evacuation Plans (PEEPs) had been updated with more detail than we saw in April 2018. These gave specific details about people's needs to the fire service and staff.

The last inspection had raised concerns about how people's air mattresses were being monitored to ensure they were set correctly. On this inspection, people's air mattresses were being reviewed daily. This would ensure action could then be taken quickly to prevent people from being at risk from developing skin issues because of a faulty mattress.

On our previous inspection, we found people's medicines were administered safely but some areas of the management of the medicines were not in place. People's medicines administration records (MARs) were not being completed fully and were in a poor state of repair. The providers medicine policy and practices were not in line with the current guidance and regulations. The record of medicine training did not evidence staff were currently assessed as being competent to administered medicines.

On this inspection we found the issues in respect of the MARs had been resolved and the provider's medicines policy updated accordingly. We saw one member of staff had responsibility for the changes and evidenced good knowledge and skills to us. All staff we spoke with spoke confidently about the changes. There was recorded evidence to show staff had received recent training and the managers explained how they satisfy themselves that staff are competent to administer medicines. This is good practice by the National Institute for Clinical Excellence (NICE) who recommend that all staff have an annual review of their knowledge, skills and competencies relating to managing and administering medicines.

The new medicine policy and procedure now explained "covert medicine". This is when medicines were to be administered in a disguised format without the knowledge or consent of the person receiving them, for example in food or in a drink. The new policy stated contact must be made with the person's GP for a medicine review before considering covert medication. The policy added that medicines should not be administered covertly until after a best interests meeting has been held.

Is the service effective?

Our findings

At our last inspection in April 2018, we found concerns in respect of how the service ensured staff were trained. This resulted in us serving a requirement notice that was not reviewed on this inspection as it fell outside of the warning notices. This will be reviewed at our next comprehensive inspection. This means the service cannot be rated any higher than requires improvement in this key question.

At our last inspection, we found the records in respect of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Standards (DoLS) were not maintained. Comments were made about people having/not having capacity but there was no specific issue assessment recorded. It was also not stating what the person could consent to and when staff were acting in their best interests. DoLS applications were held away from people's care records and were not incorporated into people's care plan.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Although people's DoLS applications continued not to be held on people's files, we saw people's care plans contained greater detail of their mental capacity. Records showed when people could give consent or when staff were acting in people's best interests. Where DoLS had been applied for or updated, staff were given the detail of what this meant for the person. There was also more about working within a least restrictive practice evident in the records.

At the previous inspection, we also found that many people had alarm mats (as opposed to call bells to seek staff support) in place without any evidence of this having been agreed with the person or made as a best interests decision. This time, we saw that a lot of work had taken place to address this. People's care records included details of the person having chosen the mat instead of a call bell or that it was in the person's best interest to keep them safe.

We continued to see staff offer opportunities for people to consent to their care and treatment. We observed staff interacting with people in a relaxed, unhurried and dignified manner. Staff understood people's individual communication skills, abilities and preferences, and ensured they took time to meet individual's needs. One person told us, "Staff do all they can for me and I am very comfortable here".

Is the service responsive?

Our findings

At our last inspection in April 2018, we found that people's care plans lacked the detail that would ensure their care was personalised. For example, one person, they did not have a catheter care plan in place, to help staff know what support they needed. This had meant this key question was rated requires improvement and we issued a warning notice that included the requirement to improve care plan detail.

On this inspection we found positive steps had been taken and the concerns at the last inspection had been met to ensure personalised care plans were now in place. This means the key question has now been rated as Good.

We found improvements had been made to people's care plans, relating to personalised care, which meant there was more detail about what was important to them. People's routine and life history were now part of their care plan. This meant staff could ensure people lived their life as close to how they would want to.

People were positive about the care they received and spoke highly of the staff. People said, "The staff are wonderful, extremely patient"; "The staff are extremely good with those who are less able" and another, "You can't fault the staff".

For the person who had a catheter fitted, their needs had been built into their "managing continence" care plan which had been rewritten in September 2018. Staff were advised to ensure they kept the insertion area clean. There was also mention of staff needing to be aware that the catheter tube could block. There was also detail included about the importance of encouraging the person to drink often to prevent a urinary tract infection developing.

In April 2018, we noted people were not having many opportunities to be active. On this inspection we observed, there were different activities taking place. For example, singing groups, knitting, communication groups and exercises. Activities boost self-esteem, reduce anxiety, agitation and gives a person a sense of worth. The service employed an activity co-ordinator who was observed speaking with people and encouraging people to take part. Activities were provided to groups and individuals.

People said, "We have a knitting group, conversation group and a book group which I enjoy"; "We do chair exercises and musicians come in" and, another person told us about a recent cheese and wine party which they had enjoyed. We observed the conversation group which comprised of five people which was very social with people reminiscing about their World War Two experiences. The chair exercise group in the main lounge was supported by staff who were all enthusiastic, encouraging and enabling people to participate. The activity was very sociable with many people smiling. One person asked to have a dance to the music which they were supported to do by staff.

Is the service well-led?

Our findings

Since the last inspection, we observed that a lot of positive work had taken place to address the issues we had raised following our inspection in April 2018 and to become compliant with the warning notices. There had been a change of personnel. The registered manager had applied to deregister since the last inspection but continued to work in the service during a handover period to the director of compliance. Since this inspection, this has been corrected and the registered manager was again in this role. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Since the last inspection, changes had also been made to the senior management of the service. There was a new director of compliance and a new administrator. Some roles were still being defined as two staff were leaving and supporting others to understand and take over their responsibilities. Also, staff were still being recruited to fill newly created senior posts in the service.

Whilst improvements had been made, further improvements were still required. On this inspection, we continued to find some issues with some people's risk assessments, and that some risks had not always been identified and acted on. These had not been identified during the provider and manager's own quality monitoring.

We recommend that provider review their care plan auditing process to ensure that gaps are identified and acted on.

There were a number of concerns identified during our last inspection. We identified that there was poor understanding between the registered manager, provider and other senior staff as to who had which role and responsibility. With the change of personnel, this was still not clearly defined on this inspection, and would likely need a settled time to demonstrate this had been sustained. There had evidently been discussions held between senior staff and the provider however, it was too early to judge the effectiveness of the changes.

Previously, we had found systems of how information was held meant information was not readily available if required. On this inspection we found this had been resolved. We were shown a new computer system where all documents were on line or were moving to an online system. The provider's policies and practices were now on line. Work was still ongoing to streamline the information held and move towards electronic care plans and medicines records. Changes to the use of the building had been reviewed. For example, the 'clinical' room use would be separated from records so each function was easily accessible.

At the last inspection, we found there were no effective systems in place to ensure people and staff were protected by the use of chemicals. This had been introduced which meant the requirements in respect of the Control of Substances Hazardous to Health Regulations 2002 (COSHH) were now being adhered to.

In April 2018, the provider's infection control policy (reviewed each year) did not address the areas required by the Department of Health Guidance. This had now been addressed and incorporated the NICE guidance as well. The staff completing the infection control audit had now received up to date infection control training and mentored to understand the guidance and how to complete the audit.

People were positive about the way the home was run. People said, "What I like about here is that we are treated like members of one big family"; "This is my home now and my new family" and another, "I like knowing that I can choose what to do and not to do here".

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12(1)(2)(a)(b)</p> <p>Care and treatment was not always provided in a safe way for people in that not all risks to their health and safety had been assessed and mitigated.</p>