Cotdean Nursing Homes Limited

Oaklands Care Home

Inspection report

Wartell Bank
Kingswinford
DY6 7QJ

Date of inspection visit: 12 November 2015
Date of publication: 31/12/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This unannounced inspection took place on 12 November 2015. At our last focussed inspection in September 2015 we found that the provider had failed to meet the requirement s of a warning notice we issued in July 2015. The warning notice was served in response to ongoing concerns about the safety of medicines management within the service. We decided the action to take following the providers failure to continually meet the requirements of the law was to undertake this comprehensive inspection to rate their overall performance. We found that the provider was now acting within the law in relation to medicines management.

Oaklands Care Home is registered to accommodate and deliver nursing and personal care to a maximum of 40 older people. People who live there may have needs associated with mental health, old age or a physical disability. At the time of our inspection 34 people were living there.

The manager was registered with us as is required by law. 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.

Summary of findings

We found that overall medicines administration within the service was safe. We found an issue with the refrigerator used for storing certain medicines which could mean that the effectiveness of these medicines could be affected.

Staff were clear about how to protect people from abuse and harm. Care records showed that people's health needs had been assessed in relation to any potential risks but the guidance for staff regarding what they should do to minimise these risks when supporting them was lacking. People were observed to be consulted at each stage of care delivery about how they wanted to be supported but no evidence was seen in care records of people's involvement in planning their own care.

The provider had a suitable number of staff on duty with the skills, experience and training in order to meet people's needs. People using the service, their relatives and staff were satisfied that there were enough staff available within the service.

Staff had access to a range of training to provide them with the level of skills and knowledge to deliver care safely and efficiently. Staff had the opportunity to undertake training in addition to the standard level of training to develop their skills.

Staff were able to give an account of what The Mental Capacity Act meant for people and how it should be applied.

People served their meals in the dining room area were supported appropriately and in a timely manner by staff as required; however people in their rooms were left for an amount of time with their meal going cold before staff were available to assist them. Menus were not provided or visual prompts to actively support people to make choices.

Staff interacted with people in a positive manner and used encouraging language whilst maintaining their privacy and dignity. People were supported to maintain their religion.

People and their relatives told us they were provided with the information about the service and their care and treatment. Information was on display about how to make a complaint. The provider demonstrated to us how they had effectively investigated complaints that they had received.

Little account had been taken of people's previous interests or hobbies when planning activities, but people we spoke to were satisfied with the activities on offer to them. People, their relatives and stakeholders were asked to provide feedback about the service through questionnaires and meetings.

People, their relatives and staff spoke positively about the leadership skills of the registered manager. Structures for supervision allowing staff to understand their roles and responsibilities were in place.

The provider carried out a number of checks and audits each month on the quality and safety of the service; however they failed to identify the issues we noted in relation to the environment and records. We saw that conditions in the bathroom areas were unsatisfactory and the provider had failed to act on recommendations made by the local infection control team in August 2014 in relation to these conditions in a timely manner.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

Overall medicines were administered, handled and stored in a safe manner, but medicines requiring refrigeration were not kept at the correct temperature.

We observed that care was delivered in a way that ensured people's welfare and safety was considered, although care records failed to outline how potential risks should be mitigated.

The provider operated safe recruitment practices and provided sufficient numbers of staff to meet people's needs.

Requires improvement

Is the service effective?
The service was not always effective.

The provider was aware of their responsibilities regarding the Mental Capacity Act. People's consent was given before staff supported them.

People's nutritional needs were met; however people were not always meaningfully supported to make food choices or assisted with their meal in a timely manner.

People were supported to access specialist healthcare professional input from outside the service to meet their needs.

Requires improvement

Is the service caring?
The service was caring.

People and their relatives were complimentary about the staff and the care they received.

Discussion with people about how they wanted to be cared for was clear from our observations.

We observed that people's privacy and dignity was respected by the staff supporting them.

Good

Is the service responsive?
The service was not always responsive.

Complaints received by the service had been dealt with effectively.

We saw that the support people needed was not always planned in relation to their personal preferences or with their or their family's involvement.

Requires improvement

Is the service well-led?
The service was not always well-led.

Requires improvement

Summary of findings

People spoke positively about the approachability of the management team.

The provider's quality assurance systems were not always effective in identifying issues with the effectiveness and safety of the service.

We found the provider had failed to respond effectively to concerns raised by professionals about the environment.

Oaklands Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection of Oaklands Care Home took place on 12 November 2015 and was unannounced. The inspection team consisted of two inspectors and a pharmacy inspector.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We also liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people.

During our inspection we spoke with four people who used the service, three relatives, seven members of staff, two visiting healthcare professionals, the cook, the deputy manager, the registered manager and a director of the service. We observed care and support provided in communal areas. We used the Short Observational Framework for Inspection (SOFI) during the afternoon in the lounge area. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about people's care and how the service was managed. These included reviewing five people's care records, looking at the staff training matrix, three staff recruitment records and ten people's medication records. We also reviewed a range of records used in the day to day management and assessment of the quality of the service.

Requires improvement

Is the service safe?

Our findings

At our focused inspection in September 2015 we found that the provider had failed to fully meet the requirements of a warning notice we issued in July 2015 in relation to Regulation 12 of the Health and Social Care Act 2008. The provider had failed to protect people using the service against the risks associated with the unsafe use and management of medicines. At this inspection we found that the provider had made sufficient improvements in relation to medicines management.

The provider had recently obtained a new refrigerator to store medicines in. The records showed that staff were measuring the maximum and minimum temperatures on a daily basis and the fridge was storing medicines at the correct temperature. When we measured the maximum and minimum temperatures we found the records did not reflect what we had measured. We asked the nurse on duty to demonstrate how the fridge temperatures were obtained and we found that the correct readings were not being taken. As the minimum temperature on the day of the inspection was measured below the accepted minimum temperature we advised the provider to discard the temperature sensitive medicines called insulin and obtain new supplies.

People we spoke with told us they were satisfied with how their medicines were provided. A person told us, “The nurse will come and see me and give me my tablets when I need them”. One person we spoke with had a clear understanding of their medication and the inhalers they used; they were able to describe each one to us and their purpose. We observed staff offering one person their medicines, they were not keen to have them, the staff member reassured the person, explained what they were for and after a short while the person agreed to take them. A staff member told us, “It is important that people can have a choice. But if they refuse their medication this is noted and we try again. If this continues we would monitor them and speak to their GP”. Staff we spoke with who were responsible for administering medicines said they had received training and the registered manager had assessed their competence in this area.

We found that people were receiving their medicines, including controlled drugs, as prescribed. We looked in detail at ten medicine administration records and found staff were administering people’s medicines at the frequency and dose they had been prescribed by their doctor. The provider had a robust protocol in place to direct staff on how to specifically prepare and administer medicines which were administered through a tube directly into their stomach. We found the provider had consulted with the community dietician and had developed a protocol that ensured medicines were administered safely taking into account any fluid restrictions the person was subject too. We spoke with the nursing staff and they were able to describe how they were administering the medicines and this was in line with the guidance. The provider was recording the application of how and where medicines in the form of skin patches were being applied. We looked at three of these records and found that the patches were being applied in accordance with the manufacturer’s guidelines. The provider therefore was able to demonstrate that these patches were being applied safely and people’s pain would be well controlled.

People told us they were happy with the support available and that they felt staff looked after them well. One person told us, “They do look after me and keep me safe”. Another person told us, “They come and check on me regularly and so yes I do feel safe here”. A visiting healthcare professional stated, “I have no concerns about the safety of people living here”.

Staff had received training and were clear about their responsibilities for reporting any concerns or incidents that occurred. One relative we spoke with told us their loved one had fallen and they showed us the mat which had been put in their room to reduce the risk of reoccurrence. One staff member said, “We are always mindful of any risks to people”. The care staff we spoke with said they had received training on how to protect people from abuse or harm and understood their responsibilities to monitor and report concerns. Another staff member told us, “I am not afraid to report any concerns to the manager”. Staff told us they felt the training they had received had equipped them with the necessary knowledge and information they needed to keep people safe. They were able to describe the

Requires improvement

Is the service safe?

procedures for reporting if they witnessed or received allegations of abuse; they were knowledgeable about the types of potential abuse, discrimination and avoidable harm that people may be exposed to.

We observed that the communal areas and individual rooms were kept clutter free allowing people to move about safely. A staff member told us, "If I saw anything which was unsafe in people's rooms I would report it to the manager and make sure it went straight into the maintenance log". We saw that people had access to the equipment they needed to assist them to move within their reach. Staff we spoke with were aware of how to safely support people in relation to any identified risks, for example moving and handling and providing pressure relief to maintain healthy skin. However, records we reviewed referred to the areas that the individual's support and health needs may put them at risk; but the guidance for staff regarding what they should do to minimise these risks was lacking. In one record we reviewed no guidance for staff in relation to how to safely support one person in relation to moving and handling had been completed. We observed staff using moving and handling equipment in such a way as to protect people from harm and in line with their care plans.

People told us they felt there were enough staff on duty and available to meet their needs. We saw that there were sufficient numbers of staff on duty to meet people's needs. Staff we spoke with said they felt there were enough staff on duty to meet people's needs. One member of staff said, "I like working here, the work is more hands on with the care of the people to meet their needs and we work as a team to get things done". We observed people being responded to in a timely manner, including answering of call bells. The registered manager told us where possible cover for staff members was required they strived to use their own staff or regular agency staff. Staffing levels were determined in line with people's changing health needs and dependency levels using a staffing guidelines tool.

Staff confirmed that the appropriate checks and references had been sought before they had commenced their role. A staff member said, "They [the provider] do all the necessary checks before you start working here". We found the processes in place to ensure staff recruited had the right skills, experience and qualities to support the people who used the service were in place. Records demonstrated that the provider had undertaken the appropriate pre-employment checks, which included references from previous employers and criminal records checks.

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Requires improvement

Is the service effective?

Our findings

People were complimentary about the abilities and skills of staff within the service. They said they felt confident that staff were competent and well trained. A relative said, "Oh yes the staff are very good here". One visiting healthcare professional said, "The staff are very helpful, they are nice to the people, and they are very considerate of people's needs and are very gentle with them". Another visiting healthcare professional told us, "The staff are very well informed about people's needs".

We spoke with staff about how they were able to deliver effective care to people. They told us they were provided with training in a variety of subject areas that were appropriate to the people using the service. A number of staff were in the process of completing and acquiring additional qualifications to improve their knowledge about people's health conditions with the providers support. A staff member said, "We do get regular training". The registered manager told us, "If staff want to do any extra training they only have to let me know". Records we reviewed demonstrated that staff had received the appropriate level of training and updates to maintain and improve their knowledge and skills.

Staff received regular supervision and told us how this gave them an opportunity to get discuss their performance and their training needs. One staff member told us, "We get regular supervision". The provider ensured all staff were provided with an induction before they worked independently. Staff we spoke with told us they had a good induction, shadowed more senior staff and were supervised when they started.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found that some of the staff had not received training in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). We found that the registered manager had identified a person who potentially was being deprived of their liberty and so had submitted an application to the supervisory body (in this instance the local authority) for their consideration. The registered manager told us that these staff had not received training as the previous provider of this training was no longer operating so she was currently sourcing a new training provider on the subject. Staff we spoke with were able to demonstrate an understanding of the need to consider people's ability to give consent and what may be considered as a restriction of their liberty. A staff member told us," We always ask people and if they refuse we don't just carry on and do it, we note it in the care plan and report it to the seniors or the manager or even ask their families for advice or ideas". Another staff member was able tell us about how they were aware of issues which may deprive people of their liberty and had also taken part in best interest meetings. We observed that people's consent was actively sought by staff before assisting or supporting them.

We observed that people were supported to access a variety food and drinks. One person said, "The food is good". Another person told us, "The breakfasts are fine and the tea time meal, but the hot meal at lunch is not very exciting". A relative said, "The food seems to please [person's name], they eat it all". We saw that drinks were offered and within people's reach throughout the day. We saw that staff supported people in line with their care plan and risk assessments in order to maintain adequate nutrition and hydration.

People who were served their lunch in the dining room appeared relaxed and visibly appeared to enjoy their meals. We saw that people had two choices of main meal and three desserts available to them. However no menus were displayed for people to refer to, so people relied on staff to advise them what was on offer in order for them to make a choice. This became very repetitive for staff and took a considerable amount of their time when attending to each individual. We did not observe staff supporting people with visual prompts such as showing the person each meal plated up to support them in making their choice. We noted where people took their lunch in their room; meals were left in rooms for up to 15 minutes until staff came to support people who needed assistance to eat

Requires improvement

Is the service effective?

their lunch. We did observe that when staff did arrive to support people with their meal this was done in an appropriate and patient manner. We raised this issue with the registered manager and provider and they agreed to review the provision of meals within the home.

We spoke with the chef and they told us that when a new person started using the service, staff would notify them of their individual dietary needs. This included any allergies or special dietary needs the person may have, for example a diabetic diet. Records were kept in the kitchen for other kitchen staff to refer to in the cook's absence. Staff we spoke with were aware of people's dietary needs and described how they supported people. Records showed that people were weighed regularly and risk assessments were completed in relation to their ongoing nutritional needs. Each month as part of the providers quality assurance processes a random selection of people were asked to rate the food quality, we noted that in the past year they all rated the food average or above.

Our discussions with people, their relatives, staff and visiting healthcare professionals confirmed that people's health needs were identified and met appropriately. One person said, "I can see the doctor whenever I need to". Another person we spoke with said staff support them to access their doctor when they needed them. A relative talked to us about the physiotherapy their relative received at the home. A visiting healthcare professional told us, "The staff have a good level of knowledge and are prompt in picking up any problems and letting us know; I am confident about their clinical decision making skills". Records showed people were supported to access a range of visits from healthcare professionals including chiropodists and opticians as necessary. We saw examples in records of staff accessing more urgent reviews by a doctor in response to people's changing health needs.

Good

Is the service caring?

Our findings

People spoke positively about how caring staff were towards them. One person told us, “The staff come and check on me and ask me if I am ok”. Another person said, “The staff are caring, some more than others; they are all polite and talk to me”. A staff member said, “We try to make it a home from home for people”. A visiting healthcare professional said, “The staff are very caring and I would happily have my relatives looked after here”.

During our visit we spent time in the communal areas and saw that people were relaxed about asking staff for assistance. We observed many warm kind interactions between people and staff. For example we saw that one staff member stayed on at the end of their shift to ensure that people got the support they needed to have their meal. Staff we spoke with knew people’s health needs well. This was demonstrated through the interactions we observed; for example we saw two staff members supporting a person to stand from their chair to sit in their wheelchair; throughout their interaction they used encouraging language, such as ‘that’s great’ and ‘take it slowly’.

People told us they were consulted about decisions regarding their care and were satisfied with information they were provided with. Information about local advocacy services was not displayed for people to refer to. The staff members we spoke with could not identify any advocacy services accessed by the home and were uncertain how they could support people if they needed such support. The registered manager told us that they had not had need to refer anyone at the home for independent advice as people had family or other representatives that acted on their behalf, but she agreed to source, share and display some information.

The provider asked people about their cultural and spiritual needs as part of their assessment. During our inspection, a religious service was taking place in the lounge area provided by one of the local churches; people were actively participating in singing hymns and saying prayers.

We observed that staff were supportive through periods of distress or discomfort. One person was upset and anxious at lunchtime and staff came to their aid and calmed the person by speaking quietly and discreetly to them and meeting their requests. This approach was effective and the person settled quickly and continued to eat their meal.

People told us that staff respected their privacy and dignity when assisting them. One person told us that staff helped them to keep looking after themselves as much as possible; they said they liked to do their own personal care where possible but occasionally needed their help. We observed staff communicated with people in a respectful manner and supported them in a dignified way. A staff member told us, “I treat people with respect and how they want to be looked after”.

People we spoke with were not clear about whether they had been involved in planning their own care, but said they were always spoken to about what and how they wanted their care delivered by staff every day. The relatives we spoke with said they regularly spoken with by staff and the registered manager about their relatives care needs.

Requires improvement

Is the service responsive?

Our findings

People told us that staff asked for their views about how they would like their care to be delivered. One person told us, "I am asked what I want as we go along". Another person said, "I am regularly asked if everything was ok and if I am happy". No one we spoke with could recall having been involved in the planning of their care, but told us that they were satisfied with how staff met their needs. Records showed assessments were completed to identify people's support needs but failed to clearly demonstrate how people and/or their relatives had contributed to/or had been involved in this process. The registered manager told us efforts were made to involve people or their relatives in care planning but admitted this was not consistently undertaken.

Care records we reviewed varied in the amount of detail they contained of a personalised nature about how people's needs should be met. We found that records contained little information regarding people's past life history, although some detail was contained in care plans this was not consistently available and often minimal. We raised this issue with the registered manager who told us that they attempted to get as much information from people and their families as possible. Staff we spoke with knew people well and we observed them giving people choices and supporting them to make their preferences known. People's rooms had been personalised and displayed items that were of sentimental value or of interest to them. Care plans had been regularly reviewed and updated.

We found people were not restricted in the freedom they had and visiting times were open and flexible for relatives and friends of people. All the relatives and visitors we spoke with said they were able to visit the home whenever they liked and were always made to feel welcome. A relative said, "I get offered a cup of tea when I visit and the staff are friendly". People told us that when they were in their bedroom staff checked on them on a regular basis and attended to them in a timely manner if they pressed their call bells. We observed that people who were unable to utilise their call bells were checked on by staff to ensure their well-being.

People told us that activities were available within the service and those we spoke with were satisfied with the level of activity on offer. The people we spoke with referred to singers who came in regularly and some gentle exercises that they took part in. The registered manager advised us that they were in the process of trying to recruit an activities coordinator. They told us that any personalised activities were hard to provide as retaining an activities person to work with people and develop plans was an issue. Staff we spoke with told us they did some pampering sessions, such as painting nails or hairdressing for the ladies when they could. People were not able to tell us or give examples of how they accessed the local community except the visits provided by local religious groups.

We reviewed how the provider dealt with complaints. People we spoke with knew how to make a complaint. One person told us, "The managers come round and ask us if we have any concerns". The people we spoke with both who lived at the home and those visiting said they knew how to raise issues and confirmed if they requested anything it was done. Information about how to make a complaint about the service was in an accessible area. We saw that investigations had been undertaken into complaints when they were received and the results were clearly documented.

Requires improvement

Is the service well-led?

Our findings

We saw that a system was in place to monitor and assess the quality of the service. The registered manager completed regular audits and checks, regularly reviewing any risks to people and responded to any actions required in a timely manner. Checks included infection control and staff supervisions which also included periodic competency checks. However, the audits did not identify the issues we noted in relation to care records, for example inconsistency of personalisation of care plans and clear guidance for staff re how to minimise risks to people when supporting them. Management of medicines were found to be improved on this our most recent inspection, the provider will need to continue to sustain good practice and safe handling of medicines as part of an effective quality assurance system.

We saw that daily checks were undertaken around the units to check on cleanliness and safety of the environment. We saw that audits of each bedroom were completed regularly and any repairs required were recorded in a log book for action by the maintenance person; however the bathrooms were not included in this audit. We noted that paint was peeling from the ceiling above the shower and saw cracked tiles behind the toilet. We spoke with the maintenance worker who told us they had not been asked to rectify any repairs in the bathrooms; we noted that these repairs had not been entered into the maintenance log for completion.

We saw that the Local Infection Prevention and Control Team (IPCT) advised the provider that action was required by replacing non intact flooring within the bathroom/toilet areas when they completed their audit in August 2014. We asked what action had been taken in response to this and were told that quotes had been sought from a number of contractors by the provider to undertake the work, but no agreement has been reached to commence the necessary work. We acquired a copy of the audit report from the ICPT following our inspection. We saw that the registered manager advised them at the time of their audit in August 2014 that the issues they had identified with the bathrooms were 'in the process of being replaced'. The registered manager told us the provider was aware of the issue and they had raised the issue on a regular basis with the provider who told them they were in the process of seeking quotes for replacement flooring. This meant that the provider was not responsive to recommendations to concerns raised and had failed to make the necessary improvements necessary to the environment identified over 12 months previously. The people we spoke with said the service was "good" and the registered manager was approachable and visible. A person told us, "They are good managers here, they do their best". Staff we spoke with understood the management structure within the service. A staff member told us, "We can speak to [Manager's name] at any time, she does listen and sort things".

We saw that a range of systems of communication were in place within the home, for example handovers. We found these were effective at ensuring staff had the information they required to provide people with the care and support they required. Staff told us they were clear about their role and what was expected from them and they were encouraged to express their views and make any suggestions which could improve the quality of the service. Staff meetings and supervision were provided regularly.

Efforts were made by the provider to involve people in expressing their views about their care, for example meetings took place to share information and listen to people's views. People also had the opportunity to complete a questionnaire about their views and opinions on how the home was run and what could be done to improve the service. The data showed that the majority of people and their relatives were satisfied with the service being offered. Feedback was analysed and shared with people and included what action would be taken in relation to the less positive comments received. For example, relatives had commented that they were not always offered drinks by staff when they visited; the registered manager had displayed their response to this by accepting that this may occur at busy times of the day but directed people to 'feel free to go to kitchen hatch where our chef will be more than happy to make you a hot or cold drink'. This showed that the provider sought and responded to feedback as part of quality assurance of service provision.

Staff were aware of the process for reporting accident and incidents. Records in regard to incidents allowed the person completing the document the opportunity to formally record any learning outcomes and further action

Requires improvement

Is the service well-led?

taken. Staff told us that any changes to practice or learning from incidents were shared with them at daily handovers and/or staff meetings. The registered manager reviewed them each month to look for trends.

The provider had a clear leadership structure which staff understood. A deputy manager had taken up post since our last comprehensive inspection to provide leadership when the registered manager was unavailable and offer support and guidance to staff. The registered manager demonstrated a clear understanding of their responsibilities for notifying us and other external agencies of any incidents that occur within the service. We reviewed the notifications we had received from the service and they had been completed in a timely manner.

Staff gave a good account of what they would do if they learnt of or witnessed bad practice. The provider had a whistle blowing policy which staff we spoke with were aware of. This detailed how staff could report any concerns about the service including the external agencies they may wish to report any concerns to. This supported our findings that the provider actively promoted an open culture amongst its staff.