

Equilibrium Healthcare Limited

# Oakland House Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 9 and 10 January 2017 and was unannounced. The second day was by arrangement. We last inspected Oakland House Nursing Home in November 2015 at which time the home was found to be non-compliant in relation to person-centred care and good governance.

Oakland House Nursing Home currently comprises of three units, Elm, Cedar and Willow which accommodates up to 38 people. At the time of our inspection there were 32 people living in the home. Accommodation is provided over three floors and each unit comprises of a dining room/lounge area and kitchen and all bedrooms are single occupancy. There was a lift to all floors and a sheltered smoking area was provided in the garden.

The service provides accommodation for people who require nursing or personal care and have enduring mental health needs. The fundamental purpose of Oakland House Nursing Home was to support people to recover, rehabilitate and become independent.

There was a registered manager in post, however the manager had recently stepped down and was in the process of deregistering. The operational and deputy manager were on hand to provide leadership and direction in the registered managers absence. The provider had already identified a new manager that would be soon appointed. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At our last inspection we found that Oakland House Nursing Home was not supporting people to become independent; this was partially due to the model of care used at the home. We also found that care plans did not include people's goals and aspirations. At this inspection we could find no documented evidence that this had improved and people living at the home said it had not. The care records did not always document where people or their relatives had been involved in the creation of care plans and whether consent had always been obtained.

Appropriate plans were in place to guide staff in how to minimise risks to keep people safe. Staff knew what action to take to ensure people were protected if they suspected they were at risk of harm. They were encouraged to raise and report any concerns they had about people through safeguarding and whistleblowing procedures.

Improvements had been made to the management of medicines, for example the implementation of medicine profiles for people and a system of auditing. Medication records were well maintained and detailed policies and procedures were in place.

Checks were carried out to ensure the premises were safe, such as fire safety checks, water temperatures

and health and safety. However, we found people's personal emergency evacuation plans (PEEPS) did not accurately capture the person's mobility. We have asked the Greater Manchester Fire and Rescue Service to advise the provider on fire safety arrangements in the home.

We observed people were treated with dignity and respect. Throughout the inspection we saw staff engaging with people in a positive and caring manner. Staff spoke to people in a respectful way and used language, pace and tone that was appropriate to the individual. Staff took time to listen to people and responded to comments and requests. People felt staff were kind and respectful to them.

At the last inspection some staff told us and records showed that not all staff had received all the necessary training and support needed to carry out their role. At this inspection all staff now had access to the provider's training and had completed updated training where required. New staff had completed induction and were signed off by the manager as being competent, following the provider's procedure.

The managers and staff understood their obligations under the Mental Capacity Act 2005 and Mental Health Act 1983 and worked within these legislative frameworks. Staff had received training in both subjects and were fully informed of any changes at team meetings to ensure they continued to provide care within the law. We found that all staff were not fully aware of which people using the service were subject to a DoLS and were in need of training in respect of these provisions. We have received assurances from the deputy manager that action will be taken to address these issues.

The food menus were varied and two choices were offered at every meal. We observed some people being supported with their meals by members of staff. Some people had specific dietary needs, which were appropriately catered for.

There was predominantly enough skilled and experienced staff on duty to meet people's needs. However, some people felt additional staff would be beneficial.

There were robust recruitment procedures in place. Staff had received formal supervision and an annual appraisal. Staff received training to be able to fulfil their roles and responsibilities.

Some people told us that activities could be limited at times. We noted the home had continued to work on the activities that were on offer for people and were in the process of recruiting a second activities coordinator. The last activities survey in February 2016 also identified that activities could be further improved. An action plan had been devised by the home to continue with these improvements. We noted this action plan will need to be reviewed if the service establishes a new rehabilitation care model to ensure people receive one-to-one support to develop new skills.

Support staff helped people to book appointments and accompanied them when they needed it. We saw from records that people had access to GPs, podiatrists, dentists, social workers and mental health specialists.

People also had access to advocacy services if they needed them. The registered manager told us that the home would provide end of life care when needed, however we found no documentation that evidenced people's future wishes and we found the home did not follow any recognised end of life accreditations, such as the Six Steps end of life care programme.

Accident and incidents were appropriately monitored and referrals made to the falls prevention team when necessary. There were systems in place to ensure that the risk of Legionella in the home's water system was

managed and there were a range of health and safety checks in place that ensured the home's equipment and environment was safe.

Staff gave positive feedback about the recent changes at the home. We saw evidence a number of audits had been undertaken to assess and monitor the quality of the service provided to people. Meetings had also been held with staff and relatives to share information.

During our inspection we found evidence of significant improvements which had been made to improve the quality of the service provided to people. However, as evidenced within the main body of the report there remain a number of areas where there is a need for further development.

In relation to the two breaches of regulations identified you can see what action we told the provider to take at the end of the full version of the report.

## 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 was not always safe.

Risks to people were identified; however, care plans did not fully help people to manage those risks.

There was sufficient staff to meet people's daily needs. However we received mixed views from the people receiving the service who felt more staff were required.

The safety of medicines had improved. People's medicines were managed safely and audited regularly.

### Is the service effective?

**Good** 

The service was effective.

A structured induction programme and a varied training programme were available which enabled staff to meet the needs of the people they supported.

People had been supported to make decisions and staff had followed Mental Capacity Act guidance to protect people's rights. Deprivation of liberty safeguards were applied appropriately.

### Is the service caring?

**Good** 

The service was caring.

People and their relatives told us that support workers were caring. The interactions we observed were positive and supportive.

Staff demonstrated an understanding of how they respected people's preferences and ensured their privacy and dignity was maintained.

We saw information about advocacy services was displayed throughout the home and staff said they would refer people to advocates if they needed it.

### Is the service responsive?

**Requires Improvement** 

The service was not always responsive.

Support did not focus on recovery and rehabilitation, which was the primary purpose of the home. Reviews of care were not consistently undertaken.

We found the level of activities had improved however there was still room for improvement.

People told us they would be confident to raise a complaint if they felt this was necessary. We saw appropriate actions had been taken to investigate complaints.

**Is the service well-led?**

The service was not always well-led.

The provider had recognised many of the shortcomings of the service and put in place actions plans prior to our visit. These were at various stages of their implementation.

There were a wide range of systems in place for assessing and monitoring the quality of service provided. However, we found these were not always thorough enough to identify and address potential risks to the health, safety and welfare of those who lived at Oakland House Nursing Home.

Staff we spoke with told us the managers were approachable and they felt supported in their role.

**Requires Improvement** 

# Oakland House Nursing 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.

This inspection took place on 9 and 10 January and was unannounced. The inspection team consisted of one adult social care inspection manager, one adult social care inspector 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 service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority commissioning team to seek their views about the service. We also considered information we held about the service, such as notifications made to us. We had received information of concern from the Clinical Commissioning Group (CCG) about poor medicines management at the home.

During the inspection we visited each of the three units and spent time speaking with people who used the service, their visitors and staff. Throughout the inspection we spoke with 16 people who used the service, one visiting family member, nine staff members including senior support staff and support staff, two nurses, the cook, the activities co-ordinator, the deputy manager, the registered manager and the operational manager.

We looked at the environment and the standard of accommodation offered to people. We also looked at

four people's care records, six medication administration records (MAR), three staff recruitment files, the staff training records, as well as information about the management and conduct of the service. We looked at rotas over a two month period to ascertain whether the correct number of staff were deployed to meet people's needs.



# Is the service safe?

## Our findings

We asked people who used the service if they found the service provided at Oakland House Nursing Home to be safe. People spoken with confirmed they felt safe and secure at the home. Comments received from people included: "I feel safe especially with [staff members name] who is my favourite and I would tell her if I had any problems" and "I like the people, like the place and yes I feel safe."

The care files we looked at included risk assessments and care plans designed to keep people safe and reduce the risk of harm where this was identified. This included risks of behaviours that may challenge others, falls; pressure ulcers; and malnutrition. These risks were generally updated monthly by staff, but some had not been reviewed as often. We found the level of detail in each care plan varied, depending on which lead nurse was responsible for updating it. We found two out of the four care plans we viewed did not accurately show how assessed risks were being managed. For example, one person's assessment confirmed they were at risk of pressure ulcers. We found they had received input from a tissue viability nurse (TVN) to support the nursing team with the recovery of a pressure area. This person's care plan had not been updated to reflect the guidance provided by the TVN and a wound management plan had not been developed to provide clinical guidance to the support staff on what further action should be taken to reduce the potential of this pressure area worsening. Furthermore, we found no evaluation plan in place to correctly monitor the pressure area and determine whether it was healing.

Other risk assessments we viewed were vague and lacked person centred information on the actions required to minimise / control actual and potential risks. This had the potential to place the health and welfare of people using the service at risk. We found many of the risk assessments were pre-populated and not person centred. For example we found many of the evaluations did not correctly follow the risk assessments and it was not clear what section of the care plan the evaluations were referring to. Therefore it was difficult to determine whether or not the risk assessments had been updated when people's needs had changed.

People's risks associated with their care had not always been assessed and documented to help staff know how to mitigate the risks. This is a breach of regulation 12 (1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to our inspection we received concerns from the Clinical Commissioning Group (CCG) about poor medicines management. This was in relation to the recording and administration of controlled drugs. This resulted in a medication error in September 2016 and we found the home took appropriate action by fully investigating the medication error and reviewing their medication systems and the competency of the nurse who made the error. During the review of their medication systems the home implemented a number of changes to simplify the processes and minimise errors. For example, the home implemented individual medication profiles for people that made it easier when the nurse was responsible for administering people's medicines.

We looked at the management of medicines at Oakland House Nursing Home with a registered nurse on all

three suites. We were informed that only the nursing staff were responsible for administering medicines. All staff responsible for the management of medication had completed medication training and undergone an assessment of competency which was ordinarily reviewed annually. All the people living at the home were having their medicines managed for them (no one was self-medicating).

We looked at six people's medicine administration record (MAR). We also reviewed records for the receipt, administration and disposal of medicines and conducted a sample audit of medicines to account for them. We found records were complete and people had received the medication they had been prescribed. We found people's medicines were available at the home to be administered when they needed them.

A list of nurses responsible for administering medicines, together with sample signatures was available for reference and people had individual medication records that contained a photograph of the person using the service to help staff correctly identify people who required medication. We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines and found that the provider had developed a suitable policy for staff to reference.

Oakland House Nursing Home used a blister pack system that was dispensed by a local pharmacist. Medication was stored in a medication trolley that was secured in a dedicated storage room. Separate storage was also available for homely remedies and for controlled drugs.

We found the arrangements for the storage, recording administration of medication and controlled drugs to be satisfactory. We saw that a record of administration was completed following the administration of any medication on the relevant MAR. Systems were also in place to record fridge temperature checks; medication returns and any medication errors. We noted on one suite the fridge thermometer was not working correctly, however at the time of our inspection this fridge was not storing any medicines. The nurse on duty confirmed this fridge was due to be repaired.

At the last inspection we found there were no 'as needed' (PRN) protocols available to give guidance on the frequency or circumstances when these medicines should be administered. At this inspection we found PRN protocols were now in place to help guide staff as to when they should administer these medicines. A monthly audit of medication was undertaken as part of the home's quality assurance system. We noted where areas had been identified during this audit an action plan was devised and followed up by one of the management team.

We checked the safeguarding records in place at Oakland House Nursing Home. We noted that a tracking tool had been developed to provide an overview of incidents of safeguarding referrals which had been made and the outcomes of these. We saw that suitable arrangements were in place to help safeguard people who used the service from abuse. The training records we saw showed that staff had undertaken training in safeguarding vulnerable adults. The staff members we spoke with confirmed this and were able to clearly explain the correct action they would take if they witnessed or suspected any abuse taking place. They told us that they would inform the registered manager and were confident that appropriate action would be taken. We saw safeguarding was discussed as part of team meetings and staff supervisions. This should help ensure that the people who used the service were protected from abuse.

During this inspection we saw the home was generally clean and free from malodour but some areas of the home were in need of attention. We found a strong malodour in one person's bedroom. We discussed this with the deputy manager and operational manager who both confirmed this would be addressed and the flooring in this person's room would be replaced. During our tour of the home we noted on the communal stairs a corner piece of the railing had dislodged and left a sharp edge. Again, we brought this to the

attention of the deputy manager and operational manager who confirmed this would be looked into.

Monthly safety checks and audits were being carried out to ensure people were protected from the risk of unsafe care and treatment. For example we saw appropriate checks were done in relation to fire alarms, fire extinguishers and emergency lighting. However, we noted these audits did not always go into detail on the specific areas where concerns were highlighted. For example, one of the audits commented that some bedrooms needed cleaning, this audit did not identify which rooms these were.

Fire drills had also been carried out and there was a business contingency plan in place to outline how people would be protected in the event of unplanned emergencies. During our tour of the home we noted many people's bedroom doors were being propped open by items such as chairs. We discussed the potential fire safety risk and door closure systems with the deputy manager who reported if a fire did break out staff would close the doors. We noted this specific guidance had not been recorded in the fire risk assessment or people's personal emergency evacuation plans (PEEPS).

At the last inspection we found PEEPS were not in place to assist the emergency services to evacuate the building in the event of an emergency. At this inspection we found PEEPS had been introduced for each person. However, we found some of the PEEPS recorded did not accurately capture the person's abilities. For example, one person required a walking frame, and this had not been recorded on the PEEPS. We noted the PEEPS did not list each person's mobility requirements and allocated them a grade according to the level of assistance they required. Current guidance suggests that where people have special needs individual "personal emergency evacuation plans" (PEEPS) should be developed and should be discussed with the people to whom they apply.

We have asked the Greater Manchester Fire and Rescue Service to advise the provider on fire safety arrangements in the home.

There was a cleaner present throughout the day of inspection and a team of laundry staff. We saw infection prevention and control policies and procedures were in place. Staff were seen wearing protective clothing such as disposable gloves and aprons when carrying out personal care duties. Hand-washing sinks with liquid soap and paper towels were in place in the bedrooms, bathrooms and toilets. This meant people were protected from the risk of infection and cross contamination when receiving personal care.

We examined staff rotas for the past two months; spoke with people, visitors and staff about the staffing levels. Rotas confirmed what we had been told about staffing arrangements by the provider. We also found that there were days when staff were supernumerary (off rota) but could respond if needed to help offer support and assistance to cover sickness or annual leave.

People we spoke with gave mixed views on whether there was enough staff on duty to meet their needs. Comments received included, "I think that they maybe could do with more staff; if someone goes out they have to ring up for a member of staff to come in", "There should be more staff, two support workers and one nurse is not enough especially when patients have appointments at hospital" and "I think there is enough staff and they are alright I go out with staff now and again to shops." A visiting family member commented, "There are enough staff here, I don't feel there are any issues with staffing."

All the staff we spoke with said there were enough staff on duty. Comments included, "I don't believe we have any issues with the staffing levels, if we are ever short due to sickness the management will help out or backfill with bank staff", "Yes we have enough staff, it's great to have a registered nurse on all three floors" and "It's a busy job, but we have enough staff to do it."

At the time of our inspection there was no staffing dependency tool in place to demonstrate how the dependency of the people using the service was being monitored against the staffing hours deployed. We discussed this issue with the deputy manager as the establishment of such a tool would help to further demonstrate that the needs of people using the service were met with the current staffing structure. The management team informed us that they were considering changing the current care planning model to ensure a rehabilitation model fully focused on the needs of the people. If a new care planning model is introduced the service would need to review the staffing structure to ensure there would be enough staff can accommodate the transition for people to rehabilitate and become independent. The manager agreed to review this issue with the provider.

Examination of the rotas identified an occasion when staffing had fallen below the levels identified above. The deputy manager reported that shifts were covered by bank staff or other care staff connected to the provider, but this wasn't supported by the rotas. A contemporaneous rota needed to be implemented to ensure all staff changes were recorded accurately. There was an on-call system also in place outside of office hours and at weekends. This provided the staff team with additional help and support should the need arise.

We looked at three newly recruited staff personnel files to check how the service recruited staff. We found that a safe system of recruitment was in place. The files contained the following; application forms that documented a full employment history, a medical questionnaire, a job description and two references connected to the applicants previous employment. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

Records showed that the registration of the nurses was checked regularly with the Nursing and Midwifery Council (NMC) to ensure they remained authorised to work as a registered nurse.

# Is the service effective?

## Our findings

At the last inspection we looked at the training records for all staff and found differences in the amount of training done by support staff and the nurses. The support staff had a rolling programme of training and a high percentage of staff were fully trained. At this inspection we reviewed the training programme and found a high completion rate for many key training subjects had been completed by the registered nurses and care staff, such as moving and handling, fire safety, safeguarding people from abuse, Mental Capacity Act 2005 and deprivation of liberty safeguards.

We looked at the induction process used by the service for new staff. The provider's documentation included the Care Certificate. The Care Certificate is a set of induction standards against which the competency of staff who are new to health and social care can be assessed. Newly recruited staff were shadowed by experienced staff for a number of weeks and received practical and DVD-based training and had also completed learning workbooks that were reviewed by a senior member of the management team to check whether the new member of staff fully understood the training they had undertaken.

We saw the service had recently introduced a re-validation scheme to help support nurses with their continuing professional development (CPD) and at the last inspection the management team acknowledged that the nurses needed more support to ensure this happened. CPD is a requirement of the Nursing and Midwifery Council (NMC) for nurses to be able to maintain their registration and continue to practice. At this inspection we nurses were appropriately supported and found evidence of training such as, palliative care / end of Life, bladder & bowel management and wound care.

This showed us that the service provided training to ensure that its staff could meet the needs of the people using the service.

There was also a programme called 'team teach' being rolled out across the service. Team teach aims to enable staff to support people to manage their behaviour more effectively through positive intervention and support rather than through physical intervention or medicine. This meant staff had the skills and knowledge to support people to manage their behaviour in an appropriate way and the least restrictive option is considered.

We found that the deputy manager had ensured that the staff completed supervision sessions and had an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We saw that records for the recent months showed that staff had received an appraisal and at least three to four supervision sessions. Also we noted a plan was in place to help ensure staff continued to regularly received supervision. This meant the staff were provided with the support to undertake their role.

Daily handover meetings were carried on all three units between the night shift and the incoming morning staff. The handover was used to inform staff of people's wellbeing and any changes that had been noted. Staff told us if they had been off work for a period, for example annual leave, they would receive an extended

handover from a senior carer on their return to work. This meant the staff were kept up to date with any changes in people's needs and support.

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.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the manager.

We checked the care records for people subject to DoLS authorisations who were living at Oakland House Nursing Home. The deputy manager maintained a record of people subject to a DoLS, together with the type (standard or urgent) and expiry date. One person's records showed that they were only allowed to leave the premises if they were escorted by a support worker. We saw on their file that a capacity assessment was recorded and a best interest decision made on their behalf. A DoLS application had been made for this and a standard authorisation was granted for the person. This meant the provider were fully aware of their responsibilities adhering to the MCA and therefore not depriving the person of their liberty unlawfully.

We saw that there were policies in place relating to the MCA and DoLS. Where people did not have the capacity to make decisions about their care, meetings were held with people, their relatives, and health and social care professionals to help ensure that any decisions were made in the best interests of people using the service. Staff we spoke with confirmed they understood the meaning of mental capacity. However, some of the staff were unsure of who was subject to a DoLS authorisation. The deputy manager explained this would be covered at the forthcoming team meeting.

We viewed further evidence that the registered manager and staff involved advocate services when required to assist people in decision making, and to ensure people's best interest meetings were followed correctly by adhering to the principles of the MCA 2005.

We found that staff had a good understanding of the requirements of the Mental Health Act 1983 (Amended 2007) and they made sure the MCA Code of Practice was followed. Staff confirmed they have previously supported people who were subject to conditional discharges from sections and Community Treatment Orders (CTO) and understood the importance of ensuring people were aware of the conditions that were applied and their right to appeal this section. A CTO is part 17A of the Mental Health Act, this allows people to leave hospital and be treated safely in the community rather than hospital. A CTO means that people have to keep to certain conditions in the community.

We looked at how people were supported in meeting their nutritional needs. People received their meals in the dining room on each floor. At the request of the people living at the home there was a 'breakfast club' twice a week. This was where people would sit together and have a full cooked breakfast. We saw this was happening on the second day of our inspection and people were offered a choice of foods. During the inspection we noted a four weekly menu was publicised in all three dining rooms. We found this menu was difficult to follow as it did not stipulate which week the menu was on and printed in small font. We discussed this with the deputy manager who acknowledged our observation and confirmed the menu would be updated to ensure it was easily understood by all.

We asked people for their views about the food served at the home. People told us they had plenty to drink and had a choice about when they wanted to eat. They told us, "The food is nice and there is enough to eat", "Good food, I have no complaints the kitchen staff ask what people like and dislike so we do get listened to", "I like the food it's nice and there's a choice" and "Foods good; choice of two meals at lunch and tea."

We looked at the kitchen and food storage areas and saw good stocks of food were available. People told us that food was always available when they wanted it throughout the day. People had their own fridges in their rooms if they wanted them and had access to satellite kitchens where they could prepare their own meals if they wanted to. Some people shopped online and had groceries delivered to the home along with takeaways when they wanted them. We spoke with the cook who knew the people well and tried to ensure everybody was well catered for.

Accommodation comprised of three identical units over three floors. Each unit was kept secure via an electronic keypad door. People who used the service had swipe cards which enabled them to enter and exit the building into a shared communal garden. All bedrooms were single occupancy, with several bath and shower rooms and separate toilets throughout. Corridors were sufficiently wide enough for people who used wheelchairs and aids such as walking frames, and handrails were provided to promote people's mobility and independence.



## Is the service caring?

### Our findings

We asked the people using the service if they thought the support staff were caring. People told us, "The staff are all nice and caring, the staff will sit down and talk to you. [Staff members name] is special, and a good worker", "The staff are alright; I get on with most of them", "The staff are nice, really nice and I can talk to them about problems", and "The staff are friendly enough and I would tell staff straight away if I had any complaints; they are easy to talk to."

During the inspection we observed staff supporting people at various times of the day and in various places throughout the home. We saw that staff communicated in a kind and caring way and were patient and respectful. We observed staff being affectionate and tactile with people and this often helped to reassure people when they were unsettled.

Through our observations of staff interacting with people and from conversations with the staff, it was clear that they knew the people they provided care for well. They understood people's preferences, likes and dislikes. They also had a good understanding of people's past lives, which enabled them to participate in meaningful conversations with people. This was confirmed by the relative we spoke to who also felt the staff knew their family member well.

During two occasions on our tour of the home we observed one person becoming anxious, the deputy manager was quickly on hand to reassure this person. We noted this person felt comfortable speaking to the deputy manager and appeared much happier once they had the conversation.

The service continued to use the positive handling approach when it came to de-escalating incidents that may challenge others. The positive handling plan outlines the causes of a person's anxiety, what behaviours may then occur and what happens if they go into crisis. It identifies common triggers and guides staff on the correct way to de-escalate a situation in order to support people in a positive way rather than through physical intervention or medication. This plan helped staff work with people by promoting and respecting their dignity and demonstrated good practice when supporting people with complex mental health needs.

We saw that people's privacy and dignity was promoted by staff during our inspection. The staff we spoke with described people using respectful language and this was also reflected in written records that we saw, even when the people described had displayed behaviours that might challenge others, or other problems had occurred. People we spoke with said that support staff always knocked on their bedroom doors if they wanted to speak with them and one person told us, "The staff here are respectful of my requirements."

Staff said that people were able to choose their own lifestyle such as when to get up and when to go to bed, choosing their own clothes, whether they wanted to take part in activities and being able to go out when they wanted. People confirmed this to us. We saw evidence of this when a person went out shopping.

Keyworkers had been established at the home ensuring people had regular one-to-one sessions with their named keyworker who was also registered nurse. During one-to-one sessions people were asked how they



were or if they had any issues or problems and the conversation was documented. However, we found many of the one-to-one sessions were not always recorded in people's care plans. The deputy manager confirmed these sessions were happening regularly but due to a lack of recording we could not quantify this.

We also saw regular residents meetings were held monthly. People were able to make suggestions and comments about the home and the support they received. However, we found these meetings were poorly attended. We discussed how residents meetings were arranged with the registered manager, who confirmed staff encouraged people to participate, but looking at the turnout the registered manager acknowledged this area needed to be reviewed.

At the time of our inspection there was no one receiving end of life care. We found there was not a designated section incorporated within the care plans that discussed people's wishes for their end of life care. Discussion with the operational manager confirmed the care planning framework was in the process of being reviewed to ensure people's end of life wishes were discussed and recorded. We will review this at our next inspection.

We asked the staff about the people at Oakland House Nursing Home. The staff members we spoke with could demonstrate how they made an effort to recognise people's diversity, including their gender, race, previous jobs, spiritual and religious beliefs, thoughts and opinions. For example, the deputy manager confirmed in the past one person who once lived at the home had the opportunity to cook food which reflected their cultural background. These preferences were recorded in the person's care plans, so that staff were aware of their cultural preferences.

## Is the service responsive?

### Our findings

We asked people who used the service or their relatives if they found the service provided at Oakland House Nursing Home to be responsive. Comments received included: "I have complained in the past about the noise from other residents and was told they would look into it; which they did and the situation has eased", "I like the house itself and the freedom it gives me to go out when I want to go shopping for food and clothes" and "There is an activities chart and planner on the wall but I do my own thing."

At the last inspection we found the provider was in breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. This was because the care plans were not in good order and some of the entries were illegible. In all the care files we had looked at there were inconsistencies or missing pieces of information. This meant people were at risk of not receiving the care and support they needed.

At this inspection we found the care planning system had improved slightly, but we still found inconsistencies or missing pieces of information. We found that care plans had not always been completed in sufficient detail, in particular when the care plans were evaluated they did not always replace the outdated information that no longer applied. For example, when the care plans were evaluated the original care plan did not always get updated at the same time when changes had been recorded in the evaluation section. Therefore, important information could potentially be overlooked by the care staff or visiting professionals. We discussed this area with the management team who confirmed the care planning system at the home needed to be changed to ensure the care plans fully met people's assessed needs.

At our last inspection we found that people did not have aspirational care plans which set out their goals and ambitions in terms of rehabilitation and recovery or what the next step was in terms of accommodation and personal independence. At this inspection we found that this was still the case. None of the care plans we saw included people's long term plans or wishes; they were focused on meeting people's health needs in the here and now. This meant that the home was not responsive in terms of setting out their goals and ambitions for people to achieve.

By reading people's care files, speaking with people and making observations, we could see that a proportion of the people at Oakland House Nursing Home had issues with addiction, including cigarettes, alcohol and drugs. However, we could find no evidence in people's care files that they were supported to rehabilitate or recover. There were no care plans focused upon health promotion and rehabilitation and no evidence that mental health tools such as the 'recovery star' were used. The recovery star is a tool which can be used to assess and track people's rehabilitation and recovery from various issues.

Likewise, we could find no evidence in people's care files that they were being encouraged and supported to become independent with a view to moving on from the home eventually. One person told us that people cooked in one of the communal kitchens as an activity and records showed that people were supported to clean their rooms and manage their laundry, but apart from that, activities focusing on promoting people's independence were lacking.

On each of the units there was a satellite kitchen which we were told people could access to make themselves drinks and snacks if they wanted to and to learn independent living skills such as cooking. However we did not see evidence in three of the care files we looked at which identified if people had the ability to manage activities of daily living themselves, such as getting dressed, taking a shower or preparing their own meals. We noted this was also highlighted at the last inspection.

We examined four care plans and saw little evidence to show that people who used the service, or their relatives, had been involved in the development of their care plans. The deputy manager commented that people had been involved but this had not always been recorded.

We looked at the service's statement of purpose. A statement of purpose is a document produced by the company which outlines to prospective service users what they can expect from the service. The services aims and objectives stated 'We provide a range of treatments for our disparate group of service users through providing a person centred approach, which ensures that needs are met for those service users where dedicated treatment(s) will enhance their prospects for rehabilitation, for those who can improve their skills and quality of life, or for those who are unable to progress but will continue to need a placement for life'. We found this was not the case, when we asked what was in place for people wanting to move on.

The fundamental purpose of Oakland House Nursing Home was to support people to recover, rehabilitate and become independent. The continuing lack of action to meet people's identified needs was a breach of Regulation 9 (1) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we received negative comments in respect of the activities on offer at Oakland House Nursing home. At this inspection we found activities had improved, but there was still room for further improvement. An activities timetable planner was publicised on the corridor of each unit. The home employed an activities co-ordinator who was passionate about the role and worked four days a week on activities and one day as a support worker. During the inspection we met with the activities co-ordinator who discussed in detail what has been introduced since our last inspection. People now had the opportunity to take part in one-to-one cooking sessions, arts & crafts, and bingo. On the second day of our inspection a music teacher arrived at the home who worked on all three units at least once a month. The home also had access to their own mini bus to support people out in the community. The home were in the process of planning a summer holiday to either Wales or Blackpool, but this was in the early stages of being organised. We found the activities that had happened were only recently recorded. This meant the level of activities that had taken place and the people who participated was difficult to quantify how often these were. The registered manager commented that the home was actively pursuing to recruit a second activities co-ordinator to ensure activities continued to improve. We will review this area at our next inspection.

We received differing comments in relation to the activities at the home, comments included: "There is a trip out to Blackpool each year but I would like more activities", "There are no activities", "The activities have improved, but they could do with mixing it up" and "Yes we are encouraged to take part in the activities they put on, but I do my own thing."

There was a complaints procedure in place. The procedure was clearly displayed in the reception area of the home and also in an easy read format. We also looked at the complaints which had been made against the home. We saw that there were details about what the complaint had been about and what action had been taken. There was also a copy of the response which was sent to the complainant. During the first day of our inspection we observed one person complaining to the deputy manager about a staff member. We followed up this complaint on the second day of our inspection and we found the deputy manager had recorded the complaint and investigated the concerns raised. The deputy manager told us that most issues of concern

were resolved informally without the need for a formal complaint to be made.

## Is the service well-led?

### Our findings

At the time of our inspection there was a registered manager in place who took responsibility for the overall management of the service. The registered manager had not been available for a number of weeks; however the operational and deputy manager's provided support in the registered manager's absence. At the time our inspection the registered manager was available; however the manager had recently stepped down and was in the process of deregistering. The provider had already identified a new manager that would be soon appointed.

The management team engaged positively in the inspection process and we observed staff referring to them by their first names. Staff we spoke with confirmed the management team were friendly, approachable and supportive.

Comments from staff included, "We can go to the manager if we have any issues, whether this is regarding work or personal", "I feel we are listened to by the management if we have new ideas" and "We are supported, [deputy manager name] will always help out on the units when we need his support."

From observing staff interacting with each other and the manager it was apparent there was an open culture. Staff spoke respectfully about people and supported each other. Staff understood their responsibilities in relation to their role.

At the last inspection people who used the service told us the registered manager had a drop in session where people were encouraged to come and see her. They said they could request to meet with the registered manager by filling in a form to request a time and day which was suitable. The deputy manager said these drop in meetings were still available, but they didn't tend to be used by the people as often. The deputy manager commented that he is always available for people to approach him with and queries they may have. We observed a number of times during the inspection when people did approach the deputy manager and we noted he was responsive to people's requests.

Staff told us that the registered and deputy managers were involved with the care people received and knew people's needs very well. Staff were supported with monthly meetings where a set agenda was discussed. Staff were able to raise whistle blowing concerns and the registered manager took action when any concerns were raised with them. Whistle blowing is where staff can raise anonymous concerns if they are worried about the care provided.

At our last inspection we found that deficiencies in the internal audit systems and made a recommendation that the home ensures all corrective action needed as a result of audits undertaken is appropriately documented and recorded in line with current best practice guidance available. At this inspection we found a number of audits had improved and identified similar shortfalls noted during our inspection. However, the care plan audits did not capture the inconsistencies we found during our inspection.

The registered provider introduced a new governance structure that incorporated a monthly cycle of quality

assurance and gave staff within the service roles and responsibilities they needed to complete. We found this governance structure had not long been incorporated within the service and it was therefore difficult to determine how robust it was. The providers auditing systems were carried out by the registered manager and deputy manager who completed daily, weekly and monthly audits which included the environment, infection control, fire safety, medication, risks and care plans. However, the internal quality monitoring system had failed to identify some of the poor recordings we identified in people's care plans at the time of our inspection. During the inspection the provider took action to mitigate some of these risks in people's care plans.

The registered manager was clear in their responsibilities, sending in required notifications and reporting issues to the local authority or commissioners as required. They were open with us throughout the visit and provided us with any information we needed. They had already identified the areas for improvement that were highlighted at this inspection and agreed to take action, however we found this action had not been taken in a timely manner. The management team were aware a new model of care planning was required at the home to ensure they matched the provider's aims and objectives of providing people with the opportunity to set future goals and rehabilitation. We spoke to the operational manager who told us that they were attempting to promote a person centred philosophy of care to ensure people were given the opportunity to rehabilitate. For example, by potentially changing the layout of the units depending on people's level of abilities and introducing the recovery star tool.

A new detailed medication audit had been devised and we saw a number of completed audits carried out by the deputy manager. These were thorough and encompassed all aspects of medicines administration, including receipt, storage, record keeping, controlled drugs, training and communication.

There was a system in place to monitor accidents, incidents and safeguarding concerns within the home. The deputy manager carried out a monthly trends analysis on information, such as accidents or incidents, occurring within the home. This meant that the home responded to accidents and incidents and took appropriate action to safeguard the individual and other people, involving relevant professionals where necessary.

We saw opportunities were provided for people, their visitors and staff to comment on the service and share ideas. The registered and deputy manager strived to involve and inform people as much as possible in the running of the service. For example, we saw a number of surveys were sent to people who used the service and their families. These included a menu survey and a service user experience survey. We also saw the minutes of residents' meetings and family forum meetings. This meant the home strived to ensure people and their relatives were involved in decisions about the running of the home and were encouraged by the service to provide feedback.

The service also held culture and values group meetings. These meetings were introduced to challenge perceptions and preconceived ideas staff have about each other and as a way of trying to get staff to think more positively. This meant the home was committed to ensuring staff understood and respected each other as well as the people they supported. It also showed that promoting staff morale was important to the manager.

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 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	There was a lack of comprehensive care and support planning and action to meet people's identified needs.
Treatment of disease, disorder or injury	

  

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The registered provider had not ensured people's risks associated with their care had been assessed and documented to help staff know how to mitigate the risks.