

## Oakfield House Retirement Home

# Oakfield House

### Inspection report

Oakfield House Retirement Home  
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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Inadequate</b> 

# Summary of findings

## Overall summary

### About the service:

Oakfield House is a residential care home that accommodates up to 30 older people who maybe living with dementia. At the time of the inspection 24 people living at the service.

### What life was like for people using the service:

People told us that they felt safe and that staff met their needs and preferences. People and relatives told us the registered manager was approachable and dealt with any concerns they had promptly. However, the registered manager had not acted to meet the breaches of regulation found at the last inspection. Checks and audits had not been completed to ensure the quality of the service and to make improvements. There continued to be shortfalls in the assessment of potential risks to people's health and welfare. People and staff told us they had been kept informed by the registered manager of any changes but resident meetings had not been held so that they could give their opinion and make suggestions. The registered manager had not continued to work with other agencies to improve the service or attend forums to keep up to date.

Staff knew people's needs and preferences, people told us staff supported them in the way they preferred. However, care plans did not always reflect the care given and people's needs had not been assessed in accordance with national guidance. People could take part in activities they enjoyed, and were encouraged to be as independent as possible and make their own decisions.

Staff monitored people's health and referred them to health professionals when required. Staff worked with health professionals to support people at the end of their lives. There were sufficient staff to meet people's needs, who had been recruited safely and received appropriate training for their role.

The service was clean and odour free and had been adapted to meet people's needs. People told us they received their medicines when they needed them. Staff knew how to report concerns and keep people safe.

More information is in the detailed findings below.

### Rating at the last inspection:

Requires Improvement (report published 7 February 2018).

### Why we inspected:

This was a planned inspection based on the rating at the last inspection. We found that the service continued to meet the characteristics of Requires Improvement, with the domains of well led now rated Inadequate. The overall rating is now Requires Improvement.

### Follow up:

We will work with the provider following this report being published to understand and monitor how they will make changes to ensure the service improves their rating to at least Good.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe  
Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective  
Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring  
Details are in our Caring findings below

**Good** ●

### Is the service responsive?

The service was not always responsive  
Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.  
Details are in our Well-Led findings below.

**Inadequate** ●

# Oakfield House

## Detailed findings

### Background to this inspection

#### The 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 checked 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.

#### Inspection Team:

The inspection was carried out by one 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.

#### Service and service type:

Oakfield House is a care home. People in a care home receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of the inspection:

The inspection was unannounced.

#### What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from health professionals. We assessed the information we require providers to send us at least once annually to give key information about the service, what the service does well and the improvements they plan to make.

People living at Oakfield House could tell us about their experiences living at the service, we spoke with 14 people and three relatives and visitors. We spent time observing staff with people in the communal areas during the inspection. We spoke with the registered manager, head of care, three care staff and the incoming manager.

We reviewed a range of records. This included five people's care records, reviewed medicine records. We looked at recruitment records and training records. We reviewed records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management:

At the last inspection, potential risks to people's health and welfare had not been assessed and there was no guidance for staff to mitigate the risk. Environmental risks had not been assessed and action had not been taken to mitigate the risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There continued to be no assessment of potential risks to people's health and welfare, there was no detailed guidance for staff to mitigate the risk.
- People were living with health needs such as diabetes, there was no guidance for staff about how to monitor the person's health, what symptoms to look for when people were unwell and what action to take. Established staff told us how they supported people and how they knew people were unwell.
- Some people had a urinary catheter, a tube which drains urine from the bladder. There was no guidance for staff about how to maintain the catheter, what signs to look for when the person is unwell or the catheter is not working correctly. Established staff described consistently how they supported people in managing their catheter.
- When people required support to move around the service, there was information about what equipment staff should use. However, there was no assessment to show how this decision had been reached and there was no detailed guidance for staff about how to move people safely.
- The service had employed new staff recently and there was a risk they would not know how to support people safely.

The provider had failed to do all that is reasonably practical to assess and mitigate risks. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection, checks on the environment had not been consistently completed, which had put people at risk, improvements had been made.

- Previously doors had been wedged open, stopping them closing in the event of a fire. There was now a system in place to enable doors to be kept open and close automatically when the fire alarm was activated.
- Water temperatures had not been checked to ensure they were below 44c to reduce the risk of scalding. Staff now recorded the temperature of the water when people have a bath or shower to check it was a safe temperature.

Using medicines safely:

- Medicines were managed safely, people received their medicines as prescribed.
- At the last inspection, medicine trolleys had not always been stored secured to a wall and were kept outside of the medicines room at times. Medicine trolleys were now secured to the wall in the medicine room and where they were stored.
- There were appropriate systems in place to order, store, administer and dispose of medicines safely.
- When people were prescribed medicine on an 'as and when' basis such as pain relief. There was guidance in place for staff about when to and how medicines to give people.
- One person told us, "I have my medicines brought to me, I feel very safe."

#### Learning lessons when things go wrong:

- Accidents had been recorded, action had been taken when an individual had fallen more than once, to refer them to healthcare professionals to reduce the risk of them happening again.
- The registered manager had not completed an analysis of the accidents records to identify any overall patterns and trends. This was an area for improvement.

#### Staffing and recruitment:

- There were sufficient staff on duty to meet people's needs. Permanent staff covered any sickness or holidays.
- Staff were recruited safely. Prospective staff had a second interview where they spent time with people, who were asked their opinion about the prospective staff. The registered manager took this into consideration before offering them a position.
- People told us there were enough staff. One person told us, "There are plenty of staff on duty and if I call and they are busy they see me and tell me."

#### Supporting people to stay safe from harm and abuse, systems and processes:

- The registered manager and staff understood their responsibilities to safeguard people from abuse. Staff were aware of the signs and symptoms of abuse and to observe for changes in people's behaviour.
- Staff were confident that if they reported any concerns to the registered manager it would be dealt with appropriately.
- The registered manager had referred incidents to the local safeguarding team as appropriate.

#### Preventing and controlling infection:

- Previously, the communal bathrooms had non-slip mats, that were used by each person, with no record of when they had been cleaned. Staff now used a clean mat for each person and the mats were cleaned between each use.
- The service was clean and odour free. One person told us, "It is always spotless here it really is."
- Staff had received training in infection control and used personal protective clothing such as gloves and aprons, when required.

# Is the service effective?

## Our findings

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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Assessing people's needs and choices; delivering care in line with standards and guidance and the law:

At the previous inspection we recommended that the registered manager finds out how to assess people's needs in line with current guidance, the registered manager had not done this.

- People's needs and preferences had not been assessed using recognised tools and following national guidance, such as skin integrity and nutrition. However, when people needed specialist equipment such as a pressure relieving mattress, these were in place.
- Before people moved into the service, they met with the registered manager, to check that staff could meet their needs.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessment, this included people's needs in relation to their culture, religion and diet.

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

At the last inspection, the provider had not maintained accurate records in respect of each person in respect of decisions taken in relation to care and treatment. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, improvements had been made.

- 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 with legal authority. In care homes and some hospitals, this is usually through MCA. We checked the service was working within the principles of MCA.
- People's mental capacity had been assessed and recorded. Where applicable, there were copies of documents such as Power of Attorney, so staff knew who to involve in decision making.
- People were encouraged and supported to make decisions about their care, how they spent their time and what they wanted to eat and drink. One person told us, "We make our minds up when we want to get up and when we want to go to bed."



Staff skills, knowledge and experience:

At the last inspection, improvements were needed to the training staff received and the assessment of staff competency.

- Staff training now took place monthly, an outside trainer came to the service to provide updates on mandatory topics such as moving and handling, safeguarding and mental capacity. Staff told us they found these updates important to keeping their skills up to date.
- New staff completed an induction, this included a four day training course covering all aspects of care. Staff also shadowed more experienced staff to learn about people's choices and preferences.
- Staff told us the registered manager was approachable and they could discuss any issues with them. However, formal one to one supervisions to discuss their practice and development had not been completed.
- Staff competency to administer medicines had been completed. One person told us, "I have every confidence in the staff's ability."

Staff working with other agencies to provide consistent, effective, timely care:

- Staff monitored people's health and referred them to the relevant health professionals when their health needs changed. When people lost weight, they were referred to the dietician, staff followed guidance that was given.
- People had access to health professionals such as dentists, opticians, chiropodists and physiotherapists. One person told us, "They are very good at making sure we get all the support we need."
- People were supported to be as active and lead as healthy life as possible.

Supporting people to eat and drink enough with choice in a balanced diet:

- People's dietary needs and preferences were met and people were given a choice of meals. People's meals were presented in the way they preferred and the portions they wanted.
- People were assisted with their meals when needed, staff gave people time to enjoy their meals.
- We observed the lunchtime meal, people had a choice of where they ate their meal. In the dining room, there was a relaxed atmosphere with people chatting with each other.
- People told us they enjoyed the meals. One person told us, "We have excellent and delicious meals here." Another told us, "The food is top class, plenty of it and good quality."

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

- The building had been adapted to meet people's needs, specialist equipment was available to assist people to use the bath.
- People's rooms had been personalised to reflect people's choices and preferences.
- There were no pictorial signs around the building to assist people to show people where the bathrooms and toilets were. This did not impact on the people living at the service, we observed people moving independently around the service. We discussed this with the registered manager, that signs may be needed if people's needs changed.

# Is the service caring?

## Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed people being treated with kindness and respect. Staff knew people's choices and preferences and supported them in these.
- Staff made sure people had their things around them when sitting in the lounge.
- People were encouraged to maintain relationships that were important to them and visitors were welcome at any time.

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

- People could discuss their care needs with their keyworkers. However, this had not been evidenced in the care plan to show that people had agreed with the plan.
- People were encouraged to spend their time how they wanted and eat their meals where they wanted.
- People were supported to attend GP and hospital appointments and express their views about their treatment.
- One person told us, "They always listen to me and always care and help as much as they can."

Respecting and prompting people's, dignity and independence:

- People were supported to be as independent as possible. People were supported to walk independently with walking aids. One person had taken on the role of laying the tables in the dining room, as they wanted to have a job and feel useful.
- One person told us, "I do feel I have my independence because I am free to be where I want to be, within reason, and I make my own mind."
- People's dignity and privacy was respected, staff knocked on people's doors and waited to be asked in.
- Staff checked on people regularly, when they had chosen to stay in their room.
- People's personal information was stored securely and staff understood how to keep people's confidentiality.

## Is the service responsive?

### Our findings

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

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

Personalised care:

At the last inspection, the provider had failed to maintain an accurate record for each person, their care plans did not contain detailed information about their choices and preferences. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Each person had a care plan, however, the plans continued to be inconsistent in the amount of detail about people's choices and preferences. Some people's care plans had no detail about how they liked to be supported, only their care needs, guidance had not been altered to make it unique to that person.
- The way in which people's care plans were recorded differed from person to person. We reviewed four care plans, each plan had a different format and contained different information. The information in each plan was not complete, and did not cover all aspects of the person's care and support.
- Care plans were reviewed monthly, but the care plans were not altered when changes in people's needs had been identified. Therefore, care plans did not always reflect people's current needs. For example, one care plan stated the person walked with a wheeled frame but the review stated that the person used a hoist. Staff confirmed that they were moving the person using the hoist.
- People told us staff met their needs in the way they preferred. Staff knew people well and described how they supported people in the way they preferred. People were supported to take part in activities they enjoyed.
- One person told us, "We do discuss what we would like to do activity wise and they are so friendly and accommodating they will try everything to keep us happy."

The provider had failed to maintain an accurate record for each service user. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

End of life care and support:

- People had been asked about their end of life wishes, these had been recorded when they had been received.
- Staff were not supporting anyone at the end of their lives at the time of the inspection.
- Staff had received training in end of life care. They worked with other healthcare professionals, such as the district nurse, to keep people comfortable at the end of their life.

Improving care quality in response to complaints or concerns:

- People and relatives knew how to complain, they told us they would speak to the registered manager. People told us any concerns they had were dealt with immediately and to their satisfaction.
- The registered manager had not recorded verbal complaints and 'niggles' and the action taken, this had been an area for improvement at the last inspection.
- The registered manager told us there had been no formal written complaints since the last inspection.
- One person told us, "I can not think of any concern or complaint that I have ever had."

# Is the service well-led?

## Our findings

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

Inadequate: □ There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care and working in partnership with others:

At the last inspection, the provider did not have systems in place to assess, monitor and improve the quality and safety of the service. The provider had failed to assess and monitor risks and maintain accurate records for each service user. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The leadership of the service remained poor. Significant shortfalls in the quality of the leadership of the service had been identified in the last two inspections. The registered manager had not kept up to date with current regulation and guidance. At this inspection, the registered manager had not acted to make improvements.
- The registered manager told us they had been working with the clinical nurse specialist to improve the service. There was no evidence of this and the clinical nurse specialist confirmed that they had not been invited into the service for some time, to continue to support the registered manager.
- There were now medicines audits completed, but there continued to be no other checks or audits completed on the quality of the service.
- There continued to be shortfalls with the completion of care plans, assessment of people's needs and potential risks to people's health and welfare and the guidance given to staff.
- Accidents had been recorded but there continued to be no analysis to identify patterns and trends.
- There continued to be no records of resident or staff meetings to show that people and staff had been able to make suggestions to improve the service.
- The registered manager told us that they had started to attend local forums following the last inspection, however, they had not attended recently. The registered manager could not evidence any changes that had been made following current guidance.
- Staff had not received formal supervision to discuss their development.
- The provider had limited oversight of the service and had not completed any audits to check the quality of the service.
- The registered manager informed us that the service was being sold soon and they would not be staying at the service.

The provider did not have systems in place to assess, monitor and improve the quality and safety of the service. The provider had failed to assess and monitor risks and maintain accurate records for each service user. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

The service promoted person centred, high quality care and good outcomes for people:

- There was an open culture at the service. People knew the registered manager and told us that they saw them frequently. During the inspection, the registered manager knew all the relatives that came to the service by name and there was a relaxed atmosphere.
- We observed, that the registered manager and staff understood people's needs and worked with them to support them in the way they preferred.
- Staff had supported some people to improve their independence this had enabled them to return home to live with support.

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

- Quality assurance surveys had not been sent to people, staff or relatives in a co-ordinated way.
- The registered manager told us that they left the surveys in reception. Only two had been returned in the last year, the results of these surveys had been positive. The registered manager provided analysis of questionnaires from July 2017 to July 2018.
- Staff had not been asked to complete a survey and there had not been regular staff meetings for them to express their opinions.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to do all that is reasonably practical to assess and mitigate risks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have systems in place to assess, monitor and improve the quality and safety of the service. The provider had failed to assess and monitor risks and maintain accurate records for each service user.