

Marlacourt Limited

# Oaklands Rest 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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Oaklands Rest Home is a residential care home providing personal care to 21 people aged 65 and over at the time of the inspection. The service can support up to 29 people accommodated in one adapted building.

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

Systems to assess, monitor and improve the safety and quality of the service were not always effective.

Systems and processes to manage the prevention and control of infections were not robust.

Risk to people had not always been mitigated in accordance with their care plan and risk assessment.

Robust processes were not always followed when checking staff for suitability before being employed by the service.

People's needs in relation to social and mental stimulation were not all or consistently being met. Provision of activities had improved recently following the employment of dedicated member of staff. Continued improvements will need to be made and sustained.

People were given appropriate support to eat and drink enough to meet their needs. We recommend that the service seek advice and guidance from a reputable source about best practice mealtime provision for people who are living with dementia.

There were plans for the extensive refurbishment of the older part of the house and some work had already been completed. We recommend that the service seek advice and guidance from a reputable source for best practice for dementia friendly environments.

People were mostly supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service support this practice. We recommend that the service seeks advice and guidance from a reputable source on how to implement and review least restrictive practices for individuals.

There were sufficient numbers of staff deployed to meet people's general health needs.

Staff were aware of their responsibilities in relation to safeguarding and said they would feel confident raising any concerns with the registered manager.

The management, storage and administration of medicines was safe.

The service had an on-line training and development programme that enabled the registered manager to

monitor any shortfalls in staff training requirements. A supervision programme had been put in place.

We received positive feedback from some healthcare professionals who told us the service referred people appropriately to healthcare services.

People were on the whole supported and treated with dignity and respect; and involved as much as possible in their care.

Staff demonstrated knowledge of people's individual needs and preferences regarding support. Occasionally staff did not follow care plans.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 16 October 2018) and there were three breaches of regulation. The provider's action plan was not received after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made / sustained and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

The inspection was prompted in part due to concerns received about infection control, assessing needs, the environment, and poor practice supporting older people and those living with dementia. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider had taken effective action to mitigate some of the risks, such as in relation to the security of the environment.

#### Enforcement

We have identified four breaches in relation to infection control, staff recruitment practices, person-centred care, and governance at this inspection.

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

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was 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 always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Oaklands Rest Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team included two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

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

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with the registered manager and six members of staff including the receptionist, senior care workers, care workers and activities coordinator. We also spoke with the nominated individual, who is

the person responsible for supervising the management of the service on behalf of the provider, and three external health and social care professionals.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including risk management and quality and safety audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff supervision and quality assurance records. We received feedback from four professionals who have regular contact with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- Systems and processes to manage the prevention and control of infections were not robust.
- Bathrooms were not always hygienically clean. Flooring and tiling were cracked and there were gaps around surfaces which could harbour bacteria.
- The underneath of toilet seats and commodes in the downstairs bathroom and upstairs toilet had not been properly cleaned and brown grime had accumulated around the base of toilets. One bathroom had traces of faeces smeared on hand wash basins.
- General cleanliness was not well managed. There were cigarette ends, a used latex glove and other rubbish on the ground outside the kitchen door. Doors and stairgates had black grime on them and skirting boards had a build-up of dust, dirt and grime. Brick dust from drilling in walls by radiators had not been cleaned up.
- Table tops were sticky and spillages had not always been cleaned leaving sticky stains and run marks.
- Some hand sanitiser dispensers were empty or did not work which prevented staff from complying with good hand hygiene practices.
- A healthcare professional told us, "The home had an infection control action plan following a visit from an infection and prevention lead. The visit identified that some areas of the home were in need of redecoration and more robust cleaning schedules were required. It is difficult to say whether this has been fully embedded".
- We noticed that, while the kitchen store was neat and tidy, some corrugated cardboard boxes were being used for storing food items in a freezer. This is not best food safety practice as the cardboard box could become wet, potentially creating a biohazard.

This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A relative told us, "I visit often at different times of the days. Her bedroom is always clean. The flooring was recently changed from carpet to a hard floor. The change was explained to me before it happened".

### Assessing risk, safety monitoring and management

- Environmental risk assessments had been carried out including legionella and fire and actions had been, or were in the process of being, followed up.
- Legionella management was mostly carried out in line with HSE guidance, for example, descaling of showers and flushing of little used taps. However, we noted that temperature checks were taken for scalding

risks but not for legionella risks. The provider agreed they had not been doing this correctly and would seek advice from their consultant when they visited to carry out the new risk assessment which was due in August 2019.

- Fire safety checks, such as the fire alarm, exit routes, emergency lighting and extinguisher checks were carried out regularly.
- Maintenance staff were employed to carry out the safety checks and to address any maintenance issues and repairs.
- Risk to people had not always been mitigated in accordance with their care plan and risk assessment. One person was in the lounge drinking from a beaker with a spout. A staff member went away and came back with a normal cup and assisted the person to drink. The person coughed several times while trying to drink. The staff member said, "Oh dear are you alright?" They left the person alone with the cup while they went to get some napkins.
- We looked at the person's care plan and risk assessment and saw the person should use a 'sippy cup' (a beaker with a lid and a spout) due to their risk of choking. We spoke to the registered manager about this. They told us there had been some issues with lids breaking on the sippy cups and they had run out and had ordered new ones. We said the person had been using one before the staff member changed it. The registered manager confirmed the person should not have been given a normal cup.
- Stair gates were in place at the bottom of the stairs to help prevent people from accessing the stairs. However, these were constantly left open increasing the risk of people falling on the stairs.
- There were no tables in the main lounge for people to place their hot drinks. We noted people had to hold them or put them on the floor, creating scalding and trip hazards.

This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- There were sufficient numbers of staff deployed to meet people's general health needs. Staffing levels were determined by assessing people's level of dependency and were kept under review and adjusted based on levels of occupancy and people's changing needs.
- At the last inspection we found that staff job application forms were not always fully completed and gaps in people's previous employment histories were not always recorded and explained. At this inspection, while recruitment records were mostly in place, they did not always demonstrate that thorough processes were followed when checking staff for suitability before being employed by the service.
- One staff member's record showed that they had commenced work before full DBS clearance was confirmed, despite a DBS 'First' (an initial and partial check) having been 'inconclusive' and that stated the provider must await the full disclosure certificate before making a recruitment decision. A job offer letter had been sent stating a start date and time would be given on receipt of the full DBS clearance, which indicated the provider was following appropriate procedure. However, the member of staff had commenced employment before this time.
- The provider told us the DBS had been received, but we could not find this on record. The provider subsequently sent us an email with a screenshot of their computer system showing an issue date of 27/04/2019. However, this did not provide sufficient evidence of the actual DBS. We asked the member of staff to provide us with evidence of their DBS, which they were able to do. While the member of staff had been working at the home since 28/05/2019, sometimes alone with people using the service, the DBS had not been issued until 27/06/2019.

This was a continuing breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Learning lessons when things go wrong

- The Nurse Facilitator provided the home with a Falls Huddle. The Huddle asks a series of questions that should help determine whether the fall was avoidable or unavoidable and the actions required. The home was encouraged to complete a Falls Huddle after every fall and email the huddle to the Nurse Facilitator. The registered manager informed us that only complex cases were to be sent to the Nurse Facilitator and there had been seven huddles completed in April 2019.
- Senior care staff was aware of recording sheets for Falls Huddles.
- Following the inspection visit, the registered manager sent us records of audits they had undertaken. In one recent audit the registered manager said that audits take place for concerns and complaints and GP interactions and nurse interventions. Any trends and patterns are noted and shared with the whole team.

### Systems and processes to safeguard people from the risk of abuse

- Staff were aware of their responsibilities in relation to safeguarding and said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored.
- A visitor confirmed they felt their relative was safe and told us, "The staff are very aware of mum's needs. (Staff name) is her key worker. They know what to expect and how my mother's dementia is progressing". Another visitor said their relative felt safe and "The staff are friendly".

### Using medicines safely

- The management, storage and administration of medicines was safe.
- The provider used an electronic system to record and monitor medicines.
- Regular checks ensured all medicines had been given as prescribed and were accounted for.
- Staff were trained in medicines administration and on-going competency was reviewed.
- Fridge and room temperatures were checked daily to ensure medicines were stored in line with manufacturer's guideline. However, we noted the date of opening on two liquid medicines had not been recorded so staff could not be assured they were not being used beyond the manufacturer's recommended timeframe after opening.
- Protocols were in place where people required 'as and when' medicines, such as pain relief, which provided additional guidance for staff in why, how and when to give them.
- A healthcare professional told us a colleague had reviewed the administration of medicines within the home and had no concerns.

# 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.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- A healthcare professional told us the service was working with them on making improvements to the assessment and care planning process.
- Following the inspection visit, the registered manager sent us a copy of the new pre-assessment documentation with changes that had been introduced.
- Another healthcare professional said they had observed that "The staff seemed to be caring and quite knowledgeable" about a client of theirs. They also noted, "Their electronic care plan system appears to be up to date with regards to the individual".

Staff support: induction, training, skills and experience

- At the last inspection we found staff did not receive such appropriate support, professional development, supervision and appraisal as necessary to enable them to carry out the duties they are employed to perform.
- During this inspection some staff we spoke with confirmed they received supervision and the registered manager sent us a supervision matrix following this inspection.
- The service had an on-line training and development programme that enabled the registered manager to monitor any shortfalls in staff training requirements.
- Training was provided for moving and handling, infection prevention and control, food safety, nutrition, oral health, medicines management, health and safety, introduction to dementia, safeguarding adults, end of life care, equality and diversity, fire safety, and first aid. Staff also undertook training relating to meaningful activities and night-time care for people living with dementia. Eight staff had completed level 2 dementia training.
- A healthcare professional told us, "I have discussed training possibilities whilst I am in the care home and the registered manager was happy for me to provide training for her carers, therefore we have set every Wednesday as a training day once I return from my annual leave".
- The provider's staff induction training incorporated the Care Certificate, where appropriate, which is a nationally recognised set of induction standards for health and social care staff.
- We received positive feedback from one healthcare professional about the service engaging in further training.
- However, we observed one instance whereby a staff member did not implement the dementia training the registered manager said they had received. When mopping up a spillage, the cleaner did this without speaking to the person and moved their walking frame without asking. We did observe other positive interactions between staff and people, that showed patience and understanding.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people at mealtimes and encouraged them to eat. One staff member said, "We'll have lunch together." Another said, "Oh look at that big fat raspberry [name]. Oh delicious. Try it!" One person did not want to finish their main meal so a staff member said, "Shall we swap then?" and swapped the dinner plate for a bowl of pudding which the person enjoyed.
- People's weights were monitored and where people were losing, or at risk of losing weight additional measures were put in place, such as a GP referral, supplements and fortified meals.
- People's fluids were also monitored and where required, extra drinks and lollies were offered. People's nutritional needs were written on a white board in the kitchen.
- People were given appropriate support to eat when needed. A member of staff asked a person if they would like a yoghurt. The person appeared to want the yoghurt and the staff member sat down and assisted the person to eat. They supported the person slowly and attentively, with words of encouragement such as, "Nice? Looks good; are you ready for the next one?" Another person said something to the member of staff, who responded to them by asking, "Are you alright over there?" Although disturbed, the member of staff remained attentive to the person they were assisting to eat.
- A person who required support to eat received their food first. The meal was mashed and grey looking with some sweetcorn, which was appropriate for their swallowing capability, however there was no attempt to make it look appetising. Other meals that were not pureed looked appetising and most people who ate their meals said it was good. A person ate all his meal and said, "I really enjoyed it".
- The majority of people sat at tables waited 20 minutes before the food started to arrive. By this time people were becoming bored. One person's food arrived after another person had finished. This was on the first day of our inspection, when a replacement cook was on duty due to the chef being unwell and off duty. However, the staff did not engage people during the wait for their meals.
- A relative said, "The food is okay but nothing to write home about".
- People were given a choice of meals but they were not given support to make their choices. People were asked, "Would you like chicken Kiev or fish in parsley sauce for lunch". This could be quite a complex question for a person with a cognitive impairment. Also, some people did not know what chicken Kiev was, so staff had to explain that it was chicken with garlic butter inside, which again could be a difficult concept to understand. We observed that most people chose their meal by discounting the item they least liked. For example, a person said, "I don't like garlic so I suppose I will have to have the fish".
- A relative told us they felt that their mother had enough to eat and drink. They said, "(Staff) know about nutrition and hydration" and "There is a chair that they weigh her on".

We recommend that the service seek advice and guidance from a reputable source about best practice mealtime provision for people who are living with dementia.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Health care professionals had worked with the home and the local GP practice to improve communication. A healthcare professional told us the service referred people appropriately to healthcare services and followed professional advice. They said staff knew people well and were very caring and responsive to their needs. For example, staff were good at using alternative methods to medicines for dealing with behaviours. They told us the service used new technology to update the GP service about people's health.
- Another healthcare professional told us, "The senior carers are brilliant. Their skin tear first response care is brilliant and as a result we have had a really good healing response with those wounds". They said, "They do seem to know their patients well and recognise deterioration and do their best to get GP visits when needed. They have recently had their clinical observation training on the new charts, so this should help

them get assistance more effectively".

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

- The home comprised of the original house and a newer extension. There were plans for the extensive refurbishment of the older part of the house and some work had already been completed.
- The environment was not as dementia friendly as it could have been. For example, there were no handrails in corridors in some parts of the building. There was no use of colour to distinguish different areas of the building to help people with orientation. The lighting in the dining room was very dim which would not help people with limited vision.
- The provider told us in information provided before the inspection that they are in the process of working with specialist care interior designers, to enhance the home. This will enhance the whole experience of living at Oaklands, being more person centred, cohesive design throughout'.
- While the home had grounds, only a small area was accessible to people with support from staff. A healthcare professional commented, "It would be useful if there was a garden for residents to sit in".
- Another healthcare professional said, "It is a difficult layout and there are often (particular individuals) who tend to wander the corridors". They said "I see staff members regularly walking past them, asking them to move etc, (rather than) staff talking to them and taking them with them. I just feel it could be better managed somehow".
- A relative told us, "I know she is safe because she is secure. If anything goes wrong, they ring me".

We recommend that the service seek advice and guidance from a reputable source for best practice for dementia friendly environments.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people required their medicines to be given covertly, an MCA assessment had been completed and a best interest decision recorded by the GP.
- Staff asked for people's consent before providing support. For example, when asking to take one person's empty plate away or wiping their mouth after their meal.
- Before the inspection we received information about possible restrictive practices including the locking of bedroom doors. The registered manager was aware of these issues and discussions were taking place with the person's family and relevant care professionals.
- During the inspection a cleaned and working upstairs toilet remained locked throughout the day without any clear explanation as to why people were denied access to this.

We recommend that the service seeks advice and guidance from a reputable source on how to implement and review least restrictive practices for individuals.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed some very kind and caring interactions between staff and people. One person was wandering around and a staff member asked, "Are you okay [name]. Would you like to come in here (lounge/dining room); it's a bit quieter".
- Staff and people seemed relaxed with each other. We observed staff laughing and smiling with people. One staff member was chatting with a person about the afternoon activities and said, "Do whatever makes you happy".
- Staff talked through what they were doing to inform and reassure people. For example, when hoisting one person they said, "Can you put your head back for me please [name]. Sit back for me so I can slip that [sling] out. Thank you [name]".
- One person became upset when asking about her husband. The staff member went to get her a cup of tea and some tissues then held her hand and talked kindly about her husband".
- A person said, "I am happy with the care that I receive".

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

- Each person was assigned a keyworker, who helped them settle and adjust to their new environment when they first came to live at the home. Keyworkers took a special interest in the person's wellbeing, and brought any concerns identified to the attention of the staff and management team.
- A person had cut himself shaving. He had been given some disposable razors that were different from the ones that he usually used. A member of staff offered to get him his usual brand the next time they went to the shops. Another member of staff said, "Would you like me to shave you tomorrow". The person thought about the offer then agreed to it.
- During the morning people were served drinks from a trolley. The member of staff new people's preferred names and their preferred morning drinks. They asked each person if they would like their preferred drink and then if they would like biscuits. The member of staff addressed each person in the room in a similar manner and each question was asked separately. This was helpful as when people with cognitive impairment are asked multiple questions, they may become confused.
- Staff also asked each person if they would like the biscuits opened for them. This promoted the person's independence while giving the option of assistance. One person decided to have the biscuits but keep them in the wrapper for later. They then changed their mind and asked another member of staff if they would open the biscuits. The member of staff did this and said, "You can always have more biscuits this afternoon if you want them".

Respecting and promoting people's privacy, dignity and independence

- People were referred to by their preferred names. We heard a person and a member of staff having a conversation and using each other's first names. This indicated staff found time to develop relationships with people.
- Staff assisted people to maintain their dignity. One person was playing with the buttons on her dress. A care worker arrived and helped them rebutton her dress.
- A healthcare professional commented, "With regard to the staff, I always found them pleasant, patient and polite towards residents". They said, "At times I wonder when residents are walking in different colour matching clothing, if this is to empower the resident and let her/ him to choose their clothes rather carer disempower and chose for her/ him. One thing I found that could be improved was that some clothing was hanged in resident's wardrobes inside out, this is not helpful when residents put clothes on by themselves, they don't always have the comprehension of this".

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement: This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the last inspection in September 2018 we recommended that the service seek advice and guidance from a reputable source about engaging people in activities to reduce the risk of social isolation. Although improvements were seen, these were not sufficient to meet the needs of people.
- An activities member of staff had been employed at the service since May 2019. We found provision of activities for mental and social stimulation was improving and this will need to be embedded in the service and sustained to benefit all who use the service.
- A number of staff were engaged in activities training on the first day of our inspection. There was a quiz taking place in the lounge, some people were baking cookies in the dining room and another member of staff was asking a person if they wanted a game of cards. We observed staff members chatting to people and planning what they wanted to do in the afternoon, for example going out in the garden.
- A healthcare professional commented, "I have witnessed when staff engaged residents in bake off activities which were run for a week and had good impact on each resident. Also having animals that some residents can relate to. I have spoken to some residents who have capacity and they appeared happy and genuinely did not want to join any activities".
- Another healthcare professional said, "They have recently got an activities manager who is great – they never really had anything else like this before". They also noted, "I have seen her in rooms with residents doing things but the carers more sitting watching than engaging in the activities with the relatives, but maybe they were on their break, I don't know".
- A relative told us, "There was an arts day last Friday. It was run in collaboration with the local nursery. It was good to see the young children interacting with the older people. The event was followed by a fish and chip supper".
- However, there was sometimes a lack of appropriate mental stimulation for people. During the morning on the first day of our inspection, we observed people in the lounge area. Staff switched on the television. There was little to no social interaction between the six people in the room, who were at this point alert and listening to what was happening in the corridor. Within fifteen minutes people appeared to be getting bored. One person had left the main lounge, saying, "I can't stand this programme". They then fell asleep in the quiet lounge. People were not always offered a choice as on another occasion we observed a member of staff about to change the programme when people were watching tennis on television.
- Staff were not always present in the communal areas and so were not always aware of what was happening. Staff would appear in these areas occasionally as they passed by while performing tasks for other people. For example, during the first morning of our inspection, we observed a person spilled a cold drink on their jumper. The person spent five minutes removing the jumper and hung it over a mobile tray to dry, then took their arms out of their damp vest and dried the top with a serviette, before putting their arms

back in. This took about 10 minutes in all and was unobserved by staff.

- Asked what could be improved, a relative said, "There are not enough activities. There could be more staff to get people outside. Sometimes staff don't come to work at short notice, then they are short staffed until they get an agency person in. The agency staff are not as good as the regular team".

This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff demonstrated knowledge of people's individual needs and preferences regarding support. Occasionally staff did not follow care plans.
- A healthcare professional told us they were working with the service on improving the quality of care plans and staff knowledge about how to write them. They had agreed with the registered manager to provide person-centred care planning training for senior care staff, following which they would review the quality of care plans.

The healthcare professional had noted that, "Physical observations are being recorded, but physical observations are not always all done". They were also looking at what other assessment tools the home used, for example such as for assessing pain or the risk of pressure damage to skin.

- Staff had been further supported by external healthcare professionals via training to introduce new tools that included the National Early Warning Score which assists staff in recognising soft signs of deterioration and recording physical observations. This helps improve communication between all professionals by using the same language. Another agency had taught staff how to record observations.
- We observed a person was sat on a pressure relieving cushion, which their care plan stated should always be used. This showed staff were aware of the person's care needs and were treating them appropriately.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- One person did not speak English. Their family were involved in supporting them and were able to translate for them. A member of the home's maintenance staff also spoke the person's first language, which could help to alleviate the risk of social isolation.
- The registered manager told us service information was available in large print if required and that staff assisted people to use the telephone to make calls. They said the service used devices that would allow staff to dictate care notes and interactions. These devices used picture icons to illustrate what care was planned.

Improving care quality in response to complaints or concerns

- Complaints and informal concerns were logged on the service computer and actions taken were recorded and feedback was given to the complainant. For example, one person reported their toilet seat was loose. This was reported to the maintenance staff who repaired it. Toilet seat checks were subsequently added to the daily housekeeping checks.

End of life care and support

- A healthcare professional told us they were working with the service on advance care plans for people.
- Another healthcare professional told us the service had, with encouragement and support, completed the Six Steps end of life programme, which aims to improve end of life care.

- Relatives had planted a tree in the front garden in memory of a person who passed away.

# 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.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At the last inspection we found the registered manager and provider did not have adequate systems in place to assess, monitor and mitigate risks in relation to the health, safety and welfare of service users and others who may be at risk which arises from carrying on of the regulated activity. We did not receive the provider's action plan following the last inspection.
- At this inspection, systems were in place to monitor the safety and quality of the service. However, these were not always effective and had not identified issues, such as infection prevention and control and risk.
- Where issued had been brought to the provider's attention by other agencies, these had not always been actioned. For example, a recent visit by the Clinical Commissioning Group (CCG) had also identified concerns with infection prevention and control but this had not been addressed and we found the same concerns at the time of our inspection.
- The registered manager showed us the management monitoring they carried out and recorded on their electronic system.
- Monitoring included call bells, fluid intakes, falls, care plans, medicines and administration records and any actions taken were recorded. For example, falls logs showed who had had a fall, why and when and what the outcome was, such as hospital admission or on-going monitoring. Call bell logs showed the average staff response time was 0.52 minutes and emergency responses were 0.36 minutes and where this increased the reason why was investigated.
- The registered manager told us, "The analysis really helps. I do this myself and can drill down further to understand (what's going on)".
- The registered manager prepared a weekly report for the provider which included staff training and activities.

This is a continuing breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider was taking steps to improve the care planning to ensure they were more personalised and was working with relevant professionals to achieve this.
- The registered manager told us that they were working with a consultant looking at the culture and ethos

of the service. This was involving all staff in looking at their ideal culture and what changes they would make.

- The provider had addressed concerns about staff using their personal mobile phones whilst at work. However, we observed one instance of a member of staff using their phone whilst in the lounge area with people.
- The registered manager understood their responsibilities under duty of candour.

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

- Team meetings took place with staff where issues and suggestions could be discussed.
- Feedback was sought from relatives in a variety of ways including surveys. The registered manager said they share both positive and negative feedback via a screen in reception.
  - The Registered Manager made herself available to relatives and people who wanted to speak to her as part of the overall feedback mechanism and to address any concerns people had.
  - The activities coordinator used one to one sessions to support people to go out into community settings for things such as a walk or an ice cream. For one person it was noted that they were enlivened when going out for an ice cream and enjoying the local surroundings that were familiar to them. These activities were limited by staff availability.
  - People were involved in other events in the local area including village fetes and going to a local farm for produce and chicken feed. There were plans to take people to a pop in café to see what was on offer.

Working in partnership with others; continuous learning and improving care

- Feedback we received from health and social care professionals indicated that the service did not always engage with them consistently. A healthcare professional told us, "The manager needs lots of encouragement to engage and I am not confident that she really embeds tools given to her. The manager has attended only one care home forum missing out on guest speakers who want to either improve their working relationship with homes or from an educational point of view". The registered manager told us they attended other forums organised by Hampshire Care Association and managers mornings.
- Another healthcare professional told us, "Having a receptionist, which is fairly recent, has been great as she finds staff for me while I log in and is always on the phone if I have questions". They also said that, while "The managers will find someone to come to see patients with me" and, "They do chat to me afterwards.... I do find the Oaklands managers tend to stay in their office".
- Other feedback we received from health and social care professionals indicated that the service had been engaging and working with them recently to make improvements, for example, in relation to training and care planning.
- The provider had continual plans for improving the service in terms of environmental improvements. For example, there was a rolling programme to replace a bed each month and a new electric hoist was being considered to replace a manual one.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People's needs in relation to social and mental stimulation were not all or consistently being met. Regulation 9 (1).</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who use services and others were not protected against the risks associated with a lack of environmental hygiene due to ineffective infection prevention and control procedures. Regulation 12 (2) (h).</p> <p>Risk to people had not always been mitigated in accordance with their care plan and risk assessment. Regulation 12 (2) (a) (b).</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems to assess, monitor and improve the safety and quality of the service were not always effective. Regulation 17 (2) (a) (b) (e) (f).</p>

## Regulated activity

Accommodation for persons who require nursing or personal care

## Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Robust processes were not always followed when checking staff for suitability before being employed by the service.  
Regulation 19 (2).