

Oatlands Care Ltd

Oatlands Care Limited

Inspection report

210 Anerley Road
Anerley
London
SE20 8TJ

Tel: 02087788545
Website: www.jawagroup.co.uk

Date of inspection visit:
26 January 2023

Date of publication:
25 April 2023

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Oatlands Care Limited is a residential care home providing accommodation and personal care to 39 people at the time of the inspection. The service can support up to 43 people.

Oatlands Care Limited is one of three locations at the same address owned by the provider. Some services and facilities such as activities, kitchen and laundry arrangements are shared between the locations as a community. Oatlands Care Limited has its own staff and operates independently, under the overall supervision and management control of the provider.

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

During this inspection, we found improvement was needed with some areas of medicines management.

There were safeguarding procedures in place and the registered manager and staff had a clear understanding of these procedures. Appropriate recruitment checks had taken place before staff started work at the service. Staff were effectively deployed to meet people's needs. There were systems in place for monitoring, investigating and learning from incidents and accidents. The service had procedures in place to reduce the risk of infections.

People's care and support needs were assessed when they moved into the home. Risks to people had been assessed to ensure their needs were met safely. Staff were supported through induction, training and regular supervision. Staff had the skills, knowledge and experience to support people with their care needs. People were supported to maintain a healthy balanced diet and they had access to health care professionals when they needed them. The design of the premises met people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their relatives had been consulted about their care and support needs. People were offered a range of activities to support their need for social interaction and stimulation. The service understood the importance of working within the principles of the Equality Act and supported people in meeting their diverse needs. The service had a complaints procedure in place. People had access to end of life care and support when it was required.

The registered manager and staff worked in partnership with health and social care providers to plan and deliver an effective service. The provider took the views of people, their relatives, professionals and staff into account through surveys. There were systems in place to monitor the quality and safety of the service, and any learning was identified and acted on. Staff enjoyed working at the home and said they received good support from management staff.

Rating at last inspection

The last rating for this service was good (published 6 January 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Enforcement and Recommendations

We have identified breaches in relation to medicines management.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Oatlands Care Limited

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector, a medicines inspector, a bank inspector and an Expert by Experience visited the service on the 26 January 2023. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Another inspector also worked remotely supporting the inspection.

Service and service type

Oatlands Care Limited is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Oatlands Care Limited is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and one relative about their experience of the care provided. We spoke with six staff, the deputy manager, the clinical lead, the registered manager and the registered provider.

We reviewed a range of records. This included six people's care records and eight medicines records. We looked at five staff files in relation to recruitment and staff training. We also reviewed a variety of records relating to the management of the service including quality monitoring checks, audits and policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

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.

Using medicines safely

- Medicines were not always managed safely. We found several areas relating to medicines use that required improvement.
- Records showed staff failed to follow the prescriber's instructions for one medicine which they had asked to be stopped on 2nd Dec 2022. On the day of the inspection, this medicine was still being administered with no records to explain why. Staff were also unable to explain why the medicines was being continued. The medicine was a steroid which are not for long term use unless there is a specific reason for this which should be clearly documented.
- When medicines were given by external healthcare professionals, the provider's records of this were not always accurate. For one person, we saw discrepancies between the district nurses' medicines administration records and the MAR records made by staff. Staff did not always have access to information on how to administer covert medicines safely. For example, three people required their medicines to be covertly administered, however there was no further information which showed how this was to be done. After the inspection, the provider provided us with covert instructions for two people.
- Records were kept to record the site of application for patches however we found some examples of records not completed to show if patches were rotated appropriately. Staff did not always record the fridge and room temperatures where medicines were stored in line with best practice.
- Allergies were not always clearly stated on medicines records for two people. On some records, the allergy status was left blank and we were told that this meant that the person did not have any allergies. However, this does not provide assurance on whether or not allergy status was actually checked.

We found no evidence that people had been harmed. However, medicines were not always managed in a safe way. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a medicines policy. Staff were provided with medicines training and competency assessments before they were able to provide medicines support.
- Staff completed medicines audits and took relevant actions to address any concerns raised.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People and their relatives told us they felt safe using the service. A relative told us, "[Person] is safe, the staff know them. They do their personal care and it is fine."

- There were safeguarding and whistleblowing policies in place and staff received training on safeguarding adults from abuse. Staff were aware of the different types of abuse and reporting procedures to follow if they had any concerns.
- Management staff told us they would report any concerns immediately to the local authority safeguarding team and CQC as required.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and identified. Risk assessments contained guidance for staff to ensure people were safe in areas such as falls, absconding, use of a wheelchair and skin integrity.
- People had individual emergency evacuation plans (PEEPS) which highlighted the level of support they required to evacuate the building safely. Training records showed staff had received training in fire safety.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. The registered manager told us they did not use agency staff and had additional staff to cover absences when needed.
- However, we received some mixed feedback about staffing levels. One person told us, "They [staff] help me with dressing. I need help and if I ring the bell they come quickly, but there aren't enough staff. They never stop working and sometimes there are only two and you need three or four. They keep on changing."
- Whilst some staff members told us there were enough staff, others told us there weren't. For example, one staff member told us, "Yes, we have four staff, so there is enough." Two staff members told us, "We need more staff, as there isn't enough staff on a shift. If someone requires some attention, then it's difficult. The other day visitors came together so it was difficult to do everything. We have spoken and told them [management staff] we need extra staff. But they are not giving us more. We don't understand how they work out the staffing levels" and "We have some staff shortage so sometimes we need more hours."
- The registered manager told us, and records showed, they looked at the needs of each person and would discuss this with staff. Staffing levels were flexible and determined based on people's needs and preferences.
- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks including Disclosure and Barring Service (DBS) checks were completed satisfactorily before care workers were employed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was following current government guidance on infection control. There were no restrictions on visitors to the home.

Learning lessons when things go wrong

- Systems were in place to respond and monitor accidents and incidents if and when they occurred.
- Records showed that any lessons learnt were used to improve the quality of service and relayed to staff to embed good practice.

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 our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments were carried before people started using the service to ensure their needs could be met.
- During the assessments, expected outcomes for people's care were identified and were used to develop their care plans.

Staff support: induction, training, skills and experience

- Staff had the relevant skills and knowledge to support people with their individual needs. People and their relatives told us staff had the skills to carry out their roles effectively.
- Records showed care workers had completed training the provider considered mandatory in areas such as safeguarding, medicines, manual handling, mental capacity, dementia, infection control, health and safety and food safety.
- Staff received an induction and formal supervision and appraisals to monitor and review staff performance and development.
- Staff spoke positively about working at the service and told us they felt supported by their colleagues and managers. A staff member told us, "Since I started, I have had supervision. All staff are nice and help me. I am ready to learn a lot of things, and I ask lots of questions. So, I do feel supported." Another staff member told us, "Teamwork is good. I am given opportunities to learn new things. I learn from my seniors and my managers."

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

- People were supported to eat and drink based on their individual preferences and needs. Where people required support with eating and drinking, this was recorded in their care records.
- People's care plans contained guidance on how to manage identified areas where they were at potential risk of poor nutrition.

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

- People were supported to access healthcare services when required. Care plans contained information about people's health and medical needs and the support they required with maintaining good health in accordance to their needs.
- The service worked in partnership with other services, and health and social care professionals such as the GP, district nurses, chiropodist, optician, dentist and physiotherapist to ensure people's health was maintained.

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

- The service was suitably adapted to meet people's needs and was fully and openly accessible to people.
- People had en-suite bedrooms. They were encouraged and supported to decorate their own rooms with items specific to their individual taste and interests. Bedrooms had been personalised with people's belongings, to assist them to feel at home.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where people had capacity, records showed the service obtained their consent about their care and support. Where people lacked capacity, records showed the best interests decision making process had been followed which included involving relatives and healthcare professionals.
- Records showed DoLS authorisations had been applied for the people using the service. We saw the relevant processes had been followed and standard authorisations were in place and being met as it was recognised that there were areas of people's care in which their liberties were being deprived in their best interests.
- Staff understood the principles of the MCA and told us they sought people's consent before providing care. A person told us, "They [staff] know I am independent. I manage myself and they just ask if I need anything."

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 our last inspection we rated this key question good. At this inspection, the rating for this key question has remained good.

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

- People were supported by staff that treated them well. They told us staff were kind and caring and positive relationships had developed between them. A person told us, "I get on well with the staff."
- People's equality and diversity needs were detailed in their care plans and were supported where needed such as celebrating various cultural events and maintaining close links with the local church that visited the home and provided services for people.

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

- People and their relatives were involved in decisions about their care.
- Records showed people's views and choices were sought. Care plans included information about people's preferences and promoted choice such as the gender of staff supporting them and what food and drink and activities they liked. A person told us, "I have tea and toast for breakfast. I am helped to dress and don't mind if the carers are male or female. I enjoy singing and am a Bob Dylan fan."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected, and independence promoted. A person told us, "This is a very nice way to retire. I can walk and I can run. I am still independent."
- Staff were able to tell us how they maintained people's privacy and dignity, and ensure people were comfortable when providing people with personal care. A staff member told us, "We give people their privacy and let them do things for themselves. We make sure people are comfortable and not force people to do anything. We are polite and treat people as a human being and not a job."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection, the rating for this key question has remained good.

This meant people's needs were met through good organisation and delivery.

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

- People's care plans were person-centred and provided staff with guidance on how their needs should be met. Care plans included details of people's health conditions, preferences and the level of support they required. They were reviewed and updated when people's needs changed.
- A person told us, "I have seen a copy of my care plan; it is reviewed every 6 months. I changed it and updated it. Little things get changed."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider met the requirements of the AIS. People's care plans contained information which showed how they communicated and how staff should communicate with them.
- Information was provided to people in ways they understood, for example the menu during lunchtime was presented in a pictorial format.

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

- People were supported to avoid social isolation and take part in activities that were socially and culturally relevant to them. The service offered a range of activities to support people's need for social interaction and stimulation
- Current activities included music, movie afternoons, sing along, arts and crafts sensory sessions, religious studies and Namaste sessions. Namaste sessions are a specialist dementia programme designed to improve the quality of life for people living with dementia.

Improving care quality in response to complaints or concerns

- The registered manager told us no complaints had been received about the service since the last inspection.
- Policies and procedures were in place for receiving, handling and responding to comments and complaints.

End of life care and support

- No one at the service currently received end of life care. The registered manager told us, if people required this support they would work with people, family members and other healthcare professionals to ensure people's end of life wishes were met.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

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

- There was a number of audits in place to monitor the quality of service including medicines, record keeping, safety and equipment checks to ensure they were safe for use. Regular unannounced spot checks were also carried out at the service. However, improvement was required in some areas of medicines management.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a registered manager in post. The registered manager and provider understood their responsibility under the duty of candour and took responsibility when things went wrong.
- Records showed the service had submitted notifications to CQC where needed. We noted communications to people and their relatives showed the registered manager provided apologies and reassurances that action was being taken to minimise the risk of any reoccurrence of such events, and any issues were resolved.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The provider took people's, relatives, staff and professional views into account through surveys and feedback from these was used to improve the service. We saw a quality assurance report for the provider's three locations that was completed in February 2023. The report included the results of residents and staff surveys and positive comments from relatives about the care of their loved ones. In the category relating to resident's care, 90 percent of respondents had rated it as excellent and 10 percent as good. Staff rated their job satisfaction as good 82 percent and excellent 18 percent.
- The provider employed a care adviser who monitored staff practice in areas such as infection control, moving and handling and communication. They fed back their finding to the registered managers, team leaders and supported staff where they felt improvements in people's care could be made.
- Regular staff meetings were held to discuss the management of the service. Minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had.

Working in partnership with others

- The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals to provide effective joined up care such as the district nurses and GPs.
- The provider regularly attended provider forums run by the local authority where they learned about and shared good practice. For example, at a recent forum the local authority held a session on how visiting in care homes should be relaxed and encouraged. The provider told us the forums were helpful and they had used their learning to improve the service.

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 Some areas of medicines management required improvement. Regulation 12 (g)