

The Court Care Group Limited

Oaklands Nursing and Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Oaklands Nursing and Residential Home is a residential care home providing personal and nursing care to up to 44 people. The service provides support to older people and people living with a dementia across a two-storey building. At the time of our inspection there were 41 people using the service.

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

Medicines were not always managed safely and in line with prescribers' directions. Systems were not robust enough to identify and reduce risk. Individual risk assessments were not always detailed enough or in place. People felt safe in the service. Staff were recruited safely and knew how to report and recognise safeguarding concerns. There were sufficient staffing levels in the service to meet people's needs, although people told us that at times, they felt there were not enough staff. The service had recently been separated into units and staff told us that this has helped to organise shifts and response times. Infection prevention and control measures were in place and being followed.

Staff were not consistently receiving training in key areas. We recommended that training compliance levels were improved. Supervisions were occurring. People's diet and nutritional needs were met, and they told us they enjoyed the meals. The provider worked in partnership with other agencies to maintain people's health and wellbeing.

People were 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 supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and/or who are autistic.

People's individuality was being respected. People were being treated with dignity and respect and had choices over their care. People and relatives told us they felt supported and were involved in meetings at the service.

People were supported to have person centred care. We made a recommendation about people and their families being involved in the care planning processes. Activities were being offered at the service and processes and systems were in place to respond to complaints. End of life care was being considered and planned for.

Systems and processes were not always effective to oversee and manage risk in the service. The views of people, families, staff and professionals were being sought and analysed. Staff and residents' meetings were regularly occurring. Staff and people felt the home was well managed and the new manager was bringing positive change. The manager and provider were aware of their duty of candour responsibilities and had taken appropriate steps to register the new manager at the service.

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

Rating at last inspection

The last rating for the service under the previous provider was good published on 28 December 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.

We have found evidence that the provider needs to make improvements. Please see the safe 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 has taken immediate action address the issues identified and provided an action plan.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oaklands Nursing and Residential home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe medicine management, the management of risks within the environment and individual risk assessments, and the operation and oversight of the service at this inspection. We have also made recommendations on improving training compliance and ensuring people and relatives are involved in care planning.

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 ●

Oaklands Nursing and Residential 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 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

The inspection was carried out by 2 inspectors, a medicine 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 care service.

Service and service type

Oaklands Nursing and Residential home 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. Oaklands Nursing and Residential home is a care home with 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 not a registered manager in post. A new manager had been in post for over one week and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

We visited the location's service on 5 and 10 October 2022

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. 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 8 people who used the service, 2 relatives and 1 visiting professionals. We spoke with 9 staff members. These included, 1 nurse, 1 activities co-ordinator, 4 carers, the nominated individual, clinical manager and the manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at 7 people's care records, associated documents, medicines records and medicines related documentation. We also looked at 3 staff files, training and supervision records. As well as records relating to the operation and management of the service. We undertook a tour of the building, observed medicines administration and their storage, and completed observations in the communal areas.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection of this newly registered service. This key question has been rated 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. Medicines were not always available to be given. 4 people did not have some of their medicines in stock. Information regarding people's allergies was not recorded on relevant documentation. We also found a number of people living at the service did not have a photograph to help staff identify the correct person when administering medicines.
- Records for adding thickening powder to drinks, for people who have difficulty swallowing, were not always completed. Therefore, we could not be assured people were safe from the risk of choking.
- Topical preparations, including creams was not always documented or stored correctly. We observed creams to be undated when opened and not stored in line with prescribers' directions. We also found the application site of topical patches was not always rotated as recommended by the manufacturer; this placed the person at risk of skin irritation.
- Staff were not always following the services medicines and medicines related policies. We found staff were not always following the policy to check people were prescribed and given the correct medicines.

We found no evidence people had been harmed however, the provider had failed to ensure medications were safely being managed. This was a breach of regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risks were not always identified and reduced. We observed that wardrobes were not consistently secured to the walls and areas containing substances that could pose a risk to people, such as cleaning products, were accessible. The manager took immediate action to address this during the visit.
- Individual risk assessments were either not consistently in place or did not contain enough detail to ensure risks were being assessed and managed safely. We viewed the individual risk assessments for 7 people who had a pre-existing health need or known risk. Five files either did not contain a relevant assessments or, where assessments were in place, not enough information was documented.

We found no evidence people had been harmed however, the provider had failed to ensure risks were being identified and managed. This was a breach of regulation 12 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. Wardrobes were made secure and locks were installed to relevant rooms. The manager shared an action plan around improving individual risk assessments.

- Environmental checks and maintenance work were being completed in line with legislative requirements. Fire drills were regularly taking place.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes were in place to safeguard people from the risk of abuse. People and relatives told us they felt safe in the service. They said, "I can't fault it here I have lived here for six or seven months and feel safe because nothing untoward happens". Relatives told us, "My mum is safe here and the staff are very caring".
- Safeguarding concerns were documented and reported to the local authority. The manager used the information to look for learning for the service.
- Staff were able to recognise signs of abuse and how to escalate any concerns.
- Accidents and incidents were being analysed on a monthly basis to identify any trends and themes.

Staffing and recruitment

- Staff were recruited safely. Appropriate checks were being completed prior to employment. This included, Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Dependency tools were being used to support decision around staffing based on people's needs. Staff duty rotas showed the service was staffed above required levels. People felt the service can be short staffed. They said, "Sometimes the home seems short-staffed possibly because of holidays, or because they are caring for people with more complex needs" and, "There should be enough staff but it can seem a long time to wait for the toilet."
- Staff told us there was enough staff although last minute sickness can impact staffing levels and result in agency use. They said recent changes by the manager around separating the service into units had helped. One said, "We have good days bad days. It has really helped with moving things to units and has helped to define who is looking after each resident (person)."

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

- People were supported to have visitors in the home.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The service offered a variety of mandatory and service specific training. Compliance levels varied across the different courses, with some areas demonstrating high compliance levels over 80% and other areas had approximately 60%. The manager has provided an action plan which demonstrated staff had been booked on training and identified timescales for compliance levels to be improved.
- People provided mixed views on the skills of staff. Some said, "I think that the staff have good lifting techniques. The staff seem effective and skilled to me. They have had training onsite, usually in the next room." Whereas others said, "I feel that some staff are skilled, and some are not, but they always ask for my consent."

We recommend the provider reviews their staff training compliance rates and ensures staff are up to date with training.

- Supervision was being offered in the service and staff told us this was taking place. The manager had started to complete supervision with all staff since starting her role.

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

- Assessments were being completed on admission to identify people's needs and the support required. Information was gathered from a variety of stakeholders including local authorities, families and the person directly.
- Care plans covered a broad range of needs in line with The Care Act. Reviews of care plans were being completed on a regular basis. Risk assessments were not always detailed or updated with the relevant information. This had been covered in the safe domain.

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

- We observed lunchtime service. Staff were supporting people with their dietary intake and choice was being offered. The service appeared calm and food was well presented and looked appetising.
- People enjoyed the meals. They told us, "I enjoy mealtimes because I like to have conversations with other residents. The staff prepare meals from scratch here" and, "There's good food here with varied vegetables."
- Systems were in place to monitor weight loss and gain. The manager maintained a record of monthly and weekly weights across the service and highlighted action taken. Malnutrition Universal Screening Tool (MUST) were being used to monitor weights on individual care files. This is a screening tool that identifies people at risk of malnutrition and provides guidance on developing appropriate care plans.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs

- Appropriate referrals to other agencies were being made. We viewed care files which showed health professionals were being contacted and details of specialist advice was stored on files.
- People and relatives had mixed views around referrals to professionals. Some people were positive and said, "I'm sure that they would call a GP if needed but as yet, I haven't needed one." Other people described not seeing certain professionals, "The home hasn't made any physiotherapy referrals for me though" and, "I haven't seen an optician here." The manager provided assurances that referrals were being made and described their difficulties accessing certain professions such as dentists, which they have communicated to health commissioners.
- The property had a lift to allow access across the building and people had access to a ramped garden area. Use of coloured toilet seats was seen in some rooms. Names or identifying pictures were not on all bedrooms. This could have been due to personal choice. However, the manager would benefit from reviewing this to ensure all appropriate signage was in place.

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.

- The provider was working within the principles of MCA. Capacity and best interest decisions were being recorded on care files and were decision specific.
- DoLS applications and renewal dates were being recorded by the manager and evidence of the manager chasing renewals was seen.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Supporting people to express their views and be involved in making decisions about their care

- People's individuality was respected. Care plans were in place around people's spiritual needs and sexuality. One person felt more support would be beneficial to access religious practices. The manager immediately addressed this with the person and explored ways to allow for the local religious leader to visit the person in their room rather than the communal space.
- People told us they were given choices around their care. They said, "I can make everyday choices, for example, I can have a later breakfast."
- Equity and diversity training was being offered and completed.
- Resident and relative meetings were occurring in the home. Minutes were viewed which showed a range of topics were discussed, including updates on COVID-19 guidance, changes in management, people's views around the activities and environment. People's views were being documented within the minutes along with any proposed action.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. People were able to give examples of how they were supported. They told us, "I feel that the staff are kind and thoughtful. They're very helpful and good at their jobs. They treat me with dignity. For example, they will ensure my knees are covered after and during hoisting" and, "I think that some of the nurses are better than others, but they always knock at the door to show respect."
- Relatives told us they felt supported by the service. One relative said, "I feel supported here too. We're a close family and it's important that we know what's going on with [our loved one]."
- We observed staff engaging in a polite and patient manner. We staff were viewed knocking on doors before entering and offering choices around care.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Care plans were in place and reflective of personal needs and choices around people's care delivery and routines. However, people and relatives told us they had not seen the care plans. People said, "I haven't seen a care plan, but I can ask for particular support and they will listen to me, such as propping my up on my pillows." Relatives said, "We have been involved in care planning to a point, but if anything is needed I can ask" and, "We've never been asked for further information since [admission], but staff know us all quite well now".

We recommend the provider ensures that they record people and their relative's involvement in care planning and reviews.

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 manager confirmed assessable information could be made available in alternative format if people needed it.

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

- Activities were being offered. We observed an outside professional performing in the service during our inspection. Evidence was provided to show the service is offering a broad range of activities, both inside the service and within the local community. The service has been working with people to identify individual wishes and have supported a number of people to help make these come true.

- Mixed views were provided by people and relatives on the activities. Some people told us, "I make jewellery. I gave some of my beads and jewellery to the activities' coordinator and I've shown her how to make them too and, "I have not had any 1-1 activities except for some conversations with the nurses." Relatives said, "They do lots of different things, including baking, and [person] has been able to help to set the tables from time to time." The manager would benefit from ensuring all people have activities communicated to them to enable them to make informed choices.

- People were supported to have access to visitors with friends and relatives. People said, "My family visits. My relative comes once a week with my grandchildren and my dog" and, "I don't have any family, but I have friends visit."

Improving care quality in response to complaints or concerns

- Systems and processes were in place to respond to complaints. The manager maintained a complaints log which detailed the timescales for response, as well as any lessons learnt.
- People told us they were able to complain. They said, "I would speak with the manager if I had reason to complain, but as yet I've had no complaints." One person told us they had complained and that things had not changed although they feel that, "The staff have started to listen more" and they were, "Waiting to see if they [management] will act on my recent requests and concerns." The manager explained they were having regular meetings with the person to ensure they are being listened to and their needs were met.

End of life care and support

- End of life wishes and choices were being reflected within care plans. People's spiritual needs were being documented along with any personal choices around funeral plans. People's wishes not to discuss end of life care was also being respected.
- Links with palliative care professionals was established. One visiting palliative care nurse provided positive feedback on their engagement with the service. They said, "I get a good handover. The staff follow directions well and seek advice re: symptom management. Staff recognise if a person is entering end of life."
- Staff told us how they have been supported to attend end of life training and have been supported to implement learning from that training
- Positive feedback was viewed from relatives around how the home had supported them following the death of a loved one in the service.

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.

This is the first inspection for this newly registered service. This key question has been rated 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;

- Systems and audits were in place although they were not always effective at identifying risks. We observed risks around medication management, cream storage and environmental safety that were not identified and addressed through audits prior to the inspection. The manager has since put in measures to address the concerns.
- Confidential information was not always secured. We observed that daily records were being stored in unsecure communal spaces and, there was no clear system around how this information was being collected and audited.
- Oversight of continuous training and development had not been maintained and this had resulted in varying levels of training compliance.

Whilst no harm had occurred, systems were not robust enough or established to ensure the oversight, safety and good governance of the service. This placed people at risk of harm. This was a breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The new manager showed us new systems such as wound management analysis, home action plan and daily management walk arounds which they had recently implemented. At the time of the inspection the new manager had only been in post for just over a week and the systems were still in their infancy. Therefore, it was difficult to assess the efficacy of the tools however, it demonstrated that the manager had a good understanding of regulations and requirements for the service.
- Policies and procedures were in place.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Staff spoke of positive changes in the service under the new manager. They said, "The units changes have improved things massively" and, "The manager has just started a few weeks ago. She has some good ideas; she listens to us and, we are getting more communication."
- People and relatives told us that the service was well led. People said, "I think the home is well-managed and I would recommend this home because of the care" and, "I would recommend this home because of the standard of care and they support my needs well." Relatives said "Such a fantastic experience on the whole, I would recommend the care home to others. They deserve a big star for what they do"
- Where issues had been picked up in audits, such as falls, safeguarding and care plans, trends and themes

were being identified and actions recorded to support learning and improvement.

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

- The service did not have a registered manager. Satisfactory steps had been taken to recruit and appoint a manager. The new manager was in post and had applied with the CQC to register.
- Duty of candour was being understood and applied by the manager and provider. Notifications to the CQC and local authority was being made following incidents in the service.
- During our inspection the provider and manager were open and transparent about areas for improvement and development in the home. The manager was responsive at devising an action plan to ensure accountability and oversight.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Communication systems were in place. Regular meetings for people, relatives and staff were occurring and was being minuted. Changes in the service, including staff turnover and the new managers appointment was consistently communicated.
- Feedback was being sought about the service from people, visiting professionals and staff through quality assurance questionnaires. The information was being analysed and feedback was being provided through 'you said, we did'.

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
Treatment of disease, disorder or injury	People who used the service were not being protected because the provider had failed to ensure systems were in place to ensure the safe management of medicines.
	People who used the service were not being protected because the provider had failed to ensure risks were identified and managed appropriately.
	Regulation 12 (2)(a)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems were not robust enough or established to ensure the oversight, safety and good governance of the service.
	Regulation 17(1) (2)