

Oak Cottage Care Limited

Oak Cottage

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?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Oak Cottage is registered to provide accommodation and personal care for up to 21 people. At the time of inspection, 20 people were using the service.

People's experience of using this service:

- People were not always protected from the risk of harm, because appropriate window restrictors were not in place on the first floor of the building, to ensure people's safety.
- Staff had not always received the required training. Many staff had received an induction to the service, but no formal training had taken place.
- Audits were not always effective. There were no effective audits on staff training. Training records kept were out of date, and there was no oversight on staff training.
- This was the second time we had found a lack of training within the service. At a previous inspection in July 2014, staff were not sufficiently trained.
- Timely action was not always taken to respond to known areas of required improvement.
- People told us they felt safe. Staff understood safeguarding procedures.
- Risk assessments were in place to manage risks within people's lives.
- Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.
- Staffing support matched the level of assessed needs within the service during our inspection.
- Staff were supervised well and felt confident in their roles.
- People were supported to have a varied diet.
- Healthcare needs were met, and people had access to health professionals as required.
- People's consent was gained before any care was provided, and they were supported to have maximum choice and control of their lives.
- Staff treated people with kindness, dignity and respect and spent time getting to know them.
- People were supported in the least restrictive way possible.
- Care plans reflected people's likes, dislikes and preferences.
- People were able to take part in a wide range of activities and outings.
- People and their family were involved in their own care planning as much as was possible.
- A complaints system was in place and was used effectively.
- The registered manager worked in partnership with outside agencies to improve people's support when required
- The service had a registered manager in place, and staff felt well supported by them.

Rating at last inspection: Good (report published 23/08/2016)

Why we inspected:

- This was a planned inspection based on the rating at the last inspection.

Enforcement

- Please see 'the action we have told the provider to take' section towards the end of the report.

Follow up:

- We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received 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 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 ●

Oak Cottage

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type

Oak Cottage is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

Prior to the inspection we reviewed information we held about the service since their last inspection. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted a number of local authorities who commissioned services from this provider.

During the inspection process we looked at two people's care records, we spoke with six people, two members of staff, the chef, the activity coordinator, the deputy manager and the registered manager. We also examined records in relation to the management of the service such as quality assurance checks, staff training, safeguarding information and accidents and incident information.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- The service was not always safe. Windows on the first floor of the building, including people's bedrooms, did not have effective window restrictors on them. The Health and Safety Executive guidelines for care homes state that where there is a risk of people falling from windows above the first floor, window restrictors should be in place and restricted to a maximum opening of 10 centimetres. The windows did have a mechanism which initially stopped them from opening wide, but this was easily disabled. Whilst the height of the windows did not pose any risk of anybody accidentally falling from them, they opened wide enough for a person to climb up and out. The service supported people who may have dementia, and had not considered the windows to be a risk to people who could climb out and fall. This meant the premises were not fully safe for vulnerable people to be living in. When we raised this, the registered manager told us they would be installing appropriate window restrictors immediately.

This was a breach of Regulation 15(1)(b) premises and equipment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with understood safeguarding procedures, but had not all been formally trained in this area. One staff member said, "I would report anything to the manager, or the police or CQC if required. The management explained the safeguarding procedures, but I haven't done any formal training."
- People told us they felt safe within the service. One person said, "I feel very safe and comfortable here. The staff would sort it out if anything went wrong."
- Records showed that safeguarding concerns were promptly reported to the local authority and other key agencies and action taken ensure people's safety.

Staffing and recruitment

- There were enough staff on shift to keep people safe. One person said, "You could always do with more staff, but I can't complain really, they help me when I need it, and there is always staff around, day and night."
- People received care when they needed it. Although staff were busy at certain times, we did not observe any instances where people had to wait for support.
- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.

Using medicines safely

- People received their medicines safely. Medicines were stored securely, and medication administration

records in use were accurate, and regularly checked for any mistakes.

- Some medicines were only required for use on an as and when basis. Protocols were in place to ensure these medicines were used appropriately, which staff followed.

Preventing and controlling infection

- The service was clean and free from any odours. Staff made sure infection control was considered when supporting people with their specific care needs and used the relevant personal protective equipment such as gloves and aprons.
- The service had received a two out of five star environmental health rating from the local authority. This was due to food storage and environmental issues within the kitchen. Actions had been set which the service had met. Improvements were made, and the service were awaiting a new hygiene inspection and rating.

Learning lessons when things go wrong

- The registered manager told us that lessons had been learnt after concerns had been raised from a family member of a person. The registered manager told us how they had realised that communication had not been good enough when a person had moved out of the service. Improvements had now been made in this area to ensure all the correct information was handed over when a person left the service.

Is the service effective?

Our findings

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

Requires Improvement: Staff training did not always take place.

Staff support: induction, training, skills and experience

- Most of the staff team had not been fully trained for their roles and responsibilities. Training was not always carried out at the start of employment. The service had many staff members that had undergone an induction when they were first employed. This included being introduced to people, shadowing experienced staff, and being shown procedures within the home, but this did not include any formal training.
- The care certificate, or training that followed the care certificate standards, had not been started by many of the staff team, nor had any form of formal training. The care certificate covers the basic skills and competencies required to carry out care.
- The deputy manager told us that one staff member had completed online training in areas such as safeguarding adults, infection control and dementia care. The deputy manager said that other staff members had intended to complete these training courses, but had not had the time as many of them worked part time. No dates had been proposed for staff to begin this training.
- This meant that staff were working without adequate training for their roles, and the management could not be sure that staff had the knowledge and skill to carry out and maintain their duties.

This was a breach of Regulation 18(2)(a) Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were assessed and care, treatment and support was delivered in line with current legislation and evidence based guidance that achieved effective outcomes.
- We saw examples of pre-assessment care plans that the management team had completed. Management staff told us they would meet potential new people who may use the service, and complete a full assessment of their needs to determine whether the service was right for them.

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

- People were supported with a healthy diet, and had choices of what to eat. One person said, "I had fish pie, very nice."
- Food likes and dislikes were listed in people's care plans, for example, in one care plan we saw, 'Likes scrambled eggs and salmon.' Staff we spoke with, including the chef, had a good knowledge and understanding of people's preferences, as well as any allergies and dietary requirements.

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

- Throughout the inspection we observed staff responding to people's needs in a timely way and share

relevant information with each other to keep up to date with people's needs.

- People had the access to healthcare they required, and were supported by staff to book and attend any appointments. We saw a log of contact within people's files showing that healthcare professionals had been involved in their care such as G.P's, nurses and chiropodists.
- Care plans documented in detail any health care requirements that people had.

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

- The service was accessible to the people using it. There was a lift for people to use to access the first floor, and communal spaces for people to use.
- Bedrooms we saw were personalised to people's tastes, and contained items and furniture that belonged to them
- We saw that an extension had recently been added to the building to increase the communal space and office space within the building. The new space was still being finished and was not yet in use. The registered manager told us, "The main lounge can get quite busy, so we have created another lounge for people to use."

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met, and found they were.

Is the service caring?

Our findings

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

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

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

- People told us they were well cared for. One person said, "I really couldn't hope for better, I really love it here." Another person said, "The staff are lovely here, very kind." One staff member said, "I treat people here like I would my own family."
- During our inspection, we witnessed staff interact with people in a warm and friendly way. Staff clearly knew people well, and gave them the time they required to communicate. People appeared to be comfortable receiving support from the staff, and enjoyed the interactions they had with them.
- Care plans stated people likes, dislikes and preferences, and staff understood how people wanted to receive care.

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

- People were encouraged by staff to express opinions and views on their own care. One person told us, "The staff are always checking in with us, making sure we ok, and seeing what we need."
- There was a keyworker scheme in place. This meant that individual staff would take a lead with individual people, in relation to checking their care records, reviewing their care with them, and making sure they had all the things they required such as clothes and toiletries.

Respecting and promoting people's privacy, dignity and independence

- People felt their privacy and dignity was respected by staff. One person said, "The staff are very respectful, as are the managers. They speak to me respectfully. I would soon say something if they didn't." Another person said, "I used to work in care myself. The staff are very good here, very respectful."
- Care plans contained reminders to staff to be discreet when prompting someone about any personal care needs.
- Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files and personal records were stored securely.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care was personalised to meet individual needs, and people were supported to follow their interests. One person had expressed the wish to go to France on holiday. Staff had supported this process and ensured the person was able to save their money for the trip. Staff supported them on this holiday and provided them the care they required at all times, to ensure they could be safe and happy whilst on the holiday.
- We saw one person using a tablet computer to play games and look at pictures. The management staff explained they had supported several people to purchase and learn to use these tablets and the internet for entertainment. The manager told us, "They enjoy downloading different applications and games to play. They have mostly learnt how to do it, and we can help them when required."
- A range of activities was available for people to take part in. During our inspection we saw a quiz was taking place. One of the people using the service was helping to run the quiz by calling out the questions for people to answer.
- An activities coordinator was employed to arrange and run the activities. We also saw that activities were evaluated, with a record of who took part in what, and what worked well for each person.

Improving care quality in response to complaints or concerns

- A complaints system was in place and people knew how to use it. The people we spoke with told us they had not had to make any complaints. A 'grumbles' book was in place to record low level complaints and comments raised by people or visitors. For example, we saw some relatives of a person using the service had raised a concern about the cleaning within a person's room. We saw they were provided with a prompt response, and actions were created for improvement where required.

End of life care and support

- No end of life care was being delivered at the time of inspection. The registered manager was aware of the support that would be required for someone should they need end of life care, including contact with relevant health professionals, communication with family members, detailed care planning, and access and management of appropriate medications.

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

Requires improvement: Service management and leadership was inconsistent. Some regulations were not met.

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

- Effective audits were not always in place, and the management did not always monitor and improve areas that required improvement promptly. No audits or quality checks had taken place on staff training records. We were shown a training matrix which was a record of staff training and when it had taken place, but this was out of date and did not contain information for all the current staff members employed. The management team were aware that many staff members had not completed basic training courses since they began employment, but had not taken prompt action to resolve this.
- At a previous inspection we conducted in July 2014, we found similar issues with staff members not being sufficiently trained, and raised this with them at that time. At this inspection, we found the same lack of training for staff had occurred. The systems in place and oversight on training, had failed to prevent the same problems occurring in the service.

This was a breach of Regulation 17 (2)(a) Good Governance, 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

- People told us they found the registered manager, and management team approachable and easy to talk with. One person said, "[Managers name] is always about. It's a family run business and it is run very well, I'm glad I'm here."
- Staff felt well supported in their roles. One staff member said, "I like working here a lot. The managers are very hands on, they are on the floor supporting people, talking to people, not just in the office."
- The registered manager, deputy managers and staff team understood their roles and were open and honest during our inspection.
- The manager was aware of the requirement to notify the CQC of certain incidents, and our records showed that these notifications were sent in as required.

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

- Resident meetings were held so that people could feedback to staff. Minutes of meetings we looked at showed that people were asked about how they are feeling, and given the opportunity to feedback about the service including food, activities and outings.
- People we spoke with felt involved with the service, how it was run, and how they received their care.

Continuous learning and improving care

- The registered manager had involved an external company to conduct an 'impartial feedback service'. This meant that people using the service, their relatives, staff members, and other health and social care professionals involved, were asked their opinions and views about all aspects of the service provided. Information was collated and any areas of concern were acted upon.
- Staff meetings were held so that staff could feedback to the management team and communicate with each other. Staff we spoke with confirmed they were able to raise concerns and ideas, and found the meetings to be a good forum for learning and discussion.

Working in partnership with others

- The service worked in partnership with others and had links within the local community. The registered manager told us the Local authority had recently visited the service to conduct a quality monitoring check. The registered manager explained how they were working through improvements that were set, including improvements to service user guides and risk assessments.

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 15 HSCA RA Regulations 2014 Premises and equipment Windows on the first floor of the building, including people's bedrooms, did not have effective window restrictors on them.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective audits and accurate records for staff training were not in place, and the management did not always monitor and improve areas that required improvement promptly.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not always sufficiently trained for their roles.