

HC-One Limited

# Oaklands (Essex)

## Inspection report

Forest Glade  
Dunton Hills  
Laindon  
Essex  
SS16 6SX

Tel: 01268491491

Website: [www.hc-one.co.uk/homes/oaklands-essex](http://www.hc-one.co.uk/homes/oaklands-essex)

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11 December 2020

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26 March 2021

## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Oaklands [Essex] is a residential care home providing personal and nursing care for up to 55 older people aged 65 and over; and people living with dementia. At the time of the inspection, 19 people were living at the service.

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

Effective arrangements were not in place to ensure the safe management of medicines and this placed people at risk of harm. Suitable arrangements were not in place to mitigate risks for people using the service. Not all appropriate measures were in place or being followed to prevent and control the spread of infections.

The leadership, management and governance arrangements did not provide assurance the service was well-led. Quality assurance and governance arrangements at the service were not reliable or effective in identifying shortfalls. Lessons were not consistently learned to make improvements for people using the service. Though the arrangements for staff inductions, training and supervision and some elements of record keeping had improved, further improvements were still required in these areas.

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. There were enough staff available to meet people's needs and staff were recruited safely. Suitable arrangements were in place to ensure the dining experience for people using the service was positive.

Care plans covered most people's individual care and support needs. Nevertheless, information showed further improvements were still required to ensure each person's care plan was reviewed, updated and accurate. People were supported and encouraged to take part in social activities.

We have made a recommendation about staff induction, training and supervision.

At this inspection we found improvements had been made relating to the dining experience for people using the service, some aspects of record keeping, staffing levels and the deployment of staff. The provider was no longer in breach of Regulations 9, 14 and 18 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. However, not enough improvement had been made relating to risk [including medicines management and infection, prevention and control], governance and quality assurance. The provider was still in breach of Regulations 12 and 17 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

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 Inadequate (published March 2020).

Why we inspected

We carried out an unannounced focused of this service on 1 and 11 December 2020 which was based on the previous rating. Breaches of legal requirements were found.

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 coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained rated Inadequate. This service has been rated Inadequate for the last two consecutive inspections. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oaklands (Essex) on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Enforcement

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Special Measures:

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our responsive findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well-led.

Details are in our well-Led findings below.

# Oaklands (Essex)

## 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.

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 completed by one inspector. An Expert by Experience completed telephone calls to people's relatives. 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 [Essex] 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 did not have 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. The service was being managed by an interim manager and they were supported by the provider's Area Director, Area Quality Director and Regional Quality Director.

#### Notice of inspection

This inspection was unannounced.

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 sought feedback from the Local Authority prior to the site visit. A Transitional Monitoring Activity [TMA] was also undertaken for Oaklands [Essex] prior to the site visit, enabling us to monitor and identify risks within the service. As part of this process we spoke to four members of staff. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with four people who used the service and eight people's relatives about their experience of the care provided. We reviewed a range of records, including people's care records and two staff recruitment files. We spoke with the interim manager overseeing the service and the Area Quality Director. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

#### After the inspection

We continued to seek clarification from the Area Quality Director to validate evidence found. We reviewed further information sent to us by the Area Quality Director and spoke with a further three members of staff.

# 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 Inadequate. At this inspection this key question has remained the same.

This meant people were not safe and were at risk of avoidable harm.

At our last inspection in January 2020, the delivery of care for people was not always safe. Information relating to people's individual risks were not always recorded or provided enough assurance people were safe. The provider did not ensure the proper and safe management of medicines. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. At this inspection we found not enough improvement had been made and the provider remained in breach of this regulation for a second consecutive time.

### Assessing risk, safety monitoring and management

- Where risk assessments were in place, these identified how risks to people's safety and wellbeing were to be reduced and the actions required to keep people safe. However, not all risks to people's safety and wellbeing were recorded or being monitored.
- Where people had a daily fluid target to be reached each day because they were at risk of dehydration, where this was not achieved, there was no evidence to demonstrate how this was being monitored and addressed to ensure people's safety and wellbeing.
- Where people had a stoma in place, related risks were not identified and recorded. A stoma is an opening on the abdomen that can be connected to allow urine or faeces to be diverted out of the body. Risks associated with the stoma had not been considered or recorded, for example, the risk of skin irritation, leakage, retraction or prolapse and dehydration.

### Using medicines safely

- Suitable arrangements were not in place to ensure the proper and safe management of medicines and this placed people at risk of harm.
- Not all people using the service had been given their prescribed medicines in line with the prescriber's instructions.
- We found nine omissions in the records made when medicines were administered. We found the Medication Administration Record [MAR] was blank giving no indication of whether the medication was administered or not. An audit of these medicines was undertaken, and we found these had been administered but the MAR form not signed.
- 'When required' [PRN] protocols, detailing how the medicine was to be offered and administered, was not completed for all people living at Oaklands [Essex].
- Suitable arrangements were not in place to ensure safe stock and storage management of controlled drugs.
- Medication errors and poor medicines practice continued to be identified following the inspection.

### Preventing and controlling infection

- The providers 'Prevention and Protection Plan – COVID 19 Response' stated a COVID 19 risk assessment and care plan should be completed for each person residing at the service. This was not in place for all people who used the service and showed arrangements to assess current and emerging risks presented by the pandemic had not been identified and recorded at the earliest opportunity.
- The provider's 'Prevention and Protection Plan – COVID 19 Response' referred to the service being 'rag rated' [Red, Amber or Green] should there be a COVID 19 outbreak. Though an outbreak of COVID 19 was not evident at Oaklands [Essex], the management team were unable to locate a copy of the completed plan as this was not within the designated folder. Staff spoken with were not aware of the plan or that the service should be 'rag rated'.
- We were not assured staff were using Personal Protective Equipment [PPE] effectively and safely. Though there was no outbreak of COVID 19 at the service and all staff were observed to wear a face mask, where staff had direct contact with people using the service, staff were not wearing gloves or sanitising their hands between interactions. Despite hand sanitising wipes being located on dining tables, people were not offered the opportunity to wash their hands or have their hands sanitised prior to the lunchtime meal. This placed people at increased risk of contracting COVID 19 or other infections.

This was a continued breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- We were assured the provider was preventing visitors from catching and spreading infections and meeting shielding and social distancing rules. We were also assured the provider was admitting people safely to the service.

### Learning lessons when things go wrong

- This inspection highlighted some lessons had been learned and improvements made since our last inspection in January 2020. No unsafe moving and handling practices were observed, though staff were noted to be hesitant and uncertain whilst supporting people with their individual moving and handling needs. The deployment of staff was appropriate to meet people's needs, ensuring people received care in a timely manner.
- However, lessons had not been learned and improvements sustained in the longer term, in relation to medicines and risk management.

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

- People told us they felt safe and relatives confirmed they had no concerns relating to the safety of their family member. One relative told us, "I'm quite happy with the care, I feel [name of relative] is safe." Another relative stated, "I'd say [relative] is safe."
- Staff demonstrated an understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate concerns to the management team and external agencies, such as the Local Authority and Care Quality Commission.

### Staffing and recruitment

- The deployment of staff was appropriate and there were enough staff to meet people's needs. Staff responded to people in a timely way and call alarm facilities were answered promptly.
- Relative's comments about staffing levels were variable. Although relatives said the service's staffing levels had improved since our last inspection in January 2020, they remarked that there remained a problem at weekends. One relative told us, "I'm concerned about the care, it seems to go up and down. It seems to be alright during the week and worse at weekends."
- Staff told us staffing levels were appropriate and there was enough of them to provide safe care to people



living at Oaklands [Essex].

- Staff had been recruited safely to ensure they were suitable to work with the people they supported.

# 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 Inadequate. At this inspection this key question has now improved to Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection in January 2020, the dining experience for people using the service was variable and where they were at risk of poor nutrition, their weight was not always monitored. This was a breach of Regulation 14 [Meeting nutritional and hydration needs] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Not all staff were appropriately trained or had received formal supervision. This was a breach of Regulation 18 [Staffing] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. At this inspection we found the service was no longer in breach of these regulations, but further improvements were still required to ensure staff were trained and received regular formal supervision.

Staff support: induction, training, skills and experience

- Newly appointed staff received an 'in-house' induction and given the opportunity to 'shadow' more experienced staff. However, the induction for two members of staff was basic [tick-chart] despite neither staff member having previously worked within a care setting.
- The staff training plan demonstrated there remained gaps in some staff member's training. For example, one member of staff employed in August 2020, had 17 courses assigned but their target date for completion had expired. In total only four training courses were recorded as having been completed. This was similar for seven other members of staff whose training summary was viewed as part of the inspection process. An action plan to address this had not been considered or implemented.
- The supervision planner for 2019 - 2020 showed most staff had received one formal supervision since our last inspection in January 2020. Two members of staff had not received supervision since February 2020 and a member of staff who commenced employment in June 2020 did not receive supervision until late October 2020. One member of staff who was employed in August 2020, had yet to receive supervision.

We recommend the provider seek advice and guidance to ensure staff receive a robust induction, appropriate and timely training and regular formal supervision.

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

- People's needs were assessed prior to their admission to the service but the quality of the completed assessment was variable. We discussed this with the Area Quality Director, and they agreed with our findings. An assurance was provided this would be addressed for any new admissions to the service.

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

- People's comments about the quality of the meals were positive. Comments included, "The food is always lovely, I have no complaints" and, "I like the food, there is always plenty."
- Improvements had been made since January 2020 to ensure the dining experience for people was positive. People were not rushed to eat their meal and where they required staff assistance this was provided in a dignified and respectful manner.
- Where people were at nutritional risk, their weight was monitored at regular intervals and appropriate healthcare professionals were consulted for support and advice, such as a dietician or Speech and Language Therapist [SALT].

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

- People had access to healthcare services as required. However, evidence of referrals made to healthcare professionals were not routinely available to demonstrate actions taken to seek healthcare advice and support.
- Not all relatives were informed and updated about their family member's healthcare needs. One relative told us, "Sometimes, I haven't been aware when they've [staff] called a doctor to [relative] and it would be nice to know when there's been a problem and what's happening." This contrasted with more favourable comments. One relative told us, "The communication's usually been good, I phone quite regularly and they've [staff] phoned if something's happened."

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.

- Staff asked for people's consent before providing care and support. Improvements were required to make sure people were offered choice. People were routinely given a drink based on staff's knowledge of the people they supported rather than their personal preferences. People were handed biscuits despite there being a choice of biscuits readily available.
- Staff demonstrated a basic understanding of MCA and DoLS and how this impacted on people using the service.
- People's capacity to make decisions had been assessed and these were individual to the person.

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

- Improvements to the service were being made to make the first floor 'dementia friendly' and to improve the overall environment of Oaklands [Essex].
- There were 19 people living at the service, with all residing on the ground floor. People had personalised rooms which supported their individual needs and preferences.

# 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 Inadequate. At this inspection this key question has now improved to Requires Improvement.

This meant people's needs were not always met.

At our last inspection in January 2020, people did not always receive care and support that was personalised and responsive to meet their needs. Care plans were not up to date or reflective of their current care needs, including people who were at the end of their life. This was a breach of Regulation 9 [Person-centred care] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. At this inspection we found the service was no longer in breach of this regulation, but further improvements were still required to ensure information was reflective of people's current care needs.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care plans covered most people's individual care and support needs, including how the delivery of care and support was to be provided by staff. Nevertheless, information showed further improvements were still required to ensure each person's care plan was reviewed, updated and accurate to reflect people's current care and support needs.
- End of life care plans were variable in content, relating to people's end of life care needs, wishes and preferences.
- Prior to the inspection a Transitional Monitoring Activity [TMA] was undertaken for Oaklands [Essex], enabling the Care Quality Commission to monitor and identify risks within the service. As part of this process, a conversation was conducted by us with the management team and they told us all people using the service had an end of life care plan in place. This was not accurate as at this inspection it was confirmed, 13 care plans remained outstanding.
- Although we found no impact on people's care, not all staff spoken with had read people's care plans. Staff referred to not having the time to do this and stated they were solely reliant on senior members of staff providing key information at handover meetings.

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.

- Care plans identified people's communication needs and staff knew how to support people. This approach helped to ensure people's communication needs were known and met.
- We did not see enough evidence of how the Accessible Information Standard has been applied. The activity programme and menu were not in an easy read or large print format to enable people with a disability, living

with dementia or sensory loss to understand the information.

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 and encouraged to take part in social activities. Observations showed some people were supported with one-to-one activities in the morning and in the afternoon, people were encouraged to sing and dance.

Improving care quality in response to complaints or concerns

- The service had an effective complaints procedure in place for people and those acting on their behalf to use, if they had a concern or were not happy with the service. Complaints logged were investigated and responded to in an open and transparent way.

# 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 Inadequate. At this inspection this key question has remained the same.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At our last inspection in January 2020, effective arrangements were not in place, nor provided assurance the service was well-led, and people were safe. Quality assurance and governance arrangements at the service were not reliable or effective in identifying shortfalls in the service. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. At this inspection we found not enough improvement had been made and the provider remained in breach of this regulation for a second consecutive time.

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

- The arrangements to assess and monitor the service remained ineffective and this meant there were missed opportunities to mitigate risks and to make sure people living at the service remained safe.
- Though audits were in place, they needed to be used more effectively, as they failed to pick up the issues identified at this inspection. This included, the provider's arrangements to ensure the proper and safe management of medicines, making sure risks relating to the quality of the service were identified and recorded, including risks relating to the service's infection prevention and control measures.
- Managerial oversight of the service was not effective in ensuring actions from the service improvement plan were addressed. Examples of this included, the provider's arrangements to support all staff employed at the service to complete staff training and to ensure accurate and complete records in respect of each person using the service.
- Improvements were still required to evidence how lessons learned would be sustained and maintained in the longer term and compliance with regulatory requirements achieved.

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

- The service did not have a registered manager in post as they had left the service's employment in November 2020. The provider confirmed a new manager had been appointed and they were due to commence in post at the end of January 2021.
- Since 5 September 2020, an interim manager has overseen the service and they have been supported by the provider's Area Director, Area Quality Director and Regional Quality Director to help drive improvement

and achieve compliance with regulatory requirements.

- Although the interim manager was aware of the breaches of regulation cited following our inspection in January 2020, they had not read the inspection report. This meant they were unaware of the specific detail and context of the inspection findings relating to Oaklands [Essex].to ensure that action was taken to make the required improvements.

This was a continued breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- People using the service, relatives and staff were complimentary regarding the interim management arrangements. Most relatives acknowledged improvements to the service had occurred since our last inspection in January 2020. One relative told us, "A year ago I was very unhappy with the care, but it's definitely got better than a year ago, things seem to have improved."

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

- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service.

Working in partnership with others

- Information available showed the service worked in partnership with key healthcare organisations.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Effective arrangements were not in place to mitigate risks or ensure the safety of people using the service relating to medicines management and infection, prevention and control.

**The enforcement action we took:**

Warning Notice Served

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Effective arrangements were not in place to assess and monitor the quality of the service provided.

**The enforcement action we took:**

Condition Imposed on Provider's Registration