

HC-One Limited

Oaklands (Essex)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Oaklands (Essex) provides accommodation and personal care for up to 55 older people who may have care needs associated with living with dementia. There were 35 people living at the service at the time of our inspection. The service does not provide nursing care.

We carried out an unannounced comprehensive inspection of the service on the 2, 3, 10 and 13 October. Previously the service had been inspected in February 2017 and received an overall rating of requires improvement with the domain 'well led' being rated as inadequate. At this inspection whilst improvements had been made, improvements were still required to ensure the safety, health and well-being needs of people were met.

At our previous inspection carried out on the 20, 21 and 28 February 2017 we found breaches of Regulations 9 [Person centred care], 12 [Safe care and treatment], 13 [Safeguarding service users from abuse and improper treatment], 14 [Meeting nutritional and hydration needs], 17 [Good governance] and 18 [Staffing]. Two Warning Notices were served on the registered provider in respect of Regulations 12 and 17 requiring the registered provider to ensure they met with legal requirements by 24 April 2017. We carried out an unannounced comprehensive inspection on 2, 3, 10 and 13 October 2017 to confirm whether they now met those legal requirements.

The service has been placed in special measures as there have been continued breaches of regulation and a continuation of a key question rated 'inadequate'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to bring the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of this registration.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their 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.

Since our last inspection in February 2017 a manager had been recruited. They were registered with the

Commission as registered manager for the service on 25 September 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our previous inspection in February 2017 we found improvements were needed to ensure quality assurance systems were effective. Whilst we found improvements had been made at this inspection, further improvements were required to ensure the service was well led and the systems available for the monitoring and on-going improvements regarding the quality of the service were embedded and used effectively to ensure people's care and support needs were met safely.

At our last inspection we found improvements were needed to ensure the safe management of medicines. At this inspection we found although significant improvements had been made, further improvements were required to ensure medicines were administered safely and as prescribed.

Risks associated with people's health care needs were not always being managed safely as not all risks to people had been identified and suitable control measures in place to mitigate these. Furthermore, where risks had been identified people's care records had not always been reviewed and, where appropriate, updated. Improvements were required to ensure accurate and contemporaneous records were kept. For example, people's dietary needs were not always accurately recorded and their food and fluid intakes effectively monitored. Additionally, where people were supported to access healthcare services, their care records were not always updated to reflect the actions taken by the service and the outcomes of healthcare interventions.

The registered manager was unable to demonstrate how staffing numbers were calculated. Improvements were required to ensure sufficient staffing levels and deployment of staff to ensure people's individual care and support needs were effectively met.

People and relatives had mixed views about the caring attitude of staff. Whilst some people thought staff were kind and caring others felt staff were not always caring and did not know about people living at the service. People were encouraged to retain their independence and their privacy and dignity was respected.

The registered manager understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff were aware of their role in relation to MCA and DoLS and how to support people so as to ensure their rights were respected and met.

Staff treated people with dignity and respect and promoted people's independence. People were encouraged to maintain relationships with family and friends and there were no restrictions on visiting times. When required, people were supported to access their faith and cultural needs.

There were thorough recruitment procedures in place to ensure staff were suitable to work with vulnerable adults. Staff received appropriate training and supervision. Staff told us they were supported and that staff morale had improved since our last inspection.

There were effective systems in place for receiving and acting on concerns and complaints.

The service had a number of ways of gathering people's views including using surveys and by talking with people, staff and relatives. The registered manager was open and transparent throughout our inspection and was committed to driving improvements.

At this inspection we found three continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of this report.

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 consistently safe.

Risks associated with people's health were not always managed safely.

Medicines were not always managed safely.

The registered provider was unable to demonstrate how they determined staffing levels to ensure people's fluctuating care and support needs were met.

Suitable arrangements were in place to protect people from abuse and avoidable harm.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Improvements are required to ensure accurate and contemporaneous records are kept for example monitoring charts such as food and fluid intake and repositioning charts and the actions and outcomes of health interventions.

People's dining experience was not always positive. Improvements are required to ensure people's specific dietary needs are correctly recorded and communicated to staff.

Staff received relevant training and received regular supervision.

The service understood and met with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Most interactions between staff and people who used the service were kind and caring, however some were task focussed and hurried. Not all staff were knowledgeable about the people they supported.

People's privacy and dignity was respected.

Visitors were able to visit the service at any time.

Is the service responsive?

The service was not always responsive.

Some people's care plans were not as fully reflective or accurate of people's care needs as they should be.

Appropriate arrangements were in place for people to give their views and to raise concerns or complaints.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

The registered provider had not met the requirements of two Warning Notices served following our last inspection and there was a continued breach of regulations.

There were quality monitoring systems and action plans in place. These, however, were not working as effectively as they should be so as to demonstrate compliance with regulatory requirements, ensure the quality of the service was consistent and to help drive improvements.

There were systems in place to seek the views of people and their relatives on how the service is run.

Requires Improvement ●

Oaklands (Essex)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2, 3, 10 and 13 October 2017 and was unannounced.

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

Before the inspection we reviewed the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us. We reviewed safeguarding alerts and information received from a local authority.

We spent time observing care and used the Short Observational Framework for Inspection (SOFI). This is a specific way of observing care to help us understand the experiences of people who were unable to talk with us due to their complex care needs.

During our inspection we spoke with 15 people who used the service, four relatives, one visitor, three health and social care professionals, six members of staff, activities coordinator, deputy manager, registered manager and the area director. We looked at a range of records including nine people's care plans and records, five staff files, staff training records, staff rotas, arrangements for the management of medicines, a sample of policies and procedures, complaints and compliments and quality monitoring and audit information.

Is the service safe?

Our findings

At our previous inspections in September 2016 and February 2017 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service did not have effective systems in place to manage and mitigate risks to the health and safety of people using the service and for the safe management of medicines. At this inspection we found that whilst some progress had been made, further improvements were required so as to ensure people's health, safety and well-being.

Risks associated with people's health were not always being managed safely. Although risks to service users' individual safety and well-being were assessed and risk assessments were in place to minimise these, such as risks associated with mobility, personal care, choking, pressure area management and falls and nutrition, we found some risk assessments had not been completed or updated following a change in people's care needs, such as following an incident or loss of weight. We also saw that a Waterlow assessment completed for one person on 3 February 2017 had not taken into account all of the person's health conditions, therefore the person had an incorrect risk rating. If the correct information had been included in the person's assessment this would have increased their overall risk rating score from 'low risk' to 'at risk' and would have ensured appropriate measures were in place to mitigate the identified risk. A Waterlow assessment is a tool to assess the risk to people of developing pressure sores.

On the first day of our inspection a person was taken to hospital following swelling to their mouth. Records showed the person had been admitted to hospital previously for the same condition however no care plan or risk assessment was in place to advise staff and provide guidance on what action to take in the event of reoccurrence. We discussed this with the registered manager who immediately put a risk assessment in place. We further noted the person's care records stated that they required regular observations throughout the day and night, however observation charts had not always been completed and it was unclear how often staff were required to complete these as contradictory information was contained in the person's care records.

On the first day of our inspection we found one person who had been admitted to the service for respite care on 26 September 2017 did not have a care plan and had minimal risk assessments in place. Daily communication records had also not been recorded with the exception of one entry for 30 September 2017. Due to the lack of information and, moreover, the potential risks to the person we brought this to the immediate attention of the registered manager who took prompt action to ensure the relevant documentation was in place.

We looked at the systems in place for managing the administration of medicines. Although improvements had been made since our last inspection we found where people were prescribed pain relieving patches the administration of these were not always being recorded appropriately. This meant people were at risk of not receiving their pain medication correctly as this was not being effectively recorded and monitored. The Medication Administration Record (MAR) for another person showed that they had been administered Lorazepam on a daily basis from 2 October 2017 to 9 October 2017. This medication had been prescribed as

a PRN (as and when required) medication, to be only administered when the person was showing extreme agitation. A 'PRN' protocol dated 6 September 2017 was in place for the person which advised staff that the medication was to be used for extreme restlessness. Records showed that the dementia crisis team had also requested for staff to record on ABC (antecedents behaviour consequences) charts when the medication was given to reflect usage. For the period 2 October to 9 October 2017 no ABC charts had been completed. Moreover, on the last day of our inspection we noted the person had been given the medication in the morning. The member of staff who administered the medication could provide no rationale as to why they had not completed the ABC or the reason as to why the medication had been given. We discussed this with the registered manager who took immediate action and raised a safeguard alert with the local authority.

Where people were prescribed topical creams there were topical cream charts in place which provided guidance for staff so they knew where and how often the topical creams needed to be applied. However, people's topical cream charts had not always been completed and we found several gaps in people's charts. We could not therefore be assured that people's topical creams were being administered in line with the prescriber's instructions.

Staff who administered medication had completed appropriate training and records showed that staff had had their competency to administer medication assessed. Monthly medication audits had been completed however records did not clearly show what actions had been taken when errors had been identified. The registered manager explained to us that medication errors were mainly due to missing staff signatures on people's medicines administration records (MARs). They went on to say that they were working with senior staff to embed good practice regarding administration of medicines and that they would ensure, going forward, that all audit actions would be fully documented.

The above examples demonstrated a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were stored safely and securely. There were photographs of people for identification purposes available as part of their medicines records. People's allergies were clearly recorded as were their preferences on how they like to take their medicines. An appropriate risk assessment was in place for one person who administered their own medicines.

People's relatives told us they did not feel there were enough staff to meet people's needs. One relative told us, "There are a few good staff, but not enough to really care; there are too many agency staff." They went on to say, "Last Sunday there were the deputy manager, one permanent staff and one agency staff for the whole of downstairs. I was here for an hour. I could see there weren't enough." Another relative said, "I think there are mostly enough staff, but there's not as many at weekends." Another said, "Overall I feel that [family member] is in safe hands here; my only concern is the agency staff, I feel they should be given a bit more information about people."

Although people told us that their call bells were answered quite quickly, one person told us they had recently fallen out of bed in the night, bruising themselves but with no significant injuries; they said, "I've never used my call bell, the very time I needed it I couldn't reach it. I shouted and somebody came, I don't know how long I lay there." Due to this person's concerning account and as part of our inspection we pressed three separate call bells whilst visiting people in their rooms to check response times. All three were responded to within two minutes. This was a marked improvement from our previous inspection, where waiting times had been unacceptable long at times. However, considering the person's comments to us, further work was needed to ensure that people's call bells were in reach at all times to ensure their safety.

Staff we spoke with felt there was enough staff. Our observations during the inspection were that staff were often seen to be task focussed. We also observed medication rounds running late. When we spoke to the staff member administering medicines they informed us that they had started the medication round later than usual as they had been helping to provide personal care as people had chosen not to receive this from staff working the earlier shift. During our inspection we observed minimal interactions with people where care workers were able to sit down and talk with them as staff were often task focussed and routine led.

We asked how staffing levels were calculated taking into consideration people's fluctuating care and support needs the registered manager was unable to provide this information. Although we noted a dependency tool was regularly completed to record the level of people's individual care and support needs, this information was not being used to determine staffing numbers. This meant we could not be assured that the people's fluctuating dependency levels were being considered when assessing staffing levels and the deployment of staff. Following our inspection, the provider sent to the Commission an action plan which stated a new dependency tool to determine staffing levels based on people's fluctuating care and support needs would be implemented to calculate staffing levels.

The service was currently using agency staff pending recruitment to vacant posts. The registered manager told us that several members of staff had left the service since our last inspection and they were actively recruiting to the vacant posts. They explained this was challenging but they wanted to ensure the right people were recruited. In the interim period they were using a consistent team of agency staff to ensure continuity and to minimise the impact on people living at the service.

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

At our last inspection we found improvements were required to ensure people were protected from harm and abuse. At this inspection, apart from the medication related incident that the registered manager raised as a safeguarding alert during our inspection, we found people were protected against the risks of potential abuse. Staff had received safeguarding training and demonstrated a good understanding of the different types of abuse and the actions they would take to report any suspected abuse. Staff were confident that if they had any concerns, these would be fully investigated by management and escalated to authorities appropriately, thereby ensuring people were protected. They were also aware they could contact external agencies such as the local authority or the Care Quality Commission (CQC) to report any concerns. Whistleblowing guidance was displayed at various points around the service. Records showed that the service had raised safeguarding alerts to the local authority in a timely manner. The registered manager told us they had met with the local authority's safeguarding team and had held a reflective meeting with staff following safeguarding incidents. The registered manager told us that safeguarding would remain an on-going agenda item at staff meetings to ensure people were protected from harm and abuse.

People were cared for in a safe environment and appropriate monitoring and maintenance of the premises and equipment was on-going. There were up to date safety certificates in place for the premises and equipment. Records showed that the building had been well maintained and that repairs had been carried out swiftly. The service employed a maintenance person to carry out general maintenance and day to day repairs. People repeatedly told us that they felt the home was now kept cleaner, and more hygienic than it used to. One person told us, "It's cleaner now, and it smells much better than it used to."

Is the service effective?

Our findings

At our previous inspection in February 2017 we identified a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found improvements were required to ensure people were appropriately supported with their nutrition and hydration needs. At this inspection we found that whilst some progress had been made, further improvements were required so as to ensure people's health, safety and well-being.

Throughout our inspection we observed people being offered drinks and snacks throughout the day, we could not be assured that the service was effectively managing people's nutritional and hydration needs. Various agency staff were used daily in the kitchen to produce meals and we asked them how they were supported to understand the specific dietary requirements of people. They showed us a board in the kitchen which displayed information on people's dietary needs. They also told us that staff informed them of people's dietary needs. When we looked at the information contained on the board we saw it contained contradictory information for some people such as the type of food they should be given and whether people were on fortified diets. This presented a potential risk to people and we immediately brought this to the area director's and registered manager's attention; in response, they informed us the information on the kitchen board would be updated to clearly highlight people's specific dietary needs.

Not all staff were aware of people's dietary needs. For example the care records for one person who was experiencing swallowing difficulties contained contradictory information about their dietary needs. We saw, on two occasions, the person being given toast to eat in their room. This meant the person was at risk of choking as staff were unaware of the person's dietary needs/swallowing difficulties. Furthermore, the service's choking risk assessment tool stated that anyone with difficulty swallowing should be referred to the speech and language team (SALT) immediately. Although the registered manager told us a referral had been made, the person's care records had not been updated or plans put in place to mitigate any risks associated with eating. This placed the person at significant risk of choking as they were at risk of receiving inappropriate textured food.

The mealtime experience for people was variable. There were dining rooms on both floors of the building and people could choose to eat in their own rooms if they preferred. Tables were laid with flowers, condiments and serviettes. On the second day of our inspection the menu, which was displayed by the entrance doors to the dining room, listed the meals available as 'Baked fish with herb butter' and 'Meatballs in tomato sauce with pasta'. However, the meal options offered to people were sausage and mash, or lasagne. When we queried about the menu change none of the staff were able to explain why there had been a menu change and several people who were waiting for their meal told us that they did not know what was on offer. We observed staff bringing plated up meals to people to enable them to see each plate of food before making their choice and staff being patient with people, offering advice when requested. For example, one person could not decide what meal to have and a member of staff said, "Well, if you want something that is quite easy to swallow the lasagne might be better for you, but I'll cut up the sausages small if you'd prefer them."

However, when we observed the meal time experience for people on the first floor we saw several people with untouched meals and they were seen to not take an interest in their food. We also observed three people being given their dessert before they had finished their main meal. There were minimal staff interactions to support and encourage people to eat their meals and, on the second day of our inspection, a relative showed us their family member's untouched meal which had been hidden by their relative in their room .

Food and fluid intake charts were also not always being accurately completed. We saw examples where people's daily fluid intake charts had not recorded the person's daily fluid intake target and, where this information had been recorded, the target had not always been met. Where charts had been completed and reviewed, comments had been written such as 'encourage to drink more fluids' however we were unable to see what further action had been taken, for example, where a person's fluid intake continued not to be met. We could not be assured that people were being appropriately supported and encouraged to ensure their nutritional and hydration needs were being met .

At our last inspection to the service in February 2017, we were not assured that staff had received regular supervision or appraisal. At this inspection we found staff were receiving supervision in line with the registered provider's policy. The registered manager told us that they had recently increased the number of supervisions for staff and would be completing bi-monthly supervisions to ensure staff were appropriately supervised and supported. This also meant that staff would be provided with the opportunity to discuss their training needs, work related issues and work practice and enable management to check that staff had the right competencies, skills and knowledge to support people using the service.

We were provided with a copy of the registered provider's mandatory staff training matrix. This showed training was undertaken in areas such as safeguarding, moving and handling, health and safety and infection control. We asked the registered manager how they ensured training was embedded into day to day practice, for example through observations of staff practice. They advised, with the exception of observations of staff's competency to administer medication and safer people handling, they had not undertaken any formal observations of staff practice but would be introducing this.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. Staff had received MCA and DoLS training and understood the importance of consent and we observed staff offering people choice throughout the inspection. Where people had been deprived of their liberty appropriate applications had been made to the local authority for a DoLS assessment. An up to date DoLS information matrix was in place to enable the registered manager to have an overview of DoLS applications, authorisations and expiry dates. The registered manager was aware of who had been appointed a Lasting Power of Attorney for people to ensure that decisions were made in people's best interests by the correct persons. Care records identified people's capacity to make day to day decisions, however some care plans had not been signed by people or

those acting on their behalf to show they had consented to their care and had been involved in review of their care planning. However, we were assured that staff understood the importance of giving people choices and respecting their wishes

People were generally supported to access healthcare services and professionals such as GPs, occupational therapists, chiropodists and the community nursing team. The outcome of appointments was recorded in people's care plans however this was not always consistent. We discussed our findings with the registered manager. They were aware of poor record keeping and told us they were working with staff to improve this.

We received mixed feedback from health care professionals. One told us, "A big improvement has been evident in Oaklands. There was some resistance from staff to changes in the beginning but this is definitely less evident recently. If any problems arise we can approach [names of registered and deputy managers] and feel issues are dealt with immediately and efficiently. All concerns raised by [healthcare team] staff are taken seriously and investigated. I have spoken with residents and relatives who all voice they are happier with care within the home." However another said, "Like most care homes they are under considerable pressure to ensure each patient receives care to meet their individual needs. Most of the time staff are friendly enough. Unfortunately there seems to be very little communication between staff at the home. We do have to constantly reiterate certain procedures to each staff member." They went on to say, "The staff would benefit from further training to ensure they are all following the same procedures to ensure continuity of care. In turn this would make it easier for the staff, patients and communication with [healthcare team]."

Is the service caring?

Our findings

We received mixed feedback about the caring attitude of staff. One person told us, "Staff are very good to us, they're polite and kind. We don't have any complaints about them." Another said, "I think they're alright, I get on quite well with them most of the time. They work very hard. I would say most of them care." However one person told us that they did not like having so many agency staff visiting them as the agency staff did not understand their needs.

Feedback from relatives included, "[family member] feels the cold, I'm forever telling them to put a cardigan on [family member], but they just don't think. On Sunday [family member's] feet were cold, they had no socks on because [staff] said they couldn't find any, they have a top drawer full of them. It's not really a caring atmosphere here. I've seen big improvements in décor here, but not in care. I think it did improve, but it seems to have slipped back a bit." Another relative told us, "I think they need to know a bit more about people's background. It would make a big difference to people." Another said, "The domestic staff here are brilliant, they've mainly been here for ages, and they know what's going on, how people like things done. Care staff often don't know [family member], or care about them in the same way as the domestics do."

On speaking with staff some staff were not knowledgeable about people's care and support needs. For example, when we asked staff about three people on the first floor they could not tell us anything about them. One relative told us, "Some of the staff don't seem to know [family member] at all, so they can't talk to them about their life."

We also observed mixed interactions between staff and people. Some staff took time to speak with people, which people clearly enjoyed and we saw examples of positive care being provided to people. One member of staff, for example, was seen to be encouraging a person to walk with them at their own pace and offering reassurance. However, in contrast, many staff were often task focussed; for example we saw five members of staff sitting in one of the lounges updating people's daily notes and no attempt was made by them to engage with people sitting in the lounge.

People's privacy was respected and they were treated with dignity and respect. During our inspection we observed staff knocking on people's doors before entering and closing doors when providing personal care. We saw that people were dressed appropriately in clothing suitable for the time of year and people were supported to maintain their personal appearance so as to ensure their self-esteem and self-worth.

People were encouraged to maintain their independence as much as they were able to. The registered manager was able to provide examples of where people's independence was promoted. They told us, "We all have to take risks in life and we need to acknowledge these and put measures in place to enable people to maintain their independence."

People were supported to maintain relationships with friends and families and people were able to visit at any time. People's diverse needs were respected and, where appropriate, recorded in their care plans. The registered manager told us they would support people to access their faith and cultural needs.

Is the service responsive?

Our findings

At our last inspection we found that, although some people's care plans contained sufficient information and guidance for staff to enable them to provide personalised care that was consistent and responsive to people's needs, others did not. At this inspection we found care plans were person centred, however some people's care records continued to contain contradictory information or information which did not accurately reflect the care and support to be provided. This meant people's needs and preferences were not always being met and/or any identified risks mitigated.

Although some staff we spoke with knew people and were able to tell us how they would support them, not all staff were able to. This placed people at potential risk because staff, including newly appointed staff or agency staff, would not know how to support people from reading their current care plans as information contained in them was contradictory or did not reflect people's current care and support needs. We discussed our concerns with the registered manager who acknowledged the issues we had identified. The registered manager showed us an 'example care plan' which they had recently created which provided guidance for staff on the standards expected for all care plans. They went on to inform us that that they would ensure adequate time would be set aside to ensure people's care plans were reviewed and included up to date information which was reflective of people's individual care and support needs.

Assessments were undertaken prior to people moving into the service to ensure the service could meet their care and support needs. The information from the pre assessment was used to develop people's individual care and support plans. Some of the relatives we spoke with told us they were involved in the review of their family member's care. Comments included, "We have reviews probably once every six months or so. The last one was with the deputy manager. We brought up how staff approach [family member], and their lack of dementia understanding." They went on to describe to us how their family member may be asleep and sometimes staff would bring their 'dinner in quite curtly, plonk it in front of [family member] and leave'. They added that, despite raising these issues at the care review meeting, the family have not seen any improvements in this area of their family member's care. We discussed the arrangements for the review of people's care with the registered manager. They told us it was important, where appropriate, for families to be involved in the review of their family member's care and that they were in the process of sending out, where appropriate, letters to families inviting them to attend review meetings.

The service employed two activities coordinators. At the time of our inspection one of the activities coordinators was absent from the service. The activities coordinator told us they were supported by management, and the monthly activities budget enabled them to purchase any required equipment or supplies. They said, "I can speak to the manager about any ideas, she's very good and will help me out whenever she can." They went on to say that despite the other activities coordinator absence, they felt able to provide good quality activities for people living in the home; they said, "I'm here all during the week, and I spend time on both floors. Sometimes I'm in on Saturdays, but if not I leave things for the weekend staff to do with people such as karaoke, colouring, etc." Throughout our inspection we observed people taking part in various activities. One person was playing snooker with staff, they said, "We make up our own rules; we pot any ball we can." A relative told us that their family member stays in their room and rarely joined in with

activities; they said, "I'll give them [staff] their due, they've tried one-to-one things, but [family member] is not really interested."

The registered manager told us they discussed the monthly activities budget with the activities coordinator to ensure some of the budget was spent on equipment particularly for those living with dementia and said orders had been placed to purchase sensory equipment which would be placed along corridors. On the last day of our inspection we noted a sensory fish aquarium had been put up on the wall to the first floor which generated a lot of interest from people particularly those living with dementia. The registered manager was committed to improving the lives of people living with dementia and told us of the longer term objectives for the service. We were assured that they would be taking forward the improvements.

The service had policies and procedures in place for receiving and dealing with concerns and concerns. Where complaints had been received these had been investigated and appropriate action taken. One person told us, "The current manager is very nice. I'd happily go and talk to her if I needed to. She does listen to us and would take action."

Is the service well-led?

Our findings

At our last inspection in February 2017 we rated this key question as 'Inadequate'. We found not all people living at the service had care plans in place which accurately recorded their care and support needs and information and guidance on the support to be provided by staff to ensure people's individual needs were met safely and effectively. We found a lack of leadership and managerial oversight of the service. Following our inspection in February 2017 the Commission served two Warning Notices on the registered provider in respect of Regulation 12 [Safe care and treatment] and Regulation 17 [Good governance].

Although progress had been made, further improvements were still required. We found that the service had not met with all the requirements of the Warning Notices which were served following the February 2017 inspection. The systems in place to monitor and assess the quality of the service provided had improved, but further work was needed, as the systems in place were not always being utilized to their full potential as they had not identified the areas of concern we had identified including the continued breaches of regulatory requirements.

There were ineffective systems in place to ensure staffing numbers were calculated based on people's fluctuating care and support needs. Care plans were also not always reflective of people's current care and support needs and accurate and contemporaneous care records were not consistently kept. For example staff had not maintained accurate records in regards to healthcare interventions, pressure care, fluid and nutritional and observational check records and daily communication records. This along with staff, including agency staff, not always being aware of people's current needs, meant that systems for monitoring people's health and care needs were not always robust enough.

Medication management and monitoring had also not identified the issues we found with regards to the use of 'as and when' medicines, omissions in topical cream charts and accurate recording of pain relief patches. Moreover, although some staff we spoke with knew people and were able to tell us how they would support people living at the service, not all staff were as knowledgeable, which placed people at risk; this was because staff or agency staff would not know how to support these people from reading their current care plans. The deputy manager told us that staff did not have time to read care plans and the updating of care plans had slipped as primary importance had been placed on the practical delivery of care by staff, staff attitudes and culture.

We discussed the service's quality assurance systems with the registered manager who told us that they were still in the process of learning about the various tools used as part of the registered provider's quality assurance processes and acknowledged this was an area for improvement. They informed us that the area director would be spending time with them to go through these. They had spent a lot of time working on the areas of failure since the last inspection and were aware of the work that was still needed to ensure safe and effective care delivery was sustained in all areas of the service. The Commission acknowledged that this will take more time, but improvements needed to be made to ensure the safety of care being delivered.

Although improvements have been made and further positive areas are noted within the rest of this Key

Question, failings in regulation means that the service remains in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had started work at the service in April 2017 and was supported with the day to day running of Oaklands (Essex) by a deputy manager who had started work at the service in May 2017. Both managers were open and transparent throughout our inspection and were committed to driving improvements. The registered manager was aware of some of the issues we had identified during our inspection and had already arranged additional staff training such as record keeping and effective communication. Records also showed that they had reminded staff of their responsibilities to complete documentation consistently and accurately.

Since November 2016 the service has had a series of managers in post. One relative told us, "There have been lots of changes here, three managers recently. [Name of registered manager] has spent more time and money on the place, decorations, plants, etc." They went on to say, "To be honest, I'd rather it was still tatty and they spent the time and money on making it a more homely and caring atmosphere." Another relative also referred to regular changes in management, which they told us had been unsettling for everybody; they said, "We do always know who's in charge, we get introduced, and they come to the regular relative's meetings."

The registered manager was visible within the service and demonstrated their commitment and passion to ensure people received good quality care. They told us, "I want to give the residents the best home they could ever live in, a happy place for residents and staff. I want to make a difference; it's all about the residents. We are all [staff team] working together and I know from when I started in April I can see a difference; there is still a lot of work to do but its work in progress." A health and social care professional told us, "Big improvements have been evident in Oaklands. There was some resistance from staff to changes in the beginning but this is definitely less evident recently. If any problems arise we can approach either [names of registered and deputy managers] and feel issues are dealt with immediately and efficiently. All concerns raised by [health care team] staff are taken seriously and investigated. I have spoken with residents and relatives who all voice they are happier with care within the home."

The registered manager used different methods to gain feedback about the service such as day to day interactions with people and staff. They told us that they operated an 'open door' policy and held weekly surgeries for anyone who wished to speak with them. Regular residents/relatives meetings were also held to gain people's views. The registered manager told us, "At the last relatives meetings only two or three turned up. I want families to be involved so I can get feedback from them. We are here to look after their loved ones and their feedback is important." Questionnaires were also carried out to gain feedback on the service. Although a staff survey had not been undertaken since our last inspection, a relative's survey had been completed in June 2017. On reviewing the responses we saw that 15 responses had been received by the service. One of the questions asked was 'What do you think about the care home management?' We saw that 23% of respondents felt this area of the service was excellent, 31% good, 31% average, 8% poor and 8% very poor. Following an analysis of the survey responses a 'You said, We did' poster was displayed within the main foyer.

Regular staff meetings had been held since our last inspection and records showed that various topics such as updates regarding training, activities and the day to day running of the service were discussed. Staff told us that staff morale was improving despite having had a period of instability and a succession of managers. Staff also told us that they felt once the vacant posts had been recruited to there would be more stability at the service.

The registered provider had award schemes in place to recognise staff achievements. The registered manager told us that staff had received 'Kindness in Care' awards in recognition of their hard work and 'going the extra mile' and an awards ceremony was recently held at the service with people living at the service and their relatives invited to attend.

The registered manager told us they received a lot of support from senior management to enable them to drive improvements to the service. One person told us they would feel quite confident to knock on the registered manager's door, saying that they did not feel they would need an appointment to speak with her. They added, "[Name of registered manager] is more approachable than some we've had here, I think she wants to improve things."

Following our inspection the registered provider forwarded to the Commission a comprehensive action plan they had developed following feedback from our inspection detailing how they would be ensuring regulatory requirements were met. We will continue to monitor the progress by the registered provider in meeting this action plan.

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 Risks associated with people's health were not always being managed safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to effectively assess and monitor the quality and safety of the service through effective auditing.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider failed to demonstrate an effective systematic approach using appropriate dependency tools to determine the number and deployment of staff required to keep people safe and meet their needs at all times, taking into consideration people's fluctuating care and support needs.