

Conifers Care Homes Ltd

# Oaklands Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 16 and 20 November 2017. After that inspection we received concerns in relation to the care and treatment of people using the service. As a result we undertook a focused inspection to look into those concerns and to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection had been made. The team inspected the service against two of the five questions we ask about services: is the service safe and is the service well-led. This was because the service was not meeting some legal requirements.

This unannounced focused inspection took place on 4 and 17 April 2018.

Oaklands nursing home 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.

Oaklands is located in Littleton on the outskirts of Chester. The home is a three storey building with access to all levels being provided by passenger lift. There are 45 bedrooms; most have en-suite facilities. The home can provide care for up to 50 people. At the time of our inspection there were 32 people living at Oaklands.

There was no registered manager in post at the time of our inspection however the acting manager was in the process of registering with the Care Quality Commission.

During the previous inspection we found that staff did not carry out appropriate checks on visitors to the service to ensure that people were safe. During this inspection we found improvements had been made; we were greeted at the front door by a member of staff before being allowed to enter the main building.

During the previous inspection we found there was a lack of effective systems and processes in place to monitor and improve the quality of the service. During this inspection we found that improvements had been made and the manager was in the process of implementing new systems and processes to monitor and improve the quality of the service.

Prior to the inspection we received information of concern in relation to staffing levels; during this inspection we found that sufficient staffing levels were deployed to meet the needs of people living in Oaklands.

Medicines were stored securely, however medicine administration was not always accurately recorded.

Risk assessments were in place for people living at Oaklands; the manager told us that not all risk assessments accurately reflected people's individual risks. However, this was being looked at as a priority.

Supplementary records were being used by staff to record daily information such as food and fluid intake,

night safety checks and repositioning charts.

Each person living in Oaklands had a Personal Emergency Evacuation Plan (PEEP) that was accurate and reviewed regularly.

Accidents and incidents were reported and recorded accurately by staff.

There were no concerns regarding the safety and cleanliness of the environment; regular safety checks were completed.

Staff had received training in areas such as infection control and manual handling; the service had recently delivered practical training in relation to manual handling.

Staff and people living in Oaklands spoke positively about the current management team and the improvements that had been made.

Staff had access to policies and procedures for the service to assist them to follow legislation and best practice.

The management team were very responsive during the inspection and able to provide information on request.

The manager and registered provider showed a desire to improve on the quality of the service being provided for people living in Oaklands.

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

We always ask the following five questions of services.

### Is the service safe?

We found that action had been taken to improve safety.

Risk assessments were in place and the management team were in the process of ensuring that all risk assessments were accurate.

Sufficient numbers of staff were deployed to meet people's needs.

We could not improve the rating from requires improvement to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

### Is the service well-led?

We found that action had been taken to improve the quality and safety of the service provided.

Systems and processes were in place to effectively monitor the quality and safety of the service.

People and staff spoke positively about the current management team and told us recent improvements had been made.

We could not improve the rating from requires improvement to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

# Oaklands Nursing Home

## **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 was planned to check 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 unannounced focused inspection took place on 4 and 17 April 2018. The inspection team consisted of one adult social care inspector on 4 April and two adult social care inspectors on 17 April.

We spoke with five people who used the service. We also spoke with four members of care staff, chef, manager, care manager and registered provider. We looked at care records relating to eight people who used the service; this included risk assessments, daily records and medication records.

Prior to the inspection we reviewed the information the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send us to give information about the service; what the service does well and improvements they plan to make. We also reviewed statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law.

# Is the service safe?

## Our findings

Prior to this inspection we received information of concern relating to the care of people living in Oaklands. We conducted this focused inspection to check these concerns and to see whether improvements had been made following the previous inspection.

When we conducted a previous inspection in November 2017 we rated the service 'requires improvement' and found the provider to be in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff did not carry out appropriate safety checks on visitors to the home to ensure that people remained safe.

During the previous inspection in November 2017 we found staff did not carry out appropriate safety checks on visitors to the home to ensure that people remained safe. On both day one and two of this inspection, we were greeted at the front entrance by a member of staff. The door leading to the main building was locked and staff requested confirmation of who we were before allowing us to enter. Throughout the inspection, this main door was observed to remain closed at all times. This ensured that people living in the home remained safe.

We found the provider was no longer in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we observed a member of staff while they administered some medicines. We also checked medication records, storage arrangements and audits.

Medicines were stored securely at all times and only allocated staff have access to both the medicine trolleys and clinic room. Medicine Administration Records (MAR) were clearly documented and easy to follow. There was evidence of staff correctly recording where medication had been refused or not given; such as 'not available' or 'refused'. However, we found two errors whereby staff had signed to say medication had been given but when stock levels were checked, the remaining levels were incorrect. These errors had occurred two days prior to our inspection. We discussed this with the manager and following our inspection they provided evidence that this issue was addressed with the relevant staff members. Controlled drugs were locked securely in a separate cupboard from all other medication. Controlled drugs are prescription medicines that have controls in place under the Misuse of drugs Act and associated legislation. The controlled drugs book was completed correctly with two signatures for administration. The temperatures of the room and refrigerator were recorded regularly and remained within safe limits. Monitoring of these temperatures is important because some medicines can be damaged by storage at excessive temperatures. We saw evidence that 'as and when' required medications (PRN) had the necessary protocols in place. However, they lacked information and guidance for staff to ensure a consistent approach when administering 'as required' medicines.

We recommended that the manager look at their PRN protocols to ensure that sufficient information and guidance was available for staff to follow.

Prior to our inspection, Oaklands had moved a number of people from another service location in to the home. We looked at risk assessments in place for people from the previous location and those who were already living in the home. We found risk assessments in place for areas such as falls, nutrition, pressure sores and behaviours that may challenge. Risk assessments in place for people who were already living in Oaklands were reviewed regularly and contained appropriate guidance for staff to manage people's individual risks. For example we saw a risk assessment in place for someone who had specific dietary needs, the support plan provided clear guidance for staff to manage this person's risk and prevent a decline in physical health. The manager told us they had reviewed risk assessments for people from the previous location and found they were not up to date and did not accurately reflect people's individual risks. They are currently working with members of the management team to address this to ensure that risk assessments were accurate.

People told us they felt safe living in Oaklands. Comments included "Yes I feel safe here, staff are really good, I have no concerns at all", "I have a mat alarm to let staff know if I am moving around, and staff respond quickly if I need help", "Staff always respond quickly if I use my call bell" and "I feel very safe living here".

Staff had access to policies and procedures relating to safeguarding and whistleblowing. Staff we spoke with showed a good understanding of how to recognise abuse and harm and what action they would take to report concerns both internally and externally if required.

Each person living in the home had a personal emergency evacuation plan (PEEP) that identified their individual risk level. The information provided clear guidance for staff to safely evacuate people in an emergency.

We saw evidence of regular fire safety checks and services being completed both internally and externally; such as alarms and fire extinguishers. Safety certificates and reports relating to gas safety, portable appliance testing (PAT), food hygiene and lift servicing were also seen during this inspection. All windows within the home had been fitted with restrictors to reduce the risk of people living in the home being harmed. We saw that whilst regular fire alarm tests were being completed, the last fire drill had been conducted in April 2017. The manager told us they had already identified this issue and were working with the maintenance staff and training manager to address this to ensure that nominated staff were trained in fire safety and that regular fire drills were being completed.

Staff completed incident and accident forms, for example after a person had a fall. The forms provided clear information regarding the incident and any treatment required. The acting manager told us and we saw evidence that they had recently started to use new incident forms and had requested staff complete a full detailed record of the incident in order to assist with a thorough review and analysis of incidents within the home. This has been recorded in more detail within the 'well-led' domain.

During the inspection we found sufficient staff were deployed to meet the needs of people living in the home. The number of people living in Oaklands had recently increased due to people being transferred from another service location. The manager told us that staffing numbers had been increased to accommodate this. The manager told us they were currently using a high number of agency staff; this was partly due to the recent transfer of people from another service and regular staff leaving. The manager told us they try, where possible, to ensure they request agency staff who are familiar with the service and the people living there. They are currently trying to recruit new permanent staff to the service. Staff we spoke with told us they felt there were enough staff on duty to support people's needs. Comments included "There is always enough time to complete tasks and provide thorough personal care; there are enough staff to meet people's need", "Staff levels are okay now, they weren't before but [manager] has increased numbers and it is better" and

"Much better, we have staff, [staff] aren't phoning in sick. We use regular agency staff which takes the pressure off and we are now allocated to certain areas in the home which is much better".

Systems were in place to ensure that people living in Oaklands were kept safe. For instance, we saw people had access to call bells to alert staff if they needed support; those unable to use a call bell were provided with sensor mats and placed on hourly checks. The manager told us other communication aids were used so that people could request help/support, for example monitors.

We found that recruitment processes were safe. We checked four recruitment files and found they reflected safe recruitment practice in line with the provider's recruitment policy. Each file contained an application form with a detailed employment history, photographic identification, references and evidence of Disclosure and Barring Service (DBS) checks. DBS checks are used by employers to establish if recruits have a criminal record or are barred from working with vulnerable adults or children. This helps employers to make safer recruitment choices.

There were no concerns regarding the cleanliness of the home; we found the home to be clean and well maintained. Staff had received training around infection control and those we spoke with were able to explain the process for preventing the spread of infection. Staff made appropriate use of personal protective equipment (PPE) to reduce the risk of infection.



## Is the service well-led?

### Our findings

When we carried out a previous inspection in November 2017 we rated the service 'requires improvement' and found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because audit systems in place were not effective. During this inspection we looked to see whether necessary improvement had been made.

The manager told us that since being in their current role, they had reviewed the current systems in place to check the quality and safety of the service. They found that the current systems in place were not always effective and were in the process of making changes to improve this. The manager showed us daily audits that had been implemented for supplementary records; this was the responsibility of the health and welfare manager. These audits looked at whether supplementary records such as food and fluid charts, repositioning charts and daily/nightly checks were being completed by staff. The manager had also identified that whilst there was a review and analysis of incidents and falls, the information gathered was not being fed back into the service in order to reduce the number of incidents/accidents occurring. The manager was working with the registered provider and management team to look at how this system could be improved. We saw evidence of regular audits being completed by the management team in relation to medication, the audits effectively identified errors and detailed action taken to address them; for instance discussions with staff during supervision or disciplinary action where necessary. The medication errors identified during our inspection had occurred after the most recent medication audit had been completed, however the manager showed evidence of issues being addressed in an appropriate time scale.

Throughout the inspection the manager and registered provider showed us evidence of action plans created to address the issues identified by the manager since being in post.

Whilst process still needed to be improved, we saw evidence that the current manager was working closely with the management team and registered provider to address this. We found the provider was no longer in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

There was no registered manager in post during our inspection. The service was being managed by an acting manager who had accepted a post as permanent manager and was in the process of completing their application to register with the Care Quality Commission. The manager was being supported by the registered provider and other management staff (including care manager and health and welfare manager). A registered manager is a person who has registered with the CQC 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.

Staff spoke positively about the manager and management team. Staff told us they had seen improvements in how the service was being managed since the current manager came in to post. Comments included "[Manager] is fab, so much has been done in terms of safety of the [people]. [Manager] is making changes that should have been done ages ago", "Very positive management changes, care standards have changed

massively for the better. [Manager] listens to new ideas and [care manager] is lovely, goes out of their way to support people", "The management team are very visible throughout the service" and "[Manager] is very approachable, all changes are positive". Staff told us they felt listened to and were often asked for their views in relation to the care being provided and this could be improved.

People living in Oaklands spoke positively about the management team and the improvements that had been made. They described the manager as being very approachable and always happy to listen to them. Comments included "Things have really improved a lot", "[Manager] is always popping in and checking on me they are lovely" and "If I have a problem I know I can talk to [manager] and it will be sorted". During the inspection we observed warm interactions between the manager and registered provider with people in living in the home. People knew who the registered provider was and they were seen to be visible throughout the inspection.

Systems were in place to gather the feedback of people and their relatives; we saw evidence that regular meetings were held and surveys were completed. The feedback provided was positive with comments like "really friendly staff", "staff treat me like royalty", "staff are kind hearted", "warm and friendly service" and "the manager is always approachable".

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection was displayed within the home in accordance with CQC guidance.

The manager had notified the (CQC) of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks regarding Oakland Nursing Home.

We saw evidence throughout the inspection of the service working effectively with other agencies and organisations, such as GP's, district nurses, occupational therapists, speech and language therapists, community mental health teams and social workers. Working effectively with other agencies and organisations ensures that people's needs are met and health and well-being maintained appropriately.