Mr John Hall

Oaklands Residential Care Home

Inspection report

Westfield Avenue
Sticklepath
Barnstaple
Devon
EX31 2DY

Tel: 01271374231

Date of inspection visit:
27 November 2020
30 November 2020
15 December 2020

Date of publication:
08 June 2021

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

About the service
Oaklands is a residential care home providing personal and nursing care to 18 people aged 65 and over at the time of the inspection. The service can support up to 25 people. The service has accommodation on two floors with access via a stair lift to the first floor. Most bedrooms and communal space is on the ground floor. Most people living at the service are living with dementia.

People's experience of using this service and what we found
People and staff had not been fully protected from the risk of infection due to not having the right personal protective equipment (PPE) available for particular situations. Once we pointed this serious error out the providers acted to rectify this and now have the right PPE in place.
One professional gave the following feedback "The provider has been slow to provide the numbers of positive cases, we know they are under pressure due to so many staff testing positive but we are required to have this information to help inform the over all picture of covid outbreaks."

Some improvements were needed to how clinical waste of PPE was being disposed of. Bins in the sluice room did not have lids. Bins in areas for where PPE would be removed such as entrance and exit of home were small and meant they would need repeatedly emptying. Some documentation needed updating and clarifying. For example the infection diseases policy did not mention or signpost staff to anything about covid 19. The pandemic emergency plan stated systems would be set up and roles allocated but did not give any detail about who would be responsible for what. People's personal evacuation plans had been photocopied many times and were not easy to read. They did not include details of what equipment each person might need to assist them in an evacuation.'

Recruitment processes were not robust and did not ensure staff were checked for their suitability to work with vulnerable people before they commenced employment.

The quality assurance systems did not identify the risks we highlighted during this inspection.

People said they were happy and being well cared for. One person said "Its very good here. We get plenty to eat and it's a nice place."

We observed people being cared for and supported by kind and compassionate staff. For example one staff member went out of their way to obtain a phone number one person was concerned about getting.

People were being offered a choice of drinks and snacks throughout the day.

Medicines were being safely managed.

We made one good practice recommendation in respect of medicines.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection – The last rating for this service was good (published 27 September 2018)

Why we inspected
CQC have introduced targeted inspections to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question. We undertook this targeted inspection to follow up on specific concerns about infection control as there had been a large outbreak of covid 19 positive cases. Where a service has more than a 30% outbreak, we have made an operational decision to inspect to check on infection control.

We inspected and found there was a concern with infection control and the use of appropriate PPE, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The 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 changed from good to requires improvement. 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 Oakland Care Home on our website at 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 monitor the service.

We have identified breaches in relation to the lack of appropriate PPE equipment, infection control processes and recruitment at this inspection.

Please see the action we have told the provider to take at the end 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Oaklands Residential Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the 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

Service and service type

Oaklands Care 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.

Notice of inspection
The first inspection date of 27 November 2020 was unannounced. However due to pressures of dealing with poorly people we agreed to return on a different date. We returned on the 30 November 2020. The next visit was also agreed then postponed due to pressures of dealing with the pandemic and another date the following week was agreed. The last inspection visit was completed on 15 December 2020.

What we did before the inspection

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 took this into account when we inspected the service and made the judgements in this report.
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used all of this information to plan our inspection.

During the inspection-
We spoke with the registered manager, provider, deputy manager, senior carer and one other care worker on site. We also spoke with four people about their experiences of living at the service. Some people living at Oaklands live with dementia and cannot easily give an informed view verbally. 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.
We reviewed the fire log, medicine records and systems and three recruitment files.

After the inspection –
We spoke with three care staff via video link between the first and third inspection visits. We continued to seek clarification from the provider to validate evidence found. The provider sent us a range of documents including care plans, risk assessments, training records, policies and procedures. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Requires Improvement

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

● People and staff had been placed at risk because the Personal Protective Equipment (PPE) used was not suitable for aerosol generated equipment (devised where people are more likely to have exposure to body fluids) being used by an individual.

●Not all staff were able to describe the appropriate order to put on and take off their PPE. They had been given some additional guidance prior to our inspection visit from the infection control lead at the hospital. The registered manager rightly explained that they were not removing masks on each occasion of care, so staff may have been confused by the question about order of PPE. Irrespective of this point not all staff could recall the correct and safe order.

●Clinical waste bins in the sluice had no lids. This presented a possible risk of cross infection.

● Prior to the infection control lead making recommendations, clinical waste bags were being left on the floor of people's rooms. The service were advised to purchase appropriate pedal bins. At our visit these bins were in situ, one was not a pedal bin.

● The laundry area was small and clean laundry being stored was not in lidded containers so could be exposed to cross infection.

● The homes policy on infection outbreaks had not been updated to include the Covid 19 or make reference to another policy which covers this.

●The services' 'corona virus recovery plan' did not give specific information about roles and responsibilities in the event of the management team not being available. For example it did not specify who would take responsibility for ensuring testing, sharing of key information and ensuring PPE stations were replenished.

● Until advised, the service were not ensuring people who were covid positive were being confined to their rooms. The registered manager and deputy said that due to people living with dementia this had not been possible. They agreed to ensure people who were tested as negative would be kept in their rooms as a way of isolating them from COVID-19 positive people.

Lack of robust infection control equipment and guidance placed people and staff at risk. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the second day of our inspection, actions were taken to ensure staff did have the correct fitted masks to mitigate the risk from aerosol generated equipment.

The registered manager said they had put up more posters showing the order of PPE and spoke and observed staff and they were confident staff were following correct processes to keep people safe.

Since the inspection, registered manager and provider they have assured us that staff were following the national guidance. Staff have been observed, trained and have reminder posters to refer to ensure that PPE

is worn and put on and off in the correct order

Staffing and recruitment

● Recruitment files showed new staff had been employed to work within the service prior to having their suitability checked via the checking if they were on the list of staff deemed unsuitable to work with vulnerable people.

●Staff signed a declaration to say they would work supervised until their full checks had been received and deemed satisfactory. These shifts were called shadow shifts and all commenced these prior to receipt of knowing if they were on the vetting and barring list.

Lack of robust recruitment checks placed people at potential risk. This is a breach of regulation 19 (fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● There were sufficient staff available for the number and needs of people. During the outbreak the service had to enlist the help of the commissioners and agency staff to assist them.

Systems and processes to safeguard people from the risk of abuse

● The training matrix showed a number of gaps in staff training. For example, for the period of May to December 2020 13 out of 22 staff had completed fire training. Seven had completed safeguarding training and six had completed dementia care training. Some of the newer staff who were also new to care had yet to complete this essential training. The registered manager explained that some of these newer staff had also had to have periods of time off self-isolating due to the pandemic. This meant they had not completed the level of training they would have normally done. The registered manager gave assurances this was being addressed.

● All staff had completed infection control and covid training.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

● Risks for individuals were assessed, documented and reviewed and updated as needed.

●Falls risks were reviewed for any trends or ways they could reduce the risk.

●Individual personal evacuation plans were in place for people. These had been photocopied many times so it was not always easy to read.

Using medicines safely

●Medicines were being safely stored, recorded and administered in a safe way.

●The service was using an electronic system for recording all medicines into the home, administering and ensuring people received their medicines in a timely way.

●Staff received training and support to do this role safely and effectively. Their competencies were monitored and checked.

●The system did not have PRN (as needed) protocols for staff to refer to for when they might consider administering PRN.

We recommend the service follows best practice guidance in developing PRN protocols for individuals who may be prescribed PRN medicines.

Requires Improvement

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 good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager and provider had failed to identify the risks we have highlighted during this inspection. Specifically, the failure to ensure staff had all the right personal protective equipment to keep people and staff safe. The provider failed to understand the significance of this risk. Also failure to ensure robust recruitment were being followed.
- The provider said they wished the registered manager had not mentioned the equipment being used in the home. When we pointed out this was a good thing as now we had been able to get staff the right PPE. They also said they did not understand why staff would need to watch a three hour video on how to use a fitted mask.
- Despite having a pandemic policy and infection control policy, practices were not in line with ensuring effective infection control during a Covid 19 outbreak.

Failure to identify and act on these risks is a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other risks such as falls, nutrition and fluid intake were being well monitored and actions taken where risks had increased.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager sent in notifications as required in relation to notifiable incidents.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff said the registered manager was open and inclusive in her approach. They said their views and those of people living at the service were listened to. Staff said they felt valued for their work.
- The registered manager said they held regular meetings and had one to one discussion with people living at the service. This ensured their views were being taken into account.
- The service had worked hard through the pandemic to ensure people were kept in contact with their family, friends and loved ones in a variety of ways.

●People's plans showed the service were working to support people's individual needs, taking into account their wishes and preferred routines.
● Engaging with the public has not been easy through lockdown but the service has maintained contact with people's loved ones as much as possible.

Continuous learning and improving care; Working in partnership with others
●We identified some gaps in training. However, the registered manager explained they had invested in a new on line system which this data had come from. Some of their other training and ad hoc training may not be recorded but had taken place.
●The service work closely with the nurse educator from the NHS care homes team. They often volunteer to pilot new training and tools for them.
●The registered manager said they were passionate about training for staff and would be looking at any gaps and making a work plan for staff to achieve all key areas within this year.

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 The service had failed to identify risks associated with infection control and use of the right personal proactive equipment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service failed to identify key risks through their own quality assurance processes.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The service had failed to ensure all checks as per schedule 3 of regulation 19 were in place. This placed people at potential risk.