

Unityone Ltd

Oakwood Rest 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

At an unannounced comprehensive inspection of this service on 12 and 14 April 2016 we found there were breaches in the legal requirements and regulations associated with the Health and Social Care Act 2008. We found the provider and the registered manager to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because they had failed to effectively assess the risk of, and take actions to prevent, detect and control the spread of infections. We also found the provider and the registered manager to be in breach of Regulation 17 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014 because systems and processes had not been established and/or operated effectively to assess, monitor and improve the quality and safety of the service, nor to mitigate the risks relating to the health, safety and welfare of people using the service. Furthermore, we also found the provider and the registered manager to be in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 because information that they were legally required to share with us and other agencies, such as the Health Protection Agency, was not shared.

We asked the provider to send us an action plan to show how they would meet the legal requirements of the regulations and gave them until 1 July 2016 to demonstrate their compliance.

We undertook this focused inspection on 27 July 2016 to check the provider had followed their plan and to monitor their compliance with the legal requirements of the regulations. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Oakwood Rest Home on our website at www.cqc.org.uk.

Oakwood Rest Home provides accommodation and personal care for up to 30 older adults. At the time of our inspection there were 27 people living at the home.

There was a registered manager in post. 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.

We found that improvements had been made to promote the safety of the service.

People were protected against the spread of infectious illnesses and diseases because the provider had improved their infection prevention and control practices. People were now supported by staff who were familiar with the improved infection control policies and procedures and who had the knowledge and skills they required to minimise the risks associated with the spread of infection.

The provider had also improved their quality monitoring processes to further promote the safety and quality of the service in areas including infection control, medication management and record keeping.

The registered manager had ensured that all relevant information that they are legally required to share with us and other agencies had been sent.

While improvements had been made we have not revised the ratings for these key questions; to improve the ratings to 'Good' we would require a longer term track record of consistently good practice.

We will review our rating for 'safe' and 'well-led' at the next comprehensive inspection to make sure the improvements made continue to be implemented and embedded in to practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People were protected against the spread of infectious illnesses and diseases because the provider had improved their infection prevention and control practices.

People were supported by staff who were familiar with the improved infection control policies and procedures and who had the knowledge and skills they required to minimise the risks associated with the spread of infection.

While improvements had been made we have not revised the rating for this key question at this inspection because we have not been able to assess if the improvements will be sustained.

We will review our rating for safe at the next comprehensive inspection.

Requires Improvement ●

Is the service well-led?

The provider had improved their quality monitoring processes to further promote the safety and quality of the service in areas including infection control, medication management and record keeping.

The registered manager had ensured that all relevant information that they are legally required to share with us and other agencies had been sent, since our last inspection.

While improvements had been made we have not revised the rating for this key question at this inspection because we have not been able to assess if the improvements will be sustained.

We will review our rating for well-led at the next comprehensive inspection.

Requires Improvement ●

Oakwood Rest 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 inspection took place on 27 July 2016 and was an unannounced inspection.

The purpose of our inspection was to check that improvements to meet the legal requirements planned by the provider after our last comprehensive inspection on 12 and 14 April 2016 had been made. We inspected against two of the questions we ask about services; 'Is the service safe?' and 'Is the service well-led?'. This was because the provider and the registered manager were previously not meeting some of the legal requirements in relation to these questions.

The inspection team comprised of two inspectors.

As part of the inspection we looked at the previous inspection report and checked the information that we hold about the service and the provider. This included the provider's action plan, which set out the actions they would take to meet the legal requirements. We also looked at notifications we had received from the provider that they are required to send to us by law, including safeguarding alerts and information from local authorities and the clinical commissioning group. The clinical commissioning group are responsible for monitoring the quality of the service and funding for people who use the service. We also contacted Health Watch who are an independent consumer champion who promote the views and experiences of people who use health and social care services.

During our inspection we spoke with six people who used the service and seven members of staff, including the provider, the registered manager, the deputy manager, a team leader, two care staff and a member of the maintenance team. We also spoke with a visiting health care professional.

Some of the people living at the home had complex care needs and were unable to tell us about the service they received. Therefore we used a tool called the Short Observational Framework for Inspection (SOFI).

SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the care records of four people, to see how their care was planned and looked at the medicine administration records. We also looked at records which supported the provider to monitor the quality and management of the service, including audits relating to health and safety, infection control, accidents and incident records and medication management.

Is the service safe?

Our findings

At the time of our last comprehensive inspection on 12 and 14 April 2016 we found that the service was not consistently safe. Both the provider and the registered manager were in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because they had failed to effectively assess the risk of, and take actions to prevent, detect and control the spread of infections. We served a warning notice to the provider and the registered manager requesting them to be compliant with this regulation by 1 July 2016.

At this focused inspection people we spoke with, records we looked at and observations we made, showed that the provider and the registered manager had followed the action plan they had developed to meet the shortfalls outlined above and improvements had been made.

People we spoke with told us they felt safe and well cared for at Oakwood Rest Home. One person said, "They [staff] take good care of me here, they help me and make sure I am safe". Another person we spoke with told us, "They [staff] are all very good, they look after us, if we need anything, we just have to ask". A third person said, "It's a very good place here, they [staff] know what they are doing". A visiting health care professional told us that they had no concerns about the safety of people living at the home. They said, "Every time we have been called out it has been appropriate and in good time; the staff know people very well and are able to tell us everything we need to know about a person and their symptoms. People always look clean and well-cared for, I have no concerns".

Staff we spoke with told us that things had improved since the last time we visited and they felt confident that everyone living at the home were kept safe from the risk associated with poor infection control. One member of staff said, "I have noticed big improvements in all areas, but especially infection control". They said, "Some of us [Team Leaders] have had advanced infection prevention and control (ICP) training and the other staff have had mentoring on the new policies and procedures [for ICP]; they all know to come to us as ICP leads now if they have any concerns". Another member of staff told us, "We have nominated staff now as ICP leads who we can go to if we think there is a risk of an outbreak and we have to report any other concerns to them too, like if somewhere needs cleaning. They check the environment and make sure we have enough alcohol hand gel and protective clothing; they are on the ball now".

Records we looked at showed that the provider had updated their policies and procedures for ICP practices and had also introduced an ICP protocol that was specific to the service. All of the staff we spoke with were familiar with these new practices and knew what action to take in the event of an outbreak. One member of staff said, "I know that if two or more people present with symptoms of an infectious illness like diarrhoea or vomiting, we have to declare it to the Health Protection Unit and local infection prevention team. We have to close the home to visitors and encourage people to stay on bed-rest to reduce the spread of the infection". We saw that the provider had devised a new observation record form which enabled staff to monitor the frequency, duration and symptoms a person presented with during a suspected outbreak, more accurately.

During our inspection, we found that some improvements had also been made to the environment. We saw

that the provider had arranged for some refurbishment to parts of the property, including the two shower rooms which were previously reported as an ICP concern. Staff we spoke with told us that the 'residents' (people) had 'really noticed a difference' and had commented on how 'nice and clean' the bathrooms looked now. We also saw that the provider had replaced some of the bedroom carpets and repaired the water damage to the ceiling and walls on the third floor. They told us, "The refurbishment is on-going, but we have made a good start".

At the time of our last inspection, we found that people were at risk of not receiving their medications as prescribed because the provider had not ensured that there were clear protocols in place for medications that were prescribed on an 'as and when required' (PRN) basis. During this inspection, people we spoke with told us they received their medications when they required them and we saw that protocols had been introduced for PRN medications. This meant that staff now knew when to offer and administer PRN medication to people who were unable to request it themselves. One member of staff said, "They [PRN protocols] are good, they are very clear. It tells you what the medication is, the dose and what it's for. It also tells you the symptoms to look out for and any risks, like for paracetamol you have to make sure that the person has not had anything else with paracetamol in. I think we knew it before, but it's good for medications that we aren't so familiar with".

We also found that the provider was installing a new call alert and falls monitoring system to enable them to assess, monitor and potentially reduce the risk of falls for people living at the home. Where falls do occur, the system posed a more effective alert system to enable staff to respond more efficiently. A member of the maintenance team said, "We are having this new system installed to ensure that people have better access to the call system (to summon help when they require it) and it will also monitor the risk of falls too".

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' we would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

Is the service well-led?

Our findings

At the time of our last comprehensive inspection on 12 and 14 April 2016 we found that the service was not consistently safe and both the provider and the registered manager were in breach of Regulation 17 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014 because systems and processes had not been established and/or operated effectively to assess, monitor and improve the quality and safety of the service, nor to mitigate the risks relating to the health, safety and welfare of people using the service. We served a warning notice to both the provider and the registered manager requesting them to be compliant with this regulation by 1 July 2016

We also found at our last inspection that the provider and the registered manager were in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 because information that they were legally required to share with us and other agencies such as the Health Protection Agency, was not sent. We served a requirement notice asking them to advise us on how they plan to meet the requirements of their registration.

At this focused inspection everyone we spoke with, records we looked at and observations we made, showed that the provider and the registered manager had followed the action plan they had developed to meet the shortfalls outlined above and improvements had been made.

One person we spoke with told us, "[Registered manager's name] is always around and we can speak to her about anything if we need to". Another person said, "It's very well worked out here, they all know what they are doing". Staff we spoke with told us that both the registered manager and the provider had made considerable improvements since our last inspection. One member of staff said, "It has been all systems go here, we have had so many more meetings and they [management team] are really motivated to make things better; they listen to our ideas and things have really improved now". Another staff member said, "We have a new deputy manager now, which I think is really good. She seems very good and it is good support for [registered manager's name] too, things are looking up".

We saw that improvements had been made in the leadership of the service because the provider was taking a more active role in the management of the home. A new deputy manager had also been employed and was supporting the registered manager and staff in ensuring that people's needs were met. Lead roles had also been delegated to Team Leaders, including the role of ICP leads and staff we spoke with told us that they felt better supported and better informed in their daily duties. One member of staff said, "We have a lot of support, there is always someone to go to and someone to ask about things; [provider's name] has made it very clear that he is also available, so there really is no excuses now, we have all the support we need".

At our last inspection, we found that the quality monitoring systems and processes were in need of improvement because they had failed to effectively assess, monitor and improve the quality and safety of the service. Staff we spoke with and records we looked at showed that improvements had been made. We were told by the provider that they had employed the services of an external consultancy agent to support them in enhancing their quality monitoring systems and record keeping across the service. We found that

considerable improvements had been made in the areas that led to a breach of regulations at our last inspection. These included the auditing systems and processes for infection control, medication management and accidents and incidents, particularly those relating to falls. The records showed that the registered manager was now considering a more in-depth analysis of the information that was collated from the quality monitoring processes, in order to identify ways of improving the quality and safety of the service and the record keeping of such work was also much improved.

Since our last inspection, the registered manager had sent us information that they are legally obliged to share, including retrospective information relating to any on-going safeguarding concerns and authorisations to deprive a person of their liberty. This meant that they were now working within the legal requirements of their registration and had met the requirement notice relating to Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' we would require a longer term track record of consistent good practice.

We will review our rating for well-led at the next comprehensive inspection.