

Oriel Healthcare Limited

# Oriel Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Oriel Care Home is a residential care home providing accommodation and personal care to up to 33 people. The service provides support to older adults, people living with dementia and people with mental health needs. At the time of our inspection there were 32 people using the service. The home is separated into 3 areas. One smaller building which accommodates 4 people, and a larger building separated into 2 areas. Each area has its own lounge and dining room.

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

Some staff had not practiced fire evacuation drills and did not know the emergency evacuation procedure. A lack of analysis of incidents for people experiencing distress linked to their mental health meant they were at risk of not receiving appropriate and effective care. People told us they felt safe. The home was clean and clutter free.

People gave mixed views about their meals, some felt they were not very varied, some were happy with their food. Some staff had not completed mandatory training which could impact on their ability to provide safe effective care.

Some records relating to people showing distress and confusion were not very caring. They showed a lack of understanding by some staff of how people's conditions affected them. We did also see examples of kind and caring staff interactions. Relatives spoke positively about the staff team.

Relatives gave mixed views on whether there were enough events and activities to stimulate people. Some felt their loved ones seemed to have a lack of activities to occupy their time, others felt there was enough for them to do. Staff would have benefited from more guidance in some cases to support people with mental health needs and those living with dementia.

Systems to monitor the safety and effectiveness of care had not identified a number of the concerns we found during inspection. Relatives told us they felt consulted and involved in decisions about people's care. Staff told us they felt supported by the management team.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 21 August 2021)

### Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risks for people experiencing distress. This inspection examined those risks.

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

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Enforcement

We have identified a breach in relation to how the quality and safety of care is monitored at this inspection. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Oriel 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 Health and Social Care Act 2008.

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

This inspection was completed by 2 inspectors.

#### Service and service type

Oriel Care Home is a residential care home. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Oriel Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed the information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 7 people who were living at Oriel Care Home and 5 relatives of people residing there. We spoke with 12 staff including the owner of the service, the registered manager and deputy manager, the quality assurance lead, the activity coordinator, senior care staff, the care staff and the cook. We reviewed a range of records. These included 4 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures. We also contacted 2 professionals who work regularly with the service. 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.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes to protect people from risk of abuse were in place, including policies and procedures. However not all staff we spoke with were fully familiar with the safeguarding processes. For example one staff member was not sure how to escalate concerns about safeguarding if needed. Another stated they had not yet done their safeguarding training. We raised this with the registered manager who advised they would review the safeguarding process with staff.
- The management team investigated safeguarding concerns and analysed potential risks of abuse to ensure that people were protected effectively.
- Staff were provided with a laminated card outlining key signs of a abuse and how to take action if any concerns arose.
- The staff worked with other agencies when there were any concerns about risk of abuse or neglect.
- People and their loved ones knew how to raise a safeguarding concern if they had one. Relative's told us they felt people were protected from the risk of abuse.

Assessing risk, safety monitoring and management

- Systems were in place to monitor and manage people's safety. For example regular checks were made of the environment and equipment.
- Some aspects of fire safety management were not robust. For example, some staff we spoke with had not participated in an emergency evacuation drill. One staff member did not know where the assembly point was in the event of an emergency. We spoke with the registered manager who stated changes would be made to ensure staff understood how to protect people in the event of an emergency.
- Fire safety equipment was maintained and monitored regularly.
- People's care files outlined the key risks they needed support with. Staff we spoke with knew about people's key risks.

Staffing and recruitment

- The management team used a dependency tool to calculate how many staff were needed to support people safely. We saw during our visit staff appeared unhurried and had time to spend with people. Some staff told us they felt one particular area of the home was understaffed and would benefit from more support at busy times. We raised this with the registered manager who explained that extra support was offered at busier times in this part of the home and this would be monitored.
- Relatives we spoke with told us they felt the home was sufficiently staffed to support people safely.
- Disclosure and Barring Service (DBS) checks were sought for all prospective staff to check they were

suitable to work with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

#### Using medicines safely

- Some people required medicines to be given as needed (PRN). There were protocols to inform staff when to safely give these medicines. However, staff were not always recording or monitoring the reasons for giving these medicines and the outcomes for people when these medicines had been administered. This left people at risk of inappropriate or ineffective use of medications.
- Staff had not followed instructions to ensure a pain relief patch was rotated correctly. This meant the person was at risk of developing skin irritation.
- Staff told us they had to complete training to ensure they were administering medicines safely. We also saw competency checks were completed to make sure standards were maintained.
- Medicine management systems were in place to make sure medications were ordered and stored correctly and that people did not run out of their medicines.

#### Learning lessons when things go wrong

- There was no evidence that incidents arising from people's distress were subject to analysis and learning. Incidents were recorded in isolation and themes and trends were not always identified to allow staff to learn more about how to support people effectively.
- Analysis of safeguarding incidents did include some evidence of lessons learned. However, how the registered manager would be assured that changes had been implemented and were effective had not been documented. We shared this concern with the registered manager who agreed to include this in future analysis.
- There was evidence that analysis of falls had significantly reduced the number of falls in the home over the past couple of years.

#### Preventing and controlling infection

- We were somewhat assured that the provider's infection prevention and control policy was up to date. We saw that staff testing guidance had not been updated to reflect government recommendations. However, in practice staff told us they were testing in line with updated guidance.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Visitors were encouraged to visit their relatives without restriction in line with government guidance. Visitors were asked to respect protected mealtimes to ensure people who may need extra support and time to focus on eating had this. Visitors were permitted during Covid-19 outbreaks in line with government guidance.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had established a programme of what they deemed mandatory and nonmandatory training. This was to ensure the staff had the relevant training for their roles. However, we saw that not all staff had completed the provider's mandatory training within the time set for it to be done. For example, 21 staff had not completed falls training. We spoke to the registered manager about this who advised that it was booked in for the following week. The provider advised that as more training was being offered face to face, not all staff had been able to attend to complete the training. They also advised that online access to the training would be offered to improve staff attendance. The provider updated us shortly after the inspection to advise that staff had now completed the training in the areas highlighted.
- Staff we spoke with knew about the key risks and care needs for people.
- Staff told us they had completed a full induction which included working alongside other more experienced staff. One staff member told us, "Induction was very good. I did shadowing and looked at the care plans before I started."
- Staff told us they received regular supervision and generally felt supported by the management team.
- Staff were asked to complete the Care Certificate as part of their induction if they had not already completed it. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were consulted about what foods they liked and disliked. Special dietary needs were catered for and there was sufficient quantity of food and drink available for everyone.
- People gave mixed views about the quality of the food provided at the home. One person said, "Some days the food is better than others." Another person told us, "The food is not bad, it is eatable if you are not fussy, but it can be a bit monotonous." Others told us they were happy with the quality of the food. Everyone agreed that portion sizes were good. The registered manager explained that the cook had recently retired, and the new staff were settling into the role.
- Most staff told us they felt the quality of the food was good. One staff member mentioned they felt the vegetarian options needed to be more varied. We spoke with the registered manager about this who told us this was something they were already looking into.
- People's care plans reflected their needs and preferences for food and drinks. Relatives told us they were also consulted about people's likes and dislikes. They told us about examples of efforts staff had made to ensure their loved ones were not given foods that were unsafe for them or they disliked.

- We saw people had access to snacks and drinks when they wanted them.

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

- Adaptions had been made around the home to enable people living with dementia to orient themselves.
- We saw a large life-sized photograph of a terrace occupied a wall in the dining area of one part of the home. Such visual images can cause confusion to people living with dementia and potentially lead to accidents. The provider told us the image was used to help create a café theme in response to people's wishes about how they wanted their eating area to look. They also advised that it had been in place for 4 years and had not caused any accidents.
- Signs were present around the home to help people find their way. An orientation board was present to help people know the day and time. A board showing what plans the activity coordinator had each day was in picture format to help people living with dementia understand what was planned.
- People's rooms were labelled with a sign which included their name and symbols they had chosen to represent important facts about themselves. This included their favourite hobbies and interests.
- The service was using the Kings Fund environmental assessment tool. This helps care providers develop more supportive design for people living with dementia.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Two people living at Oriel Care Home who lacked capacity to choose to live there had not had DoLS applications made in a timely way. This meant they was no legal authorisation for those people to be deprived of their liberty. This was identified by the management team during our inspection and applications were made immediately.
- Information recorded about people's ability to make decisions for themselves in their care plans was lengthy and unclear. It did not always provide clarity for staff regarding a person's capacity to make decisions. We spoke with the registered manager about this. They advised standard phrasing had been adopted and they agreed to review this.
- Staff told us they had received training in the MCA. They were able to tell us about the importance of seeking consent from people before offering care.
- We saw staff seeking consent from people, for example before helping them to go into the dining room for their meal.

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

- Staff did not always have a good understanding of what people's diagnoses might mean for them. For example, a person who was living with dementia seemed restless and full of energy. Staff had a limited understanding of the person's needs and kept repeating the same strategy to attempt to engage them unsuccessfully.
- Care plans did contain guidance for staff to help support people with mental health concerns and distress associated with living with dementia. In some cases, this guidance was limited, and more detail was needed.
- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after.
- We saw staff were speaking to people living with dementia about meal options without the use of visual aids or plated options. Without this adaptation some people may not be able to make a meaningful choice. We spoke to the registered manager and provider about this. The provider showed us a visual aids booklet that was available and told us staff would be reminded about using this when needed.
- Care plans were personalised, and people and their relatives took part in their reviews.

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

- We saw evidence of people being provided with support from a variety of different health care professionals in response to their needs. For example, a person with mental health issues had been referred to the local community mental health team.
- People who were at risk of choking had been referred to the speech and language therapy team. Staff were able to tell us about the recommendations which had been made to keep people safe from choking.
- Recommendations made by health professionals were documented in people's care plans to inform and remind staff.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating of this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Although we saw examples of staff using respectful language and using appropriate interaction styles with people. We also saw some language in people's care notes was not always respectful or reflective of understanding of their care needs. For example, a person living with dementia had been disorientated during the night and had gone into the bedrooms of other people. Notes recorded that the person was told their "behaviour was unacceptable". This showed some staff did not understand how to use appropriate and respectful language in people's care notes. It also indicated some staff may not understand how living with dementia can impact upon a person's sense of time and place and cause them distress.
- Relatives spoke positively about the staff. One relative described them as, "kind and attentive". Another relative told us, "The staff are very pleasant."
- People's needs and wishes regarding their cultural and religious beliefs were included in their care plans.

Respecting and promoting people's privacy, dignity and independence

- We saw staff knocking on people's doors before entering and they were able to describe ways in which they protected people's dignity and privacy.
- Relatives told us their loved ones were supported in a dignified and respectful way.
- Care plans included information about what people could do for themselves and what they would require assistance with. This helped staff promote their independence.

Supporting people to express their views and be involved in making decisions about their care

- Residents meetings were held to speak to people about their ideas for improving the service.
- People and their relatives were involved in initial care assessments and reviews of care.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained personalised information about how people wanted to receive support. However we saw guidance for staff to support people living with dementia was not always sufficient. For example, we saw staff were following the guidance in a person's care plan to support them if they were restless and wanting to leave the home. However, the suggested action was not working, and staff just repeated the recommendation without success. Staff needed more guidance to give them confidence to develop other methods of helping the person feel listened to and engaged.
- Relatives told us they felt their loved ones received care which was specific to their personal needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Although we did not see documents in large print, we were shown that they were available to people as needed.
- Signage around the home was in large print and symbols were also used to assist people who may not be able to read.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff had sought information about how people liked to spend their time and used it to develop a programme of suggested activities and events. Sometimes these were led by an activity coordinator, sometimes they were led by care staff.
- We received mixed views from relatives about whether there was enough going on in the home to stimulate their loved ones. One relative told us, "I have seen pictures of [my relative] doing crafts but usually they are just sat in the lounge doing nothing. I have never seen them do an activity." Another relative said, "I have seen they do quite a bit on Facebook...they do celebrate occasions and get them involved."
- We saw some people taking part in activities and enjoying events which had been organised by the staff. We saw that some events planned were culturally relevant to the people living at the home.

Improving care quality in response to complaints or concerns

- People had a copy of the complaints policy and procedure in their rooms, although some may have

benefited from a version in a more accessible format.

- Relatives told us they knew how to raise a complaint. The relatives we spoke with said they had not raised formal complaints. One relative told us they had informally raised concerns and they had been acted upon quickly and addressed.

#### End of life care and support

- At the time of our inspection no one was in receipt of end of life care. The registered manager explained they were working with the Gold Standards Framework in end of life care. This aimed to provide good quality end of life care for people by working with other health professionals in multidisciplinary teams.
- People's care plans included information about their end of life care wishes.
- Staff told us they had received training to help support people with end of life care needs.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A fire evacuation drill in May 2022 had identified staff did not know where to assemble, how to read the fire alarm panel or how to proceed with an emergency evacuation. A recommendation had been made to complete more frequent evacuation drills and ensure newly inducted staff were included. At the time of our inspection this recommendation had not been followed. Some staff we spoke with had never participated in an evacuation drill and one did not know where the assembly point was. A failure to ensure staff had received the correct fire safety information meant there was a risk of a poor and confused response from staff in the event of an emergency.
- Quality assurance systems had not identified the need to analyse incidents of distress for people living with dementia and with mental health needs. For example, in one night 3 separate incidents had been recorded of a person being disorientated and entering other people's rooms. Notes suggested it was not usual for this person to be unsettled at night. However, there had been no attempt to analyse what could have caused the incidents and what the most effective means of helping the person settle might have been. This left people at risk of inappropriate or ineffective support from staff.
- Medicines management systems had not identified staff were failing to record the reason for administering PRN (as needed medication). They were also not recording the effect of the medication given or communicating its administration to the next staff team on duty. This meant people were at risk of being administered PRN medication inappropriately and unsafely.
- Systems to monitor the service provided had not enabled the management team to ensure all applications for Deprivation of Liberty Safeguards (DoLS) were made in a timely way. We saw that 2 people living at Oriol Care Home had had DoLS applications made on the day of our inspection. Both had been living at the care home for weeks, one person had been living there for years.
- Quality performance systems had failed to ensure staff were completing the provider's mandatory training within the designated timescales set by the management team. For example, 15 staff had not completed their Control of Substances Hazardous to Health (COSHH) training. Three staff had completed their health and safety training, 11 staff had not done Dementia awareness training. This meant there was a risk of inappropriate or unsafe support from staff who may lack the necessary skills and training.

Systems to monitor quality and mitigate risks to the health, safety and welfare of people using the service had failed to identify some risks. This was a breach of regulation 17 (1) of the Health and Social Care Act

2008 (Regulated Activities) Regulations 2014.

The registered manager responded to concerns raised during the inspection and where possible took immediate action to address them. They advised that a check had been completed to ensure all others who needed a DoLs application made had one in place.

Continuous learning and improving care

- A lack of analysis of incidents of distress had meant missed opportunities to learn about how to better support people at times of difficulty.
- Analysis of safeguarding incidents had been carried out. In some cases, further monitoring was needed to ensure improvements suggested were embedded and effective.
- Analysis of falls in the home had been comprehensive. Changes to mitigate risk resulting from this had successfully reduced the number of falls.

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

- Staff told us they felt listened to by the management team if they made comments or suggestions for improved care.
- People and their relatives were consulted during care reviews to allow them to contribute to changes and improvements in care.
- When people were not able to give feedback or suggestions about how they wanted to receive care, people who knew them well were consulted.

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

- A duty of candour incident is where an unintended or unexpected incident occurs which results in the death of a person using the service, severe or moderate physical harm or prolonged psychosocial harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- The provider understood their duty of candour responsibilities and apologised when mistakes had been made.

Working in partnership with others

- We saw evidence the staff team had been working alongside a number of other health professionals to ensure people received additional support. For example, the speech and language team, occupational therapy, the community mental health team and health care specialists.
- A professional who had worked closely with the staff team told us, "They are effective at joint working; they communicate and know their residents well during initial assessment."



This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems to monitor quality and mitigate risks to the health, safety and welfare of people using the service had failed to identify some risks.

**The enforcement action we took:**

We served a warning notice.