

Regal Healthcare Properties Limited

Oaklands

Inspection report

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11 December 2020

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Oaklands care home is a residential care home providing personal and nursing care to up to 53 people aged 65 and over. At the time of the inspection there were 31 people living at the service.

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

When we last visited the service in January 2020, we met a new registered manager. However, when we returned in December 2020, the previous registered manager had left shortly after our inspection, and we were welcomed by another new manager who was in the process of becoming registered with the Commission.

Although the manager had made positive changes since their arrival, these improvements need to be sustained to demonstrate management stability across the service. The feedback we received during our inspection combined a positive view of the new manager, with an anxiety that they would leave.

The manager had started to address the concerns we had raised at our last inspection. They had a practical, person-centred approach which was making a difference to the care people received. Feedback was particularly positive about how well and openly the registered manager was communicating with people, families and staff.

We found care was well-planned and staff minimised risks to people's safety. The administration of medicines had improved. The care of people at risk of pressures sores had improved.

There were enough staff to keep people safe. The manager was working well with the staff team to improve staff turnover, morale and skills.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The manager promoted a person-centred approach to managing restrictions resulting from the COVID-19 pandemic. They communicated well with people and families to explain restrictions.

Senior staff carried out regular checks on the quality of care and took action which directly improved care standards.

For more details, please see the full report which is on the CQC at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was inadequate (published 6 March 2020). The service has made improvements and is now rated as requires improvement.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since May 2020 during this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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 inadequate 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 Oaklands on our website at www.cqc.org.uk.

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 coronavirus and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe

Good ●

Is the service well-led?

The service was not consistently well led

Requires Improvement ●

Oaklands

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.

Inspection team

Two inspectors visited the service on 9 December 2020. We limited the amount of time spent at the service to minimise risk. And therefore, asked the manager to send us documentation we needed to look at after the inspection.

An Expert by Experience rang and spoke with family members on 11 December 2020. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

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.

The new manager had applied for their registration certificate with the Care Quality Commission. They and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

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 this information to plan our inspection.

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 inadequate. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

At our last inspection the provider had not ensured adequate systems were in place to protect people from harm, these included shortfalls in medicines and risk management. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the was no longer in breach of Regulation 12.

Assessing risk, safety monitoring and management

- At our previous inspection we identified that the staff did not always manage and respond to peoples risks safely. During this inspection we found improvements had been made.
- The new manager investigated all incidents and signed them off to say they had logged them, and a clear audit trail was visible including the actions to be taken after each incident. This was to mitigate the risk of it happening again.
- Staff were able to tell us who was at risk for example, of choking and pressure sores and the documentation they were required to complete, including any actions they took to minimise the risk of these people coming to any harm.
- People had clear risk management plans informing staff how to support people who were at risk of pressure ulcers and there was clear documentation to show that action had been taken.
- We spoke with a health professional who told us that communication with the home and staff had greatly improved and that the home worked in collaboration with them to ensure people received the care they needed to meet their needs.
- Relatives comments included, "I talk to [name] regular on the phone. I visit weekly and see [name] in the conservatory." The staff are very hot on PPE. I feel [name] is safe because I get regular feedback from the home and I have no complaints." And, "I feel [name] is safe the staff take good care of them I can relax knowing they are in safe hands."

Using medicines safely

- At the last inspection we found medicines were not always given safely. On our return we found there had been a marked improvement and people received their medicines as prescribed. Only senior staff who were fully trained administered medicines and checks were in place to ensure staff remained competent.
- The manager told us they had purchased a new electronic medication monitoring tool which had had a proved to be highly effective in ensuring people received their medicines as prescribed.
- People had detailed care plans outlining the support they needed to take their medicines. Staff completed legible and accurate medicine records. Medicines were stored and disposed of safely.

- Senior staff carried out robust checks which ensured they had a good oversight of the medicines people had received. Any medicine errors were acted on swiftly, and where necessary staff were retrained to ensure they had the skills to support people safely.
- On our last inspection we found medicines administration was not person centred. People's preferred time of going to bed or getting up in the morning had not been considered when planning the times medicines could be administered. On this inspection we found the management team had worked with the GP surgery and pharmacy to ensure medicines administration was person centred.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured that the provider's infection prevention and control policy was up to date.
- We observed staff wearing appropriate PPE. However, we did find that there were insufficient waste bins to dispose of contaminated PPE. The manager put more bins in place on the day of our inspection.
- We found that one room in the service used as a staff changing room also had some equipment that needed cleaning. The manager ensured the room was deep cleaned and all equipment thoroughly sanitised on the day of our inspection.

Systems and processes to safeguard people from the risk of abuse

- The new manager understood their safeguarding responsibilities. They had worked well with external professionals on their arrival to the service.
- Staff had been trained in safeguarding, knew the signs to look for that people might be being abused and how to report any concerns.

Staffing and recruitment

- We found there were sufficient staff on duty to keep people safe. Feedback from relatives and staff confirmed there was enough staff.
- Staff worked as a team and supported each other. Whenever staff were needed in a different area of the home staff were called upon to support. Staff were flexible in the areas they worked in. During the inspection we observed staff checking people who were in their rooms to make sure they were comfortable and had everything they needed. At no time did we observe people having to wait any length of time for staff to attend to their needs.
- Recruitment of staff continued to be safe.

Learning lessons when things go wrong

- There were systems in place to monitor and learn from accidents and incidents. These were analysed to look for any patterns or themes.

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 inadequate. We also found a breach of regulation, as the provider did not have systems in place to ensure improvements were sustained. At this inspection the rating for this key question has improved to requires improvement.

Leaders and the culture they created had not consistently supported the delivery of high-quality, person-centred care.

At our last inspection we found the provider had shortfalls in auditing, governance and record keeping. These findings demonstrate a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- When we last inspected, we found the lack of auditing, governance and record keeping negatively impacted on people's quality of life. At this inspection, we could see the new manager had made a positive impact in a short period of time. However, more time was needed to be sure the provider could achieve a period of stable leadership and maintain recent improvements.
- Feedback from relatives and staff described the impact of change within the management team. A member of staff said, "This manager is great they really listen we don't want them to leave." and, "I love my job and look forward to coming to work." Relatives told us the new manager contacted them on a regular basis providing updates about the home and keeping them up to date with any changes. One relative told us, "I have had a zoom meeting with the new manager. We are going to have another one they seem very nice and communication is good." Another one said, "Improvements have definitely been made since the new manager the communication is much better."
- At our last inspection we found checks on the quality of the care and accommodation had not picked up many the concerns we found during our visit. Audits undertaken by the new manager were thorough. For example, as part of their actions around accidents and incidents, they had reviewed the care being provided to people and used each form as a discussion point with staff for lessons learnt. Audits were clear and concise with actions clearly documented and signed off.
- A member of staff said, "The manager walks around the service, so they always know what's going on."
- The manager told us they received ongoing support from the provider's quality team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a new manager in post who was in the process of registering with CQC. The manager was an

experienced manager who had worked for another service and told us they were intending to stay at Oaklands to ensure the improvements were made and embedded.

- The manager had already made some improvements, and these were in the process of being implemented. We will follow up on the impact of these changes at our next inspection.
- The management team were open with people, relatives and stakeholders. Relatives told us management were accessible and they were informed of any important changes or incidents at the service. Records showed relatives had been informed where there had been any issues.
- The provider understood the responsibilities of their registration. Records showed that where required, statutory notifications had been sent to CQC. Providers are required by law to notify CQC of incidents such as deaths, injuries and allegations of abuse.
- People's records contained evidence of information being shared with stakeholders to improve people's care. For example, where there had been changes to one person's needs recently we saw records of emails with social workers and the person's mental health practitioner to prompt changes and reviews.

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

- Relatives were positive about how well the service had communicated during COVID-19, such as letting them know about restrictions and testing.
- Feedback about the manager was positive. A relative told us, "They are keeping me informed this is what we need in times when we cannot visit."
- Staff told us they felt the manager was open and inclusive, comments included, "[manager] is very approachable, I feel she listens and takes on board any suggestions."

Working in partnership with others

- External professionals told us the manager had worked well with them since their arrival at the service.
- Despite the challenges resulting from the COVID-19 pandemic, staff were involving external professionals when needed, for example, referring people for support with pressure area care.
- A survey was carried out annually to gather the views of people and relatives in order for them to influence improvements at the service.