

Care UK Community Partnerships Ltd

Oak House

Inspection report

Forest Close
Wexham Road
Slough
Berkshire
SL2 4FA

Tel: 01753528419

Website: www.oakhouseslough.co.uk

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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: Oak House is a nursing and residential care home it is registered to provide nursing and personal care for up to 120 people aged 65 and over on three floors. At the time of our inspection the service was providing personal and nursing care to 109 people.

People's experience of using this service:

Medicines were not always being managed in line with best practice.

Recording of people's care requirements was not always accurate, complete and contemporaneous in relation to care delivery.

Systems for governance did not highlight the issues we found in relation to documentation and medicines.

At the time of our inspection the service was in the process of registering a new manager to manage the service.

Staff were safely recruited and received the training they needed to undertake their role. Supervisions were not always carried out to ensure staff were supported in their role.

Care records contained information about people's needs and risks. Preferences and choices were considered and reflected within records.

The service had appropriate checks and maintenance to ensure the service and equipment was safe for people living at the service.

There was a wide range of opportunities for people to engage in activities and follow hobbies and interests.

People were very positive about the staff and told us that their privacy and dignity was promoted.

The service had good community links and had a number of initiatives with local churches and schools.

Rating at last inspection: At the last inspection the service was rated Good (the report was published on 17 August 2016). Following this inspection, we found the service requires improvement.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people. We will return to re-inspect in line with our

inspection timescales for Requires Improvement services.

We identified four breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to safe care and treatment, safeguarding service users from abuse and improper treatment, staffing and good governance. Details of action we have asked the provider to take can be found at the end of this report.

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

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 ●

Oak House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team on the first day was an inspector, a bank inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their experience was in dementia care. The second and third day was completed by one inspector.

Service and service type:

Oak House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service was in the process of appointing another registered manager to manage the service. On the first day of our inspection we were told it was the registered manager's last working day with the organisation.

Notice of inspection: This inspection was unannounced on the first day.

What we did:

Before the inspection we reviewed the information that we held about the service and registered provider. This included any statutory notifications and safeguarding information that the service had told us about. Statutory notifications are information that the service is legally required to tell us about and include significant events such as accidents, injuries and safeguarding notifications.

During the inspection we reviewed each person's medication administration record (MAR), reviewed 11 care

plans and records relating to the care plans, four recruitment files and supervision records. We looked at the policies and procedures in place, and other audits and checks completed by the service. We spoke with staff including the manager, the person applying to become the registered manager, the governance manager, a senior member of the organisation who visited on the first day, the maintenance person, the lifestyle coordinator, registered nurses and the local authority quality control commissioner who was visiting at the time of our inspection. In addition, we spoke with four relatives and six people using the service.

We completed checks of the premises and observed how staff cared for and supported people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us. We observed meal time experiences and used the SOFI to observe how staff interacted and cared for people living with dementia.

Is the service safe?

Our findings

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

Requires improvement: 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. Regulations may or may not have been met.

Using medicines safely:

- We found medicines were not managed in line with best practice. Some people had not received their prescribed medicines due to insufficient stock. For example, we found a total of 12 people had not received their medicines due to insufficient stock. The medicines were prescribed for a range of conditions and we found one person had been without their pain relief for four days. In addition, one person's medicine for the treatment of depression and anxiety was not available for five days. Similarly, another person's medicine for sleep disorder was not available for five days. This put people at risk of deterioration in their condition and additional anxiety.
- We spoke with a senior member of the organisation who visited on the first day in relation to people not receiving their medicines as the prescriber intended. They told us the fault lay with the pharmacy and deliveries had not been made in time. We saw there were no contingency plans in place to arrange collections with the pharmacy. However, we were told a meeting had been arranged with the pharmacy to discuss the delivery of medicines.

Assessing risk, safety monitoring and management:

- Risk assessments were in place to reduce risks to people. These included environmental and individual risk assessments and provided staff guidance on actions to take to reduce the risk. However, we found where people had frail skin and required regular repositioning this was not always completed as stated in the person's care plan. For example, we saw one person's reposition chart dated 1 April 2019 had not been recorded since the person had been repositioned at 5am that morning. The person had gone to a hospital appointment at 11.15am and we noted no other entries recorded on the chart. In addition, we saw the same person's chart had been recorded as 'in chair' at 11am on 23 March 2019 and 'in bed' at 10pm the same day. This meant that the person had not moved their position for 11 hours.
- Another chart we viewed recorded on 1 April 2019 that the person had been repositioned at 10am that morning and should have been repositioned at 2pm as they were on a four hourly reposition chart. However, we observed no staff entering the person's room until 3.15pm that afternoon. We could clearly see the person's room from where we were sitting viewing documents.
- We checked the chart after staff had attended to the person after 3.15 and saw staff had entered that they had repositioned the person at 2pm when this was not the case. This puts the person at risk of skin breakdown if their position had not changed as identified in the person's care plan, this is also falsifying records. We discussed this with the governance manager during the afternoon. They told us they will speak to the staff in question. The governance manager confirmed after they had spoken with staff, staff had repositioned the person after 3pm. This confirmed that staff had falsified records putting people at further

risk. The provider had not ensured people received person centred care that met their needs.

- One person was unable to use a call bell due to their condition. However, they could use a specific touch pad which they pressed with their elbow which could be attached to their bedside rails. We noted the touch pad had been broken since 20 March 2019. We were told by the maintenance person "one was on order." We asked staff how the person summoned assistance they told us "he just shouts." Another member of staff told us the person was on 'welfare checks' every hour which meant staff would check on the person every hour.
- Two other people on four hourly repositioning charts did not have the required intervention. We saw both charts recorded as repositioned at 10am and not repositioned until 4.30pm over six hours later.

The above demonstrates a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safe care and treatment.

- In addition, we spoke with one person living at the service and they told us, "they (staff) can be brutal sometimes because they take away my walking stick and that's not nice, they know if they take away my walking stick I can't do anything." We discussed this with the manager on the first day of our inspection immediately after being told this information. The manager told us that the person's walking stick was taken away because the person on occasion will hit staff with the stick and may also injure themselves. However, the person relied on the stick to mobilise and we were unsure how long the stick was withheld. We asked to see the person's care plan and the care plan confirmed staff 'took the person's stick away' if the person became angry.

The above demonstrates a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safeguarding service users from abuse and improper treatment.

- People were assessed prior to them moving to the service to ensure that the service could meet the person's individual needs.
- Emergency plans were in place to ensure people were supported in the event of a fire. Regular checks and tests were made of fire-fighting equipment.

Systems and processes to safeguard people from the risk of abuse:

- Staff told us they had received training in protecting vulnerable adults from abuse and neglect and their verbal knowledge of safeguarding, DoLS and the Mental Capacity Act was good.
- All staff we spoke with demonstrated an understanding of what to do to make sure people were protected from harm or abuse.
- All staff we spoke with were aware of the 'whistleblowing' process and who to contact if they had concerns about people's care or safety.

Staffing and recruitment:

- Some staff told us they felt there was not always enough time available to carry out planned and reactive tasks for each person and so people at times didn't always receive unhurried support in line with agreed care plans.
- One member of staff told us they felt there were enough staff.
- Agency nursing staff were used, and staff felt this sometimes meant staff who didn't know the home or people were in charge of shifts, although efforts were made by managers to try to ensure they employed agency staff who had experience of the home.
- A visitor told us they felt sometimes there weren't enough staff, "if someone needed the help of two carers, this could mean other people not receiving care promptly." One relative told us there is lack of staff

especially at night "I often stay late to make sure [my relative] is alright."

- We saw on one unit there were 15 people with three members of staff with one of the members of staff administering medicines which left two staff to support people during this time.

- We saw that staff were mainly task focused throughout our inspection. We were aware of one member of staff monitoring two units while staff were attending to people. Staff told us, "staffing levels are strained; things need to improve, I go home at night and can barely move." Another member of staff said, "There are staffing issues, sometimes there are only two staff, they expect us to do everything it is impossible, we have to sort the kitchen out then there is only one of us on the floor." We discussed staffing levels with the manager and they said they used a dependency tool to identify how many staff were required. We requested that the dependency tool was sent to us following our inspection. We looked at the rota for each unit and identified that staffing levels were not adequate in relation to the high level of need throughout the service. For example, several people required two members of staff to support them in aspects of their care.

The above demonstrates a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

Preventing and controlling infection:

- We saw on one of the unit's kitchen poor standards in terms of cleanliness and safety. For example, a fridge that was not in working order. One relative told us "I have been telling them about the fridge for ages, if you put any food in there it freezes everything. We also saw the dishwasher was broken. We discussed this with the manager who agreed this was not acceptable and they said they will 'chase it up'. We were told on the second day of our inspection a fridge and dishwasher had been ordered.

- Staff told us they followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare-related infections where necessary.

Learning lessons when things go wrong:

- We saw action plans had been put into place after incidents, accidents and complaints, and managers had worked with people and staff to try to prevent recurrences.

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

Requires improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- Information about people's choices and needs had been obtained through pre-admission assessments. This included information about medical history, oral care, communication, social, physical and personal needs. Reviews took place as stated in people's care plans which was on a monthly basis. The majority of care needs were updated and reviewed. However, we saw oral health needs had not always been reviewed monthly as specified by the care plan. For example, we saw five people's oral health needs had not been reviewed or updated for several months. One person's oral review had not been updated since December 2018. This puts people at risk of poor oral health which may in turn have an impact on their general health and well-being. For example, poorly fitting dentures or gum/mouth infections may lead to lack of interest in dietary intake leading to weight loss.

We recommend the service review people's oral health needs to enable any issues to be identified.

Staff support: induction, training, skills and experience:

- Staff we spoke with were competent, knowledgeable, and skilled.
- One member of staff told us, 'we work well together here.'
- Staff told us they had undertaken mandatory online training in areas such as manual handling, safeguarding and the Mental Capacity Act, first aid, and fire safety. The training matrix we saw confirmed this.
- 'Supervision' included both group meetings held in response to events and some run by managers to provide information, though not regular individual supervision sessions. We saw a plan for twice-yearly development conversations and twice-yearly appraisals.
- Records of supervision were kept on each unit and overseen by unit managers, but there was no overview by senior managers across the home. Staff gave mixed responses in relation to the support they received. One member of staff who joined the service in June 2018 told us they had a supervision one month after they commenced employment and had not had a supervision since. We discussed this with the manager who confirmed this to be the case. Other members of staff told us they would not approach the manager as they were made to feel 'it was too much bother' for them to discuss any concerns they had." We looked at the services policy for supervisions and the policy stated, 'In addition to the mid-year and end of year appraisal meetings all colleagues will be invited to attend one to one (supervision) sessions, these will take place between the appraisal meetings in order to supplement the competency reviews that form the basis of the Annual Appraisal Cycle.' We found the providers policy had not always been followed.

The above demonstrates a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

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

We received mixed responses from people about the food and if they had a choice of food on offer. People commented "Well yes, but it's pretty poor", "Sometimes I get a choice other times it's potluck", "No, we don't [get a choice] we just go to the dinner table they (staff) bring it over, if it's something I don't like I just push it over to the side of the plate, but I've rarely had anything yet that I don't like." Where people were at risk of poor nutrition and dehydration, staff were aware of plans in place to address their needs and we saw these plans were put into action.

- We saw lunchtime was calm and unhurried and individual needs were taken into account by staff. Staff had received training on creating a positive and dignified dining experience for all people thereby improving nutritional intake and general well-being.
- We saw people's weight was monitored where appropriate.
- A visitor told us they felt the food lacked variety.
- We saw that where people who requested, for example, halal food it was offered.

Staff working with other agencies to provide consistent, effective, timely care:

- The service worked with GPs, palliative care teams and social workers when people required additional care. In addition, the service had also taken part in a CCG Skin Tear project which had reduced the incidence of skin tears and improved the healing process. The service also worked with the Ambulance Service to monitor the use of emergency services and reduce admissions to hospital. There was a hand over with nurses and care staff at the end of each shift to ensure transfer of information or any changes to people's care.
- The service took part in a Clinical Commissioning Group (CCG) initiative to improve hydration and reduce urine infections. The incidence of infections had improved as a result of the project.

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

- The environment was equipped to meet the needs of people using the service. The environment was clear and well-lit with wide corridors to aid mobility. There were quiet areas of the home to allow people and their families to spend private time together.

Supporting people to live healthier lives, access healthcare services and support:

- Records showed that relevant health and social care professionals were involved in people's care. For example, Speech and Language Therapists (SALT). Care records showed that people had regular annual eye checks and regular involvement with the chiropodist.

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 Act 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- There was evidence that mental capacity assessments were carried out when needed and their outcomes documented.
- Staff gave us examples of ensuring people were involved in decisions about their care and showed us they

knew what the process was in relation to making sure decisions were made in people's best interests.

- Staff told us people were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible. However, we found this did not reflect what people told us in relation to food choices.

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

Good: 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:

- One relative we spoke with said "I think they treat [my relative] with dignity and they try to get them involved in things."
- Staff spoke about people with kindness and compassion. We watched interactions that put this into practice.
- Staff we spoke with knew people's preferences for example, favourite television shows, ways of being addressed, amount of socialising and activity and used this knowledge to care for them wherever possible in the way they wanted. Some of this information was recorded in care files.
- A person who used the service told us "it's lovely here" and "the staff are great."
- A visitor told us, "the staff go from 5 to 9.9 out of ten. Some of them are great."

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

- Staff supported people to make decisions about how they spent their day. For example, we heard staff asking people if they wanted to stay in the dining area after lunch or taken to their rooms. Staff told us they supported people to make decisions about their care and showed us they knew when people needed help and support from their relatives.

Respecting and promoting people's privacy, dignity and independence:

- Staff we spoke with showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- We saw people's cultural needs were assessed and taken seriously by staff.
- We saw people's right to privacy and confidentiality was respected.
- Where possible, we saw people were afforded choice and control in their day to day lives. Staff were keen to offer people opportunities to spend time as they chose and where they wanted. We observed staff waiting for people to respond when asked a question to ensure they knew the person's choice.
- Staff and relatives gave us examples of working well with each other to provide care in an integrated way, for example with relatives carrying out some tasks and staff others.
- We observed staff treating people with dignity and respect and providing compassionate support in an individualised way.
- Staff completed Life Stories with people to ensure they saw the person and were able to incorporate their life in to their care plan. People's choices, privacy and dignity were respected and maintained at all times, staff knocked on doors, addressed people by their preferred name, carried out personal care in private and welcomed and encouraged their families and visitors.

- The service welcomed feedback on actions taken as a result of any issues raised. Staff had taken part in fulfilling lives training and care plans were updated to reflect people's choices and preferences. Fulfilling lives training enabled staff to improve the support available for people with multiple complex needs. Relatives were invited to take part in `Resident of the Day` where reviews and discussions took place regarding care needs and preferences on a monthly basis.

Is the service responsive?

Our findings

Responsive-this means we looked for evidence that services met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People and relatives were positive about the range of activities on offer at the service. The service had introduced a wish tree. This allowed the service to identify specific wishes and dreams of people. People were asked what they would like to do that they had not done for a long time or something they had always dreamed of doing. The home responded to these wishes to ensure each person had a fulfilling life. We saw the service had granted a visit to The Royal Opera House, Covent Garden for a retired Ballet Dancer and Teacher (she also met the cast back stage), a visit to the sea side for fish and chips, a day at the dog's trust for a dog lover and the arrival of four budgies for a bird breeder to name but a few.

- We were told there was an Oak House Facebook page where all that was happening in the home was shared with families and friends and encouraged them to take part.
- We saw a knitting club which included visitors from neighbouring supported living colleagues. The club to date had delivered hats, scarves and blankets to the Salvation Army Homeless in Slough and knitted coats for the dogs at the dog's trust.
- The home had been given a minibus and people were regularly taken to the pub for lunch and out to the shops. This ensured people continue to be involved in life outside of the care home environment.

Improving care quality in response to complaints or concerns:

- There was an appropriate complaints management system in place. Complaints were handled in the correct way. Relatives told us they knew how to make a complaint should they need to. There were no open complaints at the time of our inspection.

End of life care and support:

- People were consulted about their wishes at the end of their life. This included people that were important to them. Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
- We saw that one person was receiving end of life care at the time of our inspection. Nursing staff working at the service had received relevant end of life training and were competent in supporting people during this time of their life. The local GP and palliative team were available for support when required.

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

Requires improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- Improvements were required in relation to accurate and up to date information in people's care plans. For example, in the care plans we viewed we saw people's oral health assessments were not updated and regularly reviewed as stated on the assessment form which should have been updated monthly. Repositioning charts were not always completed and we could not be sure people had been repositioned to reduce the risk of skin damage. We saw several examples of charts not completed and information was not always correct. For example, we saw evidence that staff had completed records when they had not carried out a procedure. Records were completed for one person when repositioning had not taken place. This put the person at further risk of skin breakdown.

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

- Audits completed at the service did not capture all of the issues we identified as part of our inspection. Records relating to the repositioning of people at risk of developing pressure ulcers were not adequately maintained. Lack of stock of medicines meant people did not receive their medicine as the prescriber intended. Regular reviews of people's oral health care were not always reviewed or updated. This meant the provider's internal auditing system was not effective.
- The service had four managerial changes since registration and the current registered manager was leaving their position at the time of this inspection. Some staff we spoke with were negative and did not feel supported by the management of the service.

Records were not always accurate, complete and contemporaneous in relation to people's care delivery. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Regular meetings were held with people and families, this was an opportunity to ask what their views on the running of the service was like and to comment on any improvements that could be made.
- Feedback was obtained from people and action plans completed following feedback to address improvements needed. The internal governance team undertake regular regulatory audits and Care UK send

out quarterly surveys to residents and relatives. Audits were conducted monthly on areas including Documentation, MCA and DOLS, Infection Control, Health and Safety and Medication. The Regional Director completed quality audits on a regular basis.

Continuous learning and improving care:

- Regular meetings were held with staff to enable any feedback on how improvements could be made at the service. Incidents and accidents were recorded and information relating to the incident was followed up and what steps had been taken following the incident were recorded.
- Clinical reviews were held with nursing staff to identify any themes.

The service had access to mental health services on a when required basis should emergencies arise or advice on management of behaviours which were causing concern is required. This team consists of a Psychiatrist and Registered Mental Health Nurses.

Working in partnership with others:

- The service had developed a positive relationship with neighbouring supported living colleagues and their service users attended events in the home.
- School children visited the service from local schools.

People had attended a local baby and toddler group and a new monthly group was to commence in May 2019.

- The service had visits and support from different cultural groups within the local community. The service took part in The National Care Home Open Day and was involved in Hydration and Reducing UTI in Care Homes Project, Reducing and Management of Skin Tears Project and the ambulance Service Managing the use of 999 Emergency Services.

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 Care and treatment was not always provided in a safe way for service users. Sufficient quantities of medicines were not always available for service users. Identified risks were not always managed appropriately.
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Service users were not protected from abuse and improper treatment.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes did not enable the provider to identify where quality and safety were being compromised. Records were not always accurate complete and contemporaneous in respect of each service user.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not always receive appropriate support and supervision in accordance with the providers policy.

