

Caring Homes Healthcare Group Limited

Oak Manor Nursing Home

Inspection report

Oak Manor
Dereham Road, Scarning
Dereham
Norfolk
NR19 2PG

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
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 Manor Nursing Home is a residential care home which provides nursing and personal care for people. The service can support up to 61 people and specialises in providing care for people living with dementia. There were 22 people using the service at the time of our inspection. The premises are in a rural setting with all facilities on the ground floor.

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

Refurbishment at the service had been undertaken since our last inspection, addressing concerns we had previously identified in relation to suitability of the garden area and improper use of fire exits. At this inspection, we identified further repair work that was required, which the service had not independently identified. However, these repairs were undertaken immediately during the inspection.

This location has not been fully compliant with regulations since it was inspected on 11 February 2019. There has been ongoing concerns with maintaining compliance and the acceptable level of safe care.

Care plans detailed how to support people in their daily life's. Ensuring risks were assessed to keep the person safe.

Medicines were stored securely for the safety of the people supported. Medicines were well audited to ensure people received their medicines as directed/ prescribed.

People were comfortable in the setting and were observed having positive interactions with staff.

Families spoke positively about the staff and felt that their loved ones were safe and well supported.

People were involved in planning and reviewing their support. Care plans were shaped around the person's preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 21 December 2020) and there were breaches of regulation 15 due to the premises not being maintained, regulation 12 due to provider not assessing and monitoring risk, regulation 19 due to a failure to report significant incidents and regulation 17 due to the quality and safety of the service not being assessed and monitored .

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.

Exiting special measures

This service has been in Special Measures since 21 December 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

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 Manor Nursing 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.

Inspection team

The inspection was carried out by two inspectors 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.

Service and service type

Oak Manor Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced.

Inspection activity started on 24 March 2022 and ended on 06 April 2022. We visited the service on 24 March 2022.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection, including notifications the service is required to send us by law. We also reviewed the most recent local authority Provider Assessment and Market Management Solutions (PAMMS) audit which was carried out by their

quality monitoring team. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with nine staff, including the registered manager, deputy manager, clinical lead and carers. We also spoke to eleven family members of people receiving support.

We reviewed five care records, five administration records (MAR) and two staff records. We also reviewed other records, including policies and procedures, relating to the safety and quality of 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.

After the inspection

We continued to seek clarification from the provider after the inspection visit to validate evidence found. We looked at training data, rotas and quality assurance records. Our Expert by Experience carried out calls to relatives and we spoke with care staff to gain their feedback.

Is the service safe?

Our findings

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

At our last inspection in December 2020 the provider had failed to ensure that the premises were well maintained. This was a continued breach of Regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as this regulation had also been breached at the previous inspections in September 2019 and May 2019.

At this inspection we found the provider had made the required improvements and was no longer in breach of this regulation.

- Refurbishment of the building was well underway, with a clear plan for how this would be finalised.
- Finished areas of the building appeared personalised and welcoming. People had been consulted on how they wished for these areas to be completed to ensure their thoughts, opinion and preferences had been captured.
- Some areas of the building had not been fully refurbished at the time of the inspection. Areas were highlighted to the registered manager where repairs were required to make areas more pleasant for people and to aid infection control. This included areas of damage to walls inside people's temporary bedrooms and an en-suite bathroom and communal hallways. Whilst the registered manager took prompt action on the day of the inspection to ensure these areas were improved before inspectors left the service, they had not independently identified these areas for improvement.
- The rear garden had been landscaped since our last inspection. This ensured a clear path was now in situ and no trip hazards observed during the inspection.
- We previously found that potentially dangerous items were not stored securely. This was not the case at this inspection. In addition, we had previously identified fire exits being partially blocked, causing a potential fire risk. This was not observed to be the case at this inspection.
- Care plans were detailed to ensure any risks to people could be sufficiently mitigated to keep them safe. Staff told us they didn't have time to read the care plans in place but did know people and their support needs well. The registered manager explained that two page profiles were in place to capture key information that staff needed to know to keep them safe.
- The registered manager reviewed all incident forms to identify learning and completed debriefs with staff to expand on findings.

Preventing and controlling infection

At our last inspection in December 2020 the provider had failed to ensure robust procedures were in place to reduce the risk and spread of infection. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider made the required improvements and was no longer in breach of this regulation.

- 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 somewhat 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.

Visiting in care homes

The provider was following current government guidance in relation to visiting at the time of the inspection. Families told us they had been able to continue to visit their loved ones wearing the recommended PPE at all times.

Using medicines safely

- Medicines were stored securely within medication trolleys, within a locked medicines room.
- There were effective systems in place to ensure stocks of medicines were available and stock control was well monitored.
- Staff told us they received regular training for medication administration in addition to having their competency regularly assessed by the management team.
- Where a person received covert medicines, documentation was held in relation to conversations that had taken place to agree this decision. These included family, external medical professionals and the person's involvement in this decision.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding people from abuse and were clear on actions to take if they felt people were at risk of abuse.
- Secure records were kept of all safeguarding alerts raised, which evidenced actions taken following these concerns, in line with the provider's policies.
- People's families told us their loved ones were safe and well supported by staff who knew them well.

Staffing and recruitment

- Staffing levels were assessed by using a dependency tools. This tool was regularly reviewed to ensure sufficient staffing levels remain in place for the needs of the people.
- Sufficient staff were observed deployed on the day of inspection to ensure people's needs were met in a timely manner. Staff told us they feel they have enough staff to keep people safe.
- Staff were safely recruited and checks were made on their suitability through references from previous employers and Disclosure and Barring Service (DBS) checks.

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 requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The registered manager explained that prior to any new admissions a care plan would be created and shared with staff. The person's support needs and preferences would be captured to ensure the person was supported in ways of their choosing. Care plans would then evolve as the person became settled at the service.
- Care plans were robust and detailed people's preferences in relation to the support they received.
- When people move into the service, they are given a welcome card from the staff team and people residing at the service to welcome them to the building. These were seen on display within people's bedrooms during the inspection.

Staff support: induction, training, skills and experience

- Staff completed a range of training with a mixture of face to face and online learning to ensure they had the skills and understanding to safely support people's assessed needs.
- The registered manager confirmed that a range of competency checks were completed by the management team to ensure training had been fully embedded and staff supported people in a safe way, as per their training.
- Staff we spoke to felt suitably trained for the roles they completed and attended regular supervision meetings with their manager to monitor their performance and personal development.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Peoples weights were regularly monitored to ensure staff were aware of any fluctuations and could contact the relevant health care professionals as required for the persons wellbeing.
- Staff were clear on people's dietary requirements and what adaptations were required to their meals to keep them safe, in line with guidance from healthcare professionals.
- Occupational therapists had been consulted to support people to remain safe in relation to their skin integrity, ensuring required equipment had been sourced and reflected within people's care records.

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

- Multiple areas of the service had been renovated to enable people pleasant areas to relax in. A cinema room had been extensively updated and people had been consulted and involved with the renovation of this area.

- An additional lounge area was being developed as an activity room. People had been consulted on how they would like this area decorated.
- Gardens had been landscaped to improve safe access for people. In addition a greenhouse was also in situ to enable people to become involved in gardening if they wish.
- People had been involved in the refurbishment of bedrooms. They had been consulted to decide which colours their bedrooms would be. Some people were currently using a temporary bedroom whilst they were awaiting their bedrooms to be completed.

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.

- People were observed to be given choice and control during our inspection. Staff also confirmed that people were given choices for example, in what they would like to wear and how they would like to spend their day.
- The registered manager and staff team we spoke to had a good understanding of the Mental Capacity Act and were able to explain its principles and give examples of how they would follow the principles to support people effectively.
- DoLS applications had been made where required to keep people safe. The registered manager ensured all DoLS applications were kept under review to ensure they were required and authorised.

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. The rating for 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

- The registered manager explained how the service recognised different faiths and offered people a variety of experiences and opportunities. This included staff and visitors explaining their religion to people to educate and inform them of their choices.
- Staff spoke passionately about people and wanted them to experience the best support possible. A staff member told us the people are "like family" to them.
- Staff were observed supporting people in a meaningful kind hearted way during the inspection. Ensuring people were able to decide how to spend their day and were spoken with in a positive manner.

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

- People were regularly consulted and involved in refurbishment of the building. They were asked what colours they would like their new bedrooms to be painted. One person had requested their bedroom be painted with a blue ceiling and yellow walls to remind them of the sky. Works to this room were ongoing during our inspection.
- People were regularly engaged with to discuss their support. This included regular meetings with groups of people and on an individual basis. Outcomes of these meetings included alterations to their individual sleeping arrangements in addition to the activities that were offered within the home.
- People were given options on how they would like to spend their day. Activities were planned for people, but these were adapted on a daily basis as requested. Peoples families we spoke too confirmed their loved ones were well engaged.

Respecting and promoting people's privacy, dignity and independence

- Staff were observed supporting people in a dignified manner. Staff ensured bedroom doors and curtains were closed when supporting people with personal care.
- People were as independent as possible. Staff told us, "We always encourage people to do as much for themselves as they can". This ensured peoples independence was maintained.
- Family members of people confirmed that staff were respectful at all times.

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 requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were detailed to offer choice to people and the manner in which to do this to ensure the person was in control of their own support and able to make their own choices.
- People and their relatives were involved in the writing of their care plan and at subsequent reviews to ensure their voice had been captured.
- The registered manager was passionate about ensuring the standards of care provided were personalised.

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.

- The registered manager confirmed that large fonts and images were used on displays wherever possible to ensure people were able to clearly read and see these.

Improving care quality in response to complaints or concerns

- People were regularly engaged by the registered manager and staff to seek their views and opinions to help mould and shape the support offered.
- People's families told us they felt comfortable to raise any concerns or complaints and felt these would be acted on appropriately by the registered manager.
- There were policies and procedures in place to support people to make complaints, and clear guidance for staff on how to handle this information, and what action to take.

End of life care and support

- Staff had completed training on supporting people at the end of their life.
- Care plans detailed who had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) in place in addition the person's funeral wishes had been captured and what support they wanted at the end of their life. This information was held in a dignified manner to ensure this decision was kept private at all times.

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 inadequate. At this inspection the rating has improved 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; Continuous learning and improving care

At our inspection published in December 2020 the quality and safety of the service had not been effectively assessed and monitored to mitigate risks. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that enough improvements had been made and the provider was no longer in breach.

- The service has not been compliant with regulations or fundamental standards since an inspection on 11 February 2019. Its compliance history shows a pattern of failing to consistently maintain the quality and standards expected, dating back as far as 2013. This meant people had been provided with an inconsistent quality of care which could have impacted upon their safety, welfare and mental wellbeing. Whilst we found significant improvements had been made at this inspection, the provider had still failed to identify all areas for improvement through their quality assurance system. For example, areas of repair required such as damage within a person's temporary bedroom and en-suite bathroom. This could create an infection control risk, as well as affecting the person's self-worth.
- Further work is required to ensure that the provider can consistently, independently identify and act upon areas for improvement and demonstrate its ability to operate a service that maintains expected quality standards in the long term.
- Refurbishment works had taken place throughout the service, in consultation with people and their relatives.
- People's families we spoke with were positive about the improvements to the environment and felt their loved ones bedrooms were personalised.
- Regular auditing of documentation within the service was taking place by the management team. These included medicine administration records in addition to care plans and daily records. This ensured records remained current and fully completed. Where gaps were identified by the management team these were highlighted within the audit process and action taken.

At our inspection published in December 2020 the provider had failed to report significant incidents to CQC as is required. This was a breach of Regulation 19 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

At this inspection we found the provider had made the required improvements and was no longer in breach of this regulation.

- A registered manager was in place at the service and had a clear understanding on what occurred at the service and their regulatory role and responsibilities.
- We found all incidents had been reported as required and the manager was clear on which incidents constitute reporting to external bodies, such as CQC and the local authority safeguarding team.
- Staff understood the needs of people and knew them well. They were aware of key risk information such as people's allergies, their likes and dislikes.

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

- The registered manager confirmed people were consulted and involved in all aspects of the support they received. They were also consulted and involved in the changes within the environment. Choosing colours of paint and items that are placed within communal rooms as well as their own bedrooms to ensure they feel fully involved in changes around the service.
- Regular house meetings took place to ensure people were given an opportunity to discuss the service they were receiving and to be given important updates., In addition 1-1 meetings were held where people could discuss and review their individual support needs in a private manner.
- Regular staff meetings took place across all departments. This ensured that all staff were kept updated on health and preference changes for people to ensure consistent safe support was completed at all times.

Working in partnership with others

- The registered manager and staff team engaged relevant health and social care professionals as required to meet the needs of people. This was evidenced within the care plans and daily records we reviewed.
- The registered manager gave examples of where they had worked collaboratively with health care professionals to achieve positive care outcomes for people. This included sourcing equipment to keep people safe.

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

- The registered manager was passionate about creating a person-centred culture where peoples voice was at the centre of the support offered.
- People were involved in planning and reviewing their care. Where people had requested for changes to be made these had been listened too and changes implemented.
- People were supported to achieve good outcomes. For example, when a person was anxious attending the hairdresser, staff supported the person to access the in-house hair salon. This ensured the person received this positive experience in a place they felt comfortable.

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

- The service had policies in place to ensure the registered manager, and staff team understood their responsibilities under the duty of candour.
- Families told us they felt well informed of their loved one's lives and that communication had improved extensively since the registered manager had been in post.