Equilibrium Healthcare Limited

Oakland House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service caring?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Oakland House Nursing Home is a residential care home providing personal and nursing care for up to 38 people aged 18 and over. At the time of the inspection the service was supporting 33 people.

Oakland House Nursing Home comprises of three separate units, Elm, Cedar and Willow. The accommodation situated over three floors is for people who require nursing or personal care and have enduring mental health needs. People with more complex physical health problems who require higher nursing needs live on the ground floor. The fundamental purpose of Oakland House Nursing Home is to support people to recover, rehabilitate and become independent.

People's experience of using this service and what we found
The provider's quality monitoring checks had failed to highlight the issues found during this inspection. Not all risks to people had been identified and mitigated against. Whilst there were checks and systems in place these were not always consistently managed to ensure the environment was safe for people living at the service.

Accidents and incidents were recorded and analysed to support staff in taking actions to keep people safe and to reduce the likelihood of future harm and learn lessons.

Medicines were managed safely and there were close links with health and social care professionals to ensure people's physical and mental health needs were met and changes responded to quickly. The provider had a safe recruitment process in place to ensure appropriate people were employed.
The provider was following current national guidance for the management of the COVID-19 pandemic.

Housekeeping staff monitored all areas of the home ensuring high standards of infection prevention and control were delivered and that suitable supplies of personal protective equipment were available. The home was clean and well maintained.

Staff had been best deployed to positively support people during the COVID19 pandemic. People told us they felt safe living at the service. Staff knew how to safeguard people from abuse.

People spoke very highly of staff and said staff were caring. People had established positive relationships with staff and conversations were relaxed and comfortable.

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.

Rating at last inspection
The last rating for this service was good (published 9 July 2019).

Why we inspected
The inspection was prompted in part by notification of a specific incident, following which a person using the service sustained a serious injury. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about the management of contact with hot surfaces. We reviewed the information we held about the service. No areas of concern were identified in the key questions of effective and responsive. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this 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.

We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

The provider has taken action to mitigate the risks we found on this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oakland House Nursing Home on our website at www.cqc.org.uk.

Follow Up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Oakland House 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 Care Act 2014.

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
The inspection team consisted of one inspector.

Service and service type
Oakland House 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 service had a manager registered with the Care Quality Commission. 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.

Notice of inspection
This inspection was unannounced.

What we did before inspection
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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with nine people who used the service and a relative about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, support workers and other ancillary staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We spoke with the Nominated Individual over the telephone. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

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 good. At this inspection this key question has now deteriorated 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.

Assessing risk, safety monitoring and management

- People were not consistently protected from known risks. Risk assessments in relation to the environment had not been undertaken for people living at Oakland House. This put people at risk of harm.
- People on Willow Unit had more complex physical health conditions, including a diagnosis of dementia in some cases. One person liked to lower themselves from their bed or chair and move along the floor at times. As an environmental risk assessment had not been carried out, any risks at ground floor level in both personal living spaces and communal areas had not been identified. The registered manager said that environmental risk assessments would be implemented after the inspection.
- Water temperatures were being checked to reduce the risk of scalding for people although records were not always consistent. One unit had not carried out these checks in March and April 2021. The health and safety executive (HSE) guidance states water temperatures in care homes should not be above 44 degrees.
- Water temperatures had last been checked and recorded on 8 July 2021 for one unit. Temperatures of 44 degrees and above were recorded in five people's bedrooms on this date. We spoke to the registered manager about this on 12 July 2021 and asked what action had been taken. No action had been taken to check the unsafe water temperatures recorded were correct. The water temperatures were later checked, and all were recorded to be under 44 degrees.

The provider had failed to assess all the risks to the health and safety of people using the service or take action to mitigate those risks. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems were in place to keep people safe in emergencies. The provider had contingency plans in place to support people in emergency situations.

Systems and processes to safeguard people from the risk of abuse

- Staff received training and understood the signs to look for regarding abuse.
- Staff told us they knew how to record and report any concerns they may have.
- Specific arrangements were in place to safeguard people. For example, some people were at risk of poor lifestyle choices if they had access to all their cigarettes. We saw agreements were in place where cigarettes were accessed at regular intervals.
- Systems and processes were in place to record and investigate any unexplained injuries to people.

Staffing and recruitment

● The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. These are checks to make sure that potential employees are suitable to be working in care.

● People told us there were enough staff to meet their needs. When a person required 1 to 1 support this was arranged, and additional staff were deployed.

● Staff completed regular training to ensure they had the knowledge to complete their role. Staff told us they felt the training was sufficient for them.

Using medicines safely

● Medicines were safely received, stored and administered.

● Where people were prescribed medicines to take 'as and when required' guidance was available for staff to follow.

● Staff were trained to manage medicines safely and had their competencies assessed.

● Where people received medication covertly appropriate best interest decisions had been made, were recorded and authorisation from the GP was on file.

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 were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

● Accidents and incidents were recorded and reviewed to identify trends or patterns to ensure lessons were learnt.

● Following a recent incident that had resulted in a person suffering a serious injury some action had been taken to minimise future risks to people.

● Accidents and incidents had been reported to relevant agencies and people's relatives where appropriate.

Good

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 the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to 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
- People spoke very highly of staff and said staff were caring. People told us, "The staff are great. I've been in a few care homes and this is the best", "I get on well with staff here; they are very pleasant", and, "We are spoiled here."
- Staff had established positive relationships with people. Conversations were relaxed and comfortable. A member of staff asked someone if they had enjoyed their birthday. They knew about a gift they had received and asked if it was suitable.
- There was a relaxed and calm atmosphere at the service. We saw staff reassuring people if they were upset and taking their time to support people to ensure people were not rushed.
- People's equality and diversity was recognised and respected. Care files contained information about people's specific needs and staff we spoke with were aware of these.

Supporting people to express their views and be involved in making decisions about their care
- People were involved in planning and making decisions about their care.
- Care plans set out how people preferred to receive their care and any preferred regular routines. Changes to these due to the COVID-19 pandemic had been documented.
- Throughout the inspection we saw people being offered choices and their feedback being acted upon.

Respecting and promoting people's privacy, dignity and independence
- People were able to retain levels of independence they were happy and comfortable with. One person liked to write the menu on a board each day. Some people were able to leave the home and access the community independently. Others did so with support from staff.
- Systems were in place to protect people's confidential information. New furniture purchased for the home had lockable drawers.
- Staff respected people's privacy and promoted their dignity. Staff told us how they ensured people were treated with dignity, for example by offering and giving people personal space when this was needed.

Requires Improvement

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 good. At this inspection this key question has now deteriorated 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

- Systems were either not in place or were not robust enough to demonstrate an effective and consistent management approach to reviewing, monitoring and identifying risks to people's health, safety and welfare.
- There were no risk assessments in relation to the environment, other than for people accessing the kitchen.
- Record keeping in relation to the recording of water temperatures was not consistent. High water temperatures had been recorded prior to our second day of inspection. These had not been checked for errors.

Systems and processes were not effective in ensuring all risks to people had been identified, assessed and mitigated against. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was aware of their regulatory responsibilities and submitted notifications to the Care Quality Commission as required.

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 registered manager understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.
- Complaints were appropriately responded to in a timely manner and people told us they knew how to complain.

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

- People told us communication between themselves and the staff team was good, and they were supported to be involved.
- Surveys were undertaken, and people's opinions were sought about the care they received.
- Evidence in care records showed the service worked with a range of professionals and outside agencies to

meet people's needs.
● Staff told us they received supervisions and had regular staff meetings where concerns, feedback and information were discussed and shared. Staff told us they felt fully supported by the registered manager.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People received care from staff who knew their needs, choices, and preferences extremely well.
● People were supported by an advocate when required. Advocates help ensure that people's views and preferences are heard.
● Policies, procedures, and best practice guidance were in place. These were being applied to ensure people's needs were met.

Continuous learning and improving care; Working in partnership with others
● The provider was committed to continuous learning and improvement. The registered manager listened to feedback from people using the service, staff and other professionals.
● We saw evidence of partnership working with other agencies to meet people's health care needs. Referrals were made to healthcare professionals and people were supported to attend appointments where possible.
● The staff team was committed to providing good person-centred service to people.

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 The provider had failed to assess all the risks to the health and safety of people using the service or take action to mitigate those risks. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not effective in ensuring all risks to people had been identified, assessed and mitigated against. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.