

Sanpas Limited

Oakwood 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 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

Oakwood Nursing Home provides personal and nursing care for up to 29 older people, some of whom live with a dementia.

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

The management of medicines required improving to ensure people received their medicine's safely and had been stored appropriately, administered according to GP instructions and followed best practice guidance.

The environment was not always clean and repairs and maintenance were required in various areas of the home. This had not always been identified or addressed in a timely manner. The prevention and control of infection required improving to ensure clinical waste was disposed of safely and appropriately.

Staffing levels required reviewing to ensure there was enough staff adequately deployed to consistently meet people's needs in a timely manner according to their wishes. Staff received irregular supervision and did not always receive feedback on their practice.

The systems and processes in place to monitor the safety and quality of the service required strengthening. Concerns identified at this inspection had not been identified by the provider, however, the provider took immediate action to respond to the concerns raised.

People received care from staff they knew which included the use of regular agency staff. Staff had a good understanding of people's needs, choices and preferences. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. Staff gained people's consent before providing personal care.

People and their relatives were involved in the planning of their care which was person centred and updated regularly. People were supported to express themselves, their views were acknowledged and acted upon. There was a complaints system in place and people were confident any complaints would be responded to appropriately.

Staff understood their roles and responsibilities to safeguard people from the risk of harm. People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that mitigated these known risks. People were supported to access relevant health and social care professionals.

Staff were recruited using safe recruitment practices. Staff received training to enable them to meet people's needs.

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

Rating at last inspection – The last rating for this service was Good (published 28 April 2017).

Enforcement

We have identified breaches in relation to insufficient management of medicines, prevention and control of infection and lack of governance and oversight of the service.

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

Follow up

We will request an action plan for 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?

This 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?

This service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

This service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

This service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Oakwood 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.

Inspection team

The inspection team consisted of one inspector, a specialist nurse advisor 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

Oakwood Nursing Home 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 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 the inspection

We reviewed the 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 asked Healthwatch if they had any information to share with us. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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.

During the inspection

We spoke with nine people who used the service about their experience of the care provided. We also spoke with six family members of people using the service. We spoke with four members of care staff, the assistant matron, the registered manager and the provider. We observed the care people received and reviewed a range of records. This included seven people's care plan records and multiple medication records. We looked at five 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.

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 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.

Using medicines safely

- Nursing staff did not always record the times of administering medicines to people on the medication administration record (MAR) chart where this was required. For example, when insulin was given. People were at risk of receiving their medicines outside of the timeframe that was prescribed by the GP.
- It was not recorded on the MAR chart or on a body map the site on a person's body where a transdermal patch had been positioned. This put people at risk of having a patch put in the same place as the previous one.
- Medicine profiles did not always contain photographs of the person. This meant there was a risk that medicines could be administered to the wrong person. This risk was increased because of the use of agency nurses.
- The medicines fridge was not locked and was kept in an unlocked room. The room where the main medicines cabinet was housed and the corridors where medicines trolleys were stored, did not have a thermometer to ensure the temperature of the room/corridor was within the correct temperature range.

We found no evidence that people were harmed, however this failing posed a risk that people could be harmed. The provider failed to ensure the proper and safe management of medicines was in place. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection the provider informed us the body maps for transdermal patches are in place and times are recorded on MAR charts for the administration of insulin. The medicines fridge was made safe.

Preventing and controlling infection

- Some parts of the home were visibly unclean. Although cleaning schedules were in place, these had not always been completed. For example, in one shared bedroom the cupboard underneath the sink contained spilt fluids. The window frames in the kitchen where food was prepared and cooked had not been cleaned for some considerable time. The walls and skirting boards in the kitchen required cleaning to remove spilt fluids.
- Clinical waste (sharps boxes) did not have a date recorded on them when they commenced use. A larger sharps box contained items that should not be disposed of in a sharps box. For example, a light bulb. There were two industrial clinical waste bins stored in the garden of the home. One bin was overflowing, the lid was unable to be closed because too much waste had been placed in that bin and it wasn't locked. The second clinical waste bin was unused.

We found no evidence that people were harmed, however this failing posed a risk that people could be harmed. The provider failed to ensure that people had people were protected by the prevention and control 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.

- On the second day of the inspection, it was clear the provider has taken immediate action to address some of the concerns raised about the cleanliness of the home, however, this practice was required to be embedded into the service.

Staffing and recruitment

- There were not always enough staff deployed to provide people with their individual care at the times they required. On the first day of the inspection, two people who were cared for in bed did not receive their morning personal care until lunchtime. It was clear that people had received a change of continence pads and they were comfortable, however, personal care and a change of clothing did not take place until 12:15pm. These two people did not receive oral healthcare in the morning or at the time of personal care being delivered at lunchtime. We were aware of unforeseeable staffing shortages on the first day of the inspection. At other times the provider ensured people's needs were met in a timely manner by using the support of agency staff.
- Safe recruitment practices were followed. Staff files contained all the necessary pre-employment checks.
- Employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- People's risks were assessed at regular intervals or as their needs changed. We saw that risk management plans covered a range of known risks such as use of equipment, mobility, moving and handling and skin integrity. Care and risk support plans informed staff how to provide care that reduced known risks.
- People and their relatives were happy with how risks were managed whilst enabling people to maintain independence as far as possible.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with the staff that supported them. One person said, "I feel safe here and the general atmosphere makes me feel safe and cared for."
- The provider had systems in place to safeguard people from abuse and they followed local safeguarding protocols when required.
- Staff had received training to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if they needed to by following safeguarding or whistleblowing procedures.

Learning lessons when things go wrong

- We saw evidence that showed when something had gone wrong the registered manager responded appropriately and used any incidents as a learning opportunity.

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 the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Some areas of the home required improvements to be made to the environment. For example, some kitchen cupboards and a sink unit required replacing, hinges were broken on a cupboard door, a storage cupboard door had not been fitted correctly and the door was unable to be closed. Door handles were not always in place or were not fitted correctly. The provider offered assurances that the issues identified would be addressed as a matter of priority.
- The provider was able to show us a program of ongoing refurbishment. For example, a large area of the ground floor had new flooring fitted and new cupboards had been fitted to house the boiler.

Staff support: induction, training, skills and experience

- Supervisions were irregular and required improvement. There were insufficient systems to observe and provide regular feedback to staff regarding their performance. Staff told us they felt supported by the registered manager and could request additional support if required.
- There was a program of training in place, and staff told us they had received the training required to meet people's assessed needs.

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

- People's needs were assessed before they were able to move into the home. This included people's likes and preferences and healthcare needs.
- Care plans showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act 2010 and other diversity needs such as people's religious and cultural needs.
- Staff used evidence-based tools to assess people's risks and needs.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff demonstrated they understood the principles of MCA and supporting people to make choices. People and relatives confirmed the staff always asked their consent before providing their care. One relative told us, "The staff are really good, they always talk through what is going to be happening and check [person] is happy with the process."
- Staff completed mental capacity assessments to establish people's insight and understanding of their care needs. This enabled people to make informed decisions about their care, or health and social care professionals make best interest decisions about people's future care which included the wishes of the person.
- We saw that applications for DoLS had been completed and submitted appropriately.

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

- We received mixed feedback on the quality of the meals provided. However, we saw that people were offered choices of meals and meals were presented well.
- Food and fluid charts were in place where required to ensure people ate sufficiently and stayed hydrated. We saw this was completed accurately and monitored throughout the day.

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

- Staff told us, and records showed, they worked in partnership with health and social care professionals to maintain people's health. This included GPs, district nurses, occupational therapists and physiotherapists.
- Staff had a good knowledge and understanding about people's healthcare requirements. People had an individual emergency grab sheet on their file. This ensured people received co-ordinated and person-centred care in case of medical emergency.

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 good. At this inspection this key question has remained the same. 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 were supported by staff who knew their needs and cared for them in a respectful way. One person told us, "They help me in any way they can; they are always good like that." A relative told us, "It's caring and friendly here, the staff are excellent."
- The interactions we saw were positive, staff and people engaged well with each other. We saw staff talking to people about a range of subjects including their family, activities they wanted to do and general 'how are you today' conversations.

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

- People were encouraged and supported to make decisions regarding their day to day routines and express their views about their personal preferences. Staff showed patience, giving people time to answer questions about the support they wanted.
- The provider ensured people and their families could feedback regarding the service in a number of ways to gather people's views on the service provided.

Respecting and promoting people's privacy, dignity and independence

- We observed support being provided throughout our visit. We saw staff reassuring people when they were feeling anxious and when a little comfort was needed, this was given in a respectful way.
- Care plans provided detailed information on how to involve people in their care. Staff described how they encouraged and supported people to do as much as they could for themselves, whilst at the same time recognised that people had good and bad days.
- The care plans we reviewed promoted people's dignity, respect and independence and included important details for carers to follow. Feedback from people and their relatives confirmed that dignity and respect was promoted.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 person centred and described people's likes, dislikes and were planned around people's choices. We observed staff provided responsive and personalised care. We saw staff respected people's known wishes and preferred routines and choices.
- Care plans were up to date and continued to contain information on a range of aspects relating to people's needs including mobility, communication, emotional wellbeing and mental health.
- People were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 which are age, disability, gender, marital status, race, religion and sexual orientation.

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

- People were supported to maintain their interests and take part in new activities. An activity co-ordinator was employed in the home and delivered a range of activities for people which included arts and crafts, chair exercises, bingo and nail painting. Where people were cared for in bed, the activity co-ordinator spent time with people on a one to one basis.
- The provider informed us of their plans to increase the amount of activity opportunities for people. This would be achieved by increasing the number of hours available to provide activities.
- The service arranged celebrations for people's birthdays and other special occasions, including wedding anniversaries, for which staff received warm thanks and compliments.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to make a complaint but told us they generally had had no reason to. One person said, "I have no complaints at all" and this was echoed by relatives' comments. One family member said, "If I ever have any minor concerns I always speak to the nurse and it is sorted straight away."
- There had been no complaints since the last inspection. Policies and procedures were in place to effectively manage any complaints that were received.

End of life care and support

- The service worked closely GPs and palliative care teams when supporting people with end of life care, to ensure people were cared for in line with their wishes in a pain-free and dignified manner.
- Where people were being cared for at the end of their life; a palliative care plan was in place. People's end of life wishes had been recorded. For example; one person had requested to have last rites and prayers.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and details of any needs were recorded. For example, instructions were given to staff on the most effective way of communicating with a person who had some hearing loss.

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

- Improvements were required in the quality and monitoring systems at the service.
- Systems relating to medicine management had not identified the unsafe storage of medicines, lack of detailed records relating to injection sites for insulin and the placement of transdermal patches. Out of date medical supplies were in use and nursing staff's knowledge required updating on the reclassification of some medicines.
- Infection control audits were not sufficient to identify concerns relating to the cleanliness of the service and the disposal of clinical waste.
- Environmental audits had not identified maintenance issues that required attention to ensure the safety of people living at the home.
- The deployment of staff required reviewing to ensure there was enough staff to consistently meet people's needs in a timely manner and according to their wishes.
- Improvements were required to ensure staff received regular supervision and feedback about the quality of their work according to the providers policy.
- All policies and procedures required reviewing to ensure they were up to date with best practice guidelines and were reflective of the systems and processes in operation at the service.

People were placed at risk of harm as adequate systems and processes were not in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had acted responsively following the first day of the inspection and has been open and transparent in their responses to us. The registered manager informed us of immediate action they had taken to improve the monitoring of the service.

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

- The service worked with people, relatives and health professionals to ensure the service people received was person centred.
- Changes and improvements were being made and people told us that the provider and registered manager was approachable.

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

- People living at the service were given opportunities to give their views on all aspects of their care and support. They are regularly consulted with and their views were taken into consideration.
- The registered manager told us that they were keen to engage with people regarding changes and improvements to the service.

Working in partnership with others

- The service worked in partnership with other professionals to provide holistic, timely support. This was especially important with people's complex health needs and with those living with dementia.
- People had been referred to specialist health teams in a timely way when their needs had increased or health had deteriorated.

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; continuous learning and improving care

- At the time of inspection, there were no duty of candour incidents recorded. However, through our discussions with the provider and registered manager we determined that they were aware of and acted in line with the duty of candour requirements. The registered manager was open and transparent throughout the inspection process.
- However, they had failed to identify and prevent failings in parts of the service, including; providing good quality oversight of the service.

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
Treatment of disease, disorder or injury	<p>The provider failed to ensure the proper and safe management of medicines was in place. There were improvements needed to the way medicines were administered and recorded.</p> <p>The provider failed to ensure that people had people were protected by the prevention and control of infection.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided.</p>