Red Oaks Care Home Limited

Red Oaks Care Community

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
Red Oaks Care Community is a care home registered to provide personal and nursing care, including to those living with dementia. The service can support up to 40 people, at the time of our inspection 26 people were living at the home all receiving personal care, no one was in receipt of nursing care. Red Oaks Care Community is purpose built and split over two floors with communal areas on each floor and outdoor communal space to the rear.

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

The provider's quality assurance systems were not always effective in identifying failings or driving improvements. Policies and procedures had not always been followed. Some policies were not specific to the service and included tasks the provider and staff did not perform.

The risks associated with infections spreading were not always managed and guidelines on person protective equipment were not always followed.

Medicines were not always managed safely, and people did not always receive their prescribed medicines on time. Risks associated with people's healthcare needs had not always been assessed and risk reduction measures were either not in place or not followed.
Safeguarding systems and processes were in place and people were protected from the risk of abuse and neglect.

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.

Staff competently supported people to make decisions about their preferences for end of life care. The service made sure that facilities and support were available for people's family, friends and other carers, and for staff, before and after a person dies.

People and relatives told us they were happy with the care provided and felt well supported by appropriately trained and caring staff.

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 the service under the previous provider was requires improvement (published on 17 December 2020). The service remains rated requires improvement under the new provider.

Why we inspected
This service was registered with us on 21 April 2021 and this is the first inspection under this provider.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in governance and leadership at this inspection.
Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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**

Red Oaks Care Community

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.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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 was carried out by one inspector, a pharmacist specialist 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
Red Oaks Care Community is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Red Oaks Care Community is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission at the time of the inspection, however the new manager of the service had submitted an application to become registered. This meant the provider was legally responsible for how the service was 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 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 (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection
We spoke with 10 people who used the service about their experience of the care provided. We spoke with 11 members of staff including the manager, deputy manager, area manager, care assistants, domestic staff, cook, assistant cook and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider

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

After the inspection
We continued to review documents the provider sent to us including training data and risk management. We spoke with five relatives to gain their experiences of the service.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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; Learning lessons when things go wrong

- People were supported to take their medicines, however quality audits failed to identify they did not always receive them on time.
- Staff did not have access to all the information they needed in order to support people with their medicines in the best way. For example, there was not enough information available to staff to know how and where to apply topical medicines. This meant manufacturers guidance was not always followed and placed people at increased risk of harm.
- Medicines were not stored securely, and this was not covered in the medicines policy. There was no guidance for staff on how medicines should be stored securely. This meant that medicines could potentially be accessed and used freely by people and staff.
- The medicines policy was not specific to the service and referred to tasks that were not carried out at the service and staff were not trained to deliver. Staff were not reporting errors or near misses in line with their own medicines policy. This meant people were at risk of not receiving their medicines in line with prescribers guidance.
- Controlled drugs were not recorded correctly and in line with legislation and we observed medication administration record (MAR) charts being signed in retrospect; this is not in line with good or safe practice. This meant people were at risk of receiving duplicate medicines.
- Quality checks and medicine competences failed to identify these issues meaning improvements could not be made. This placed people at continued risk of receiving medicines unsafely.

The provider failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 Safe care and treatment of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Preventing and controlling infection

- People were not always kept safe from the risk of infection.
- National guidance around cohorting and isolation were being followed and staff wore appropriate personal protective equipment (PPE), however PPE was not always removed and disposed of safely following contact with people. This increased the risk of infection spreading.
- The provider had cleaning schedules and audits in places however these were not fully completed meaning risks were not identified.
- We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
● Visits to the home were happening in accordance with current guidelines including essential care givers. However, some relatives told us they experienced issues accessing this role. Following feedback, the service reissued all guidance to support anyone who wished to undertake this role.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Assessing risk, safety monitoring and management
● Risks to people were not always managed safely.
● People's care plans were regularly reviewed, and audits were in place to review these records however information was not always consistent throughout the care plan. For example, one person living with dementia had a falls risk assessment that did not factor in their condition meaning the assessment did not identify all potential risks.
● Staff told us they had enough time to read and understand care plans. Changes were communicated daily which ensured care delivered remained safe.

Systems and processes to safeguard people from the risk of abuse
● People were protected from the risk of abuse.
● People felt safe in the home and relatives told us they believed their loved ones were being looked after safely
● Staff were trained in safeguarding and staff we spoke with understood safeguarding principles. This ensured that people's risk of neglect and abuse were identified and acted upon.

Staffing and recruitment
● People were supported by a mix of knowledgeable and experienced staff to meet their needs.
● Staff were recruited safely and employed following suitable checks, including a Disclosure and Barring Service check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● Staff told us there were occasions when staffing levels were lower than planned, for example when short notice sickness occurred. However, staff worked hard to ensure each person still received the support they needed. The area manager was actively recruiting new staff.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were not always supported to access other services in a timely manner.
- Care plans detailed people's monthly weights and had been assessed using a malnutrition universal screening tool (MUST) score. However high-risk scores were not acted upon and there was no evidence appropriate referrals to medical professionals had been made. This was fed back to management team who responded immediately by making referrals to GP to ensure people received appropriate support and assessment.
- People we spoke with said they felt the staff knew and supported them well and any request to see a GP had been actioned.

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

- People's needs were not always fully assessed.
- Care plans did not contain sufficient information relating to people's health needs. For example, the care plan of a person living with diabetes lacked information relating to diabetes management. This placed people at risk of receiving unsafe care in relation to their healthcare needs.
- The management team responded to this immediately and reviewed all diabetic care and implemented changes. On the second day of inspection a visiting professional told us, "The changes are good, I am reassured that the staff would know what to do an emergency."

Staff support: induction, training, skills and experience

- People were supported by skilled and experienced staff.
- There was a detailed induction programme implemented by the provider for new staff and there was an ongoing training programme to ensure staff skills and knowledge were maintained.
- A recent audit had highlighted areas of out of date training due to COVID-19 pandemic, the provider had booked all relevant staff onto training courses.
- Staff told us they received regular supervisions that were constructive and responsive to their needs and the needs of people they cared for. A staff member told us, "If I request training in a certain area, I can have it, this means we always deliver a high level of care."

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

- People were supported to eat and drink enough to maintain a balanced diet,

● Staff had access to people's nutritional passports which outlined people's dietary and fluid requirements, any allergies, food preferences and other crucial information's to ensure kitchen staff had up to date information about people's dietary needs.
● People told us whilst they would like more variety on the menu the food was of good quality and portions were good. One person said, "The food has been nice and there is plenty of it. They ask what you want and there is always a choice. If I don't like it, they will always get me something else."
● Whilst observing the lunch time meal, we saw staff remained with people throughout the meal. Where prompting or assistance was needed this was provided without delay.

Adapting service, design, decoration to meet people's needs
● The provider had carried out extensive refurbishment work and plans were in place for further improvements.
● People were able to choose the decoration within their own bedrooms and were supported by staff who promoted choice. People told us they felt at home.
● Dementia friendly signage was present throughout the home which supported people living with the condition to be as independent as possible and there was access to secure grounds at the rear of the property.

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

● Consent to care was sought in line with legislation and guidance.
● Where restrictions were identified, DoLS applications had been made to ensure these restrictions were lawful.
● People who did not have the capacity to make specific decisions, for example about their finances or administration of medicine, had appropriate and detailed assessments and best interest decisions were recorded.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 were treated well and respected by kind staff.
- All people were supported to lead their lives in their chosen way. The protected characteristics of the Equality Act 2010, such as age, sexual orientation and gender, were embraced rather than treated as barriers to people leading their lives in their preferred way.
- Staff knew people well and were able to help them express their views and decisions. For example, we saw one person was becoming distressed and upset. Staff recognised this and acted quickly to offer re-assurance in a meaningful way.

Supporting people to express their views and be involved in making decisions about their care
- People were supported to express their views and were involved in decisions about their care.
- Staff knew when people needed their space and privacy and respected this. People who preferred to spend time in their own bedrooms were able to do so, and others who preferred to spend time with others were supported to access communal areas.
- One person told us, "I feel quite at home. It is a good place to be, and they know me quite well, what I like and don't like. I'm pretty independent and they encourage me to stay that way".

Respecting and promoting people's privacy, dignity and independence
- People's privacy, dignity and independence were promoted and respected.
- Staff told us they were allowed sufficient time to spend with people. This promoted the development of trusting relationships with people and their families.
- One person living at the home told us, "Even though staff hoist me every day, they always talk me through what they are doing" and a relative told us, "Care is really good, the staff all go above and beyond."

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; 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 received personalised care and support. Staff were guided by individualised care plans.
- People received person centred care from regular and consistent staff. Most of the staff who worked under the previous provider had remained at the service to provide continuity of care to people.
- Relatives told us due to a COVID-19 outbreak visiting had been limited but they had been able to access a visitor's room and have window visits which had helped to maintain social relationships between people and their families.
- On the day of inspection, we saw the activities co-ordinator providing group activities in the communal lounge. Throughout the day there was singing, and craft projects being completed. The atmosphere was lively, and we witnessed staff encouraging people to participate.
- Management told us they were looking to recruit another staff member to support with activities so more variety could be offered and to ensure people not accessing communal areas were not at risk of isolation.

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 provider had complied with Accessible Information Standard and people's communication needs had been fully assessed and documented within their care plans.
- Information such as breakfast menu choices were available in pictorial format. The service was looking to expand on this for other menus and activities.
- Where appropriate people had easy read versions of their care plans within their rooms and the provider produced COVID-19 updates in this way to support people's understanding and provide reassure.

Improving care quality in response to complaints or concerns

- Complaints and concerns were listened and responded to.
- One relative described to us a concern they raised regarding the care of their loved one. They felt it was dealt with effectively and that they were reassured their loved was safe and well cared for.
- People told us although they did not know what the complaint policy was, staff and management were approachable, and they felt able to raise their concerns if needed.

End of life care and support

● The provider was skilled at helping people and their families explore and record their wishes about care at the end of their life. Discussions were encouraged and staff were competent in ensuring people felt consulted, empowered, listened to, and valued.

● There was a rapid response to people's changing care needs. Advice on care and support was provided for people and relatives at a challenging time. For example, the provider supplied an end of life 'essentials box' for people and carers that provided practical advice and guidance on steps that needed to be taken after someone dies. It also included toiletries for relatives who may be required to stay overnight at short notice.

● The service was responsive in enabling people to engage with their religious beliefs and/or preferences. Staff collated information on people's preferences such as favourite songs and colours so this could be passed on to relatives.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Working in partnership with others

- Governance and performance management processes were not always effective.
- The provider's own policy and procedure for medicines management and reporting of medicine errors had not always been followed and actions had not been taken. This put people at risk of not receiving the correct medicine.
- There was a lack of effective managerial oversight of risk. The internal quality assurance processes had not been used to monitor the service effectively which resulted in repeated incidents. For example, they had failed to identify and improve shortfalls in care at the service.
- Audits were not effective in driving service improvement. For example, audits relating to infection control and medicine management had not been consistently completed. Where they had been completed, they had failed to identify any of the shortfalls we found at inspection.
- Lack of managerial oversight of care records meant these were not consistent. Managerial reviews completed had failed to identify inconsistency of preassessment information and the providers own assessments. This meant care plans did not provide staff with accurate information in order to support people safely.
- Advice and guidance from professionals had not been followed. A visiting professional told us, "Our request to have glucose levels monitored daily has never been actioned". The provider acted on this feedback and implemented the monitoring charts during the inspection.

The provider failed to ensure that systems and processes were in place to improve the quality and safety of care in the home. This was a breach of regulation 17 Good governance of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

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

- People were encouraged to be involved in developing the service.
- People told us they were asked about decisions within the home, this included meal planning and activities.
- Staff acknowledged that regular team meetings had not taken place because of the COVID-19 pandemic, however described other methods of communication to us such as supervisions, virtual chat groups and memos. One staff member stated, "The new management team are supportive, I really feel valued again."

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

● People were provided with care that was person centred and empowering.

● One relative described to us how their loved one had experienced a large number of falls prior to their admission to the home and how this had decreased since. "[name] has not fallen at all since being in the home, this is down to the staff and their support, they have even put some weight back on, it's definitely a good outcome".

● A person living at the home told us, "I use my walker to get about and they [staff] have encouraged me to go outside now my confidence has grown." This shows staff encourage and support positive risks taking.

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 notified the Care Quality Commission (CQC) of all significant events which had occurred, in line with their legal obligations.

● Relatives told us at times communication had been difficult because of the COVID-19 pandemic, however the majority felt they had been kept up to date with the most important aspects such as care planning, changes to medication and incidents.

● One relative told us, "They don't phone me as often as they use to, but if I call them, they are very forth coming with information and updates, I have no concerns."

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 failed to ensure the proper and safe management of medicines,

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure risks to people were being monitored and managed safely. The provider failed to ensure they were following infection control guidelines and best practice.

The enforcement action we took:

We issued a warning notice