

Bournemouth Care LLP

Great Oaks

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Great Oaks is a purpose-built home in a residential area of Bournemouth. It is registered to provide care, treatment and support for up to 80 older people some whom were living with dementia. The home is split over three floors which are accessible by stairs or a lift. There were 64 people receiving a service at the time of inspection.

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

Improvements were needed to the governance systems within the service. The systems for monitoring and checking the home operates in a safe way were not effective. The service did not actively seek feedback from others in order to drive improvements within the service. Staff did not always feel appreciated, valued and listened to.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

People did not always have the necessary legal authorisations to be living at the home, this meant that some people were being deprived of their liberty, unlawfully. The manager made the applications immediately during the inspection.

The service had a recruitment process in place, but this had not always been followed. We have made a recommendation about recruitment practices within the home.

Medicines were not always managed safely as monitoring checks had not been carried out as planned. Infection control procedures were not robust in preventing avoidable infections within the home.

Staff did not always feel supported and supervisions did not take place as planned. Staff received training to carry out their role and the service was improving staff training for all staff.

People had enough to eat and drink and received health care as required. Specialist support was sought in a timely manner and their instructions carried out by staff who communicated changes throughout various channels. Improvements had been made to the décor and design of the home, with more planned for the future.

The provider was responsive to address the shortfalls found within this inspection and took immediate measures together with long term planning actions.

People and their relatives told us they felt safe at Great Oaks. We received compliments about the staff team. Staff were proud to work with people who lived at Great Oaks and their focus was to help them live a

good life. Safeguarding was managed within the home. Staff had received training and knew how to report any concerns they had. Accidents and incidents were analysed and learning shared.

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 14 May 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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 a breach in relation to the management and oversight of the home at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Great Oaks

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 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 three inspectors and an assistant inspector who made telephone calls to people's relatives.

Service and service type

Great Oaks 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.

Registered Manager

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 not a registered manager in post.

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, clinical commissioning group and the safeguarding team. 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 seven people who used the service and eight relatives by telephone about their experience of the care provided. We spoke with and received feedback from 19 members of staff. This included the home manager, nominated individual, clinical lead, head of quality, operations manager, maintenance officer, nurses, care practitioners, and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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. We looked at six people's care records and multiple medication records. 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 our last inspection we rated this key question good. At this inspection the rating has changed 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.

Staffing and recruitment

- The service had a recruitment process. However, this had not always been followed, two out of three files we looked at did not contain the correct information required. Where information required further assessment such as where a staff member had a specific health condition this had not been carried out. This meant that checks to ensure safe recruitment of staff were not robust. The provider took action to address this shortfall during the inspection.

We recommend the provider follows their procedure for the employment of all staff to ensure robust checks are made on the suitability of staff to work with people who require care and support.

- There were enough staff on duty. We did receive mixed feedback about staffing numbers and allocations of work. We spoke with the manager who told us recruitment of staff was ongoing and they continued to increase the staff team and review work allocations within the home. A relative told us, "Whether they could do with more staff or it could be better organised I don't know."
- The service had introduced a system for lunchtimes, where all staff including the manager would go to support people with eating and drinking. The manager told us this was working well.
- The service used a dependency tool to calculate staff number to meet people's needs. The manager told us this was reviewed every month.

Using medicines safely

- Medicines were not always managed safely. There were gaps in fridge and room temperature recordings, so safe storage could not be guaranteed. Checks of the medicine's procedures had not always taken place as planned.
- Guidance was not always in place to ensure staff knew the correct instructions for the application of prescribed creams. We spoke with the clinical lead who told us they were working to address the issue.
- Where people were prescribed medicines they only needed to take occasionally, guidance was not always in place or reviewed as planned. This meant staff did not always have the information needed to ensure those medicines were administered in a consistent way.
- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately.

Preventing and controlling infection

- We were not assured that the provider was preventing visitors from catching and spreading infections. The necessary checks were not always made for visitor testing and visitors PPE. The provider immediately

sought to rectify this and put a process in place which was in line with current government guidance.

- We were not assured that the provider was using PPE effectively and safely. Staff were observed to be wearing PPE incorrectly throughout the inspection. We raised this with the manager who spoke with staff.
- 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 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.
- Restrictions to visiting had been eased and people had received visits from their loved ones.

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

- People had risk assessments in place for all their care and support needs. Risk assessments were reviewed regularly or in response to a change.
- Risk assessments were detailed; staff understood the risks and knew people well. "I am able to find risks and how to keep residents safe all on the system [name], this is a big help."
- Risks to people's health and wellbeing were discussed within handovers and recorded on the electronic system. This meant staff were involved and knew what the risks were for people.
- Equipment checks were maintained and there were general risk assessments in place for the home, for example, using outside spaces. Management staff completed a daily walkaround and checks at night to monitor the quality of the service.
- Accidents were recorded and analysed, the outcomes were used to reduce the likelihood of the accident or incident happening again.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the care was safe at Great Oaks. Some comments we received were: "I think they're as safe as they can possibly keep them", "Oh they've been marvellous, not only with my loved one [name] but with myself", "Yes, I feel safe", "I feel safe because the staff are here."
- Staff told us they knew how to recognise the signs that someone may be at risk of harm or abuse. They knew who to report their concerns to both inside the home and externally. One member of staff told us, "I would follow the chain of command of staff so I would go to the senior staff and then I would report to the manager my concerns. I would report to adult safeguarding outside of the home my concerns."
- Staff had received training in safeguarding and any concerns they raised would be taken seriously and acted upon. Safeguarding records showed all necessary actions had been taken.

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 good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was not always working within the principles of the MCA as appropriate legal authorisations were not always in place. This meant that people were not safeguarded against being unlawfully deprived of their liberty. The manager made the necessary applications during the inspection.
- The service did not always ensure they were aware of conditions on a DoLS authorisation. This meant there was a risk that people's legal rights were not fully respected.
- People did not always have the necessary MCA assessments in place as required. This meant the service could not be certain they were always acting in the persons best interests and the relevant people had been involved.
- Staff understood it was important to gain the consent of people when providing their care and support. We observed staff respectfully asking consent, offering choices and explaining their care actions throughout the inspection.

Staff support: induction, training, skills and experience

- Staff did not always feel supported in their role. Supervisions had not always taken place as planned. This meant that staff did not always have the opportunity of one to one time to discuss any concerns or support needs.
- Staff received training in core subject such as safeguarding and medicines. We spoke with the learning and development manager who had undertaken an audit of staff training needs and was working with the home to ensure staff had all the necessary training and updates.
- Staff received an induction when they commenced employment. It was a combination of formal learning and shadow shifts. Some staff had undertaken The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction

programme.

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

- People's needs were assessed before they moved into the home. This information formed the basis of their care plan.
- People's outcomes were identified during the care planning process; guidance for staff on how to meet these were detailed on the electronic care planning system. Moving and handling and nutrition plans demonstrated they had been created with evidence-based practices in mind.

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

- Improvements had been made to enhance the mealtime experience at Great Oaks. All staff regardless of role attended the dining rooms to support people with eating and drinking.
- People's dietary needs were known to staff and detailed on the electronic care planning system. Records showed input by speech and language therapists.
- People were given a choice of meals and there were alternatives, such as higher calorie foods and lighter meals available. Staff served hot and cold drinks throughout the day or people helped themselves.
- People's preferences and dietary needs were recorded in their care plans and in the kitchen. Records showed input from speech and language therapists where the person had a difficulty swallowing or managing certain foods.
- Where people were supported to eat and drink this was carried out in a respectful way.

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

- People had access to health care and specialist support when needed.
- Records showed input from a range of health and social care professionals such as doctors, nurses and specialists in dementia care.
- Instructions from medical professionals were recorded in people's care plans and communicated to staff through handovers, meetings and were included on the detailed handover sheet. This meant people were receiving the most up to date support to meet their health needs.

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

- Improvements had been made to the environment within the home. Flooring had been replaced and there was an ongoing plan of maintenance and refurbishments.
- People were supported to orientate themselves to their bedrooms by their personal effects and treasures displayed in memory cabinets outside their room.
- Appropriate signage was displayed around the home, supporting people to find their way. People were encouraged to bring in some of their personal belongings to create a homely feel to their room.
- The home was accessible by stairs and a lift. There was level access to the secure gardens and outdoor spaces, balconies and patios.

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 good. At this inspection the rating has changed 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

- Quality assurance systems did not always operate effectively. Audits were not always established, completed or robust. These systems had not identified the shortfalls found during the inspection. For example, with the recruitment process and medicines management.
- Additional monitoring of the service by staff had not always taken place as planned and therefore had not identified the shortfalls found during the inspection.
- The service did not always seek formal feedback from people, their relatives and external professionals and use it to directly drive improvements.
- Staff were not always clear about their role and responsibilities and what they were accountable for.

The provider had failed to ensure governance systems were established and operating effectively to ensure oversight was robust, procedures were followed, and the service improved. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection by reviewing audits, processes, appointment of senior staff and creating an action plan for overall improvement to the governance systems within the service.

- A whole service audit had been carried out in February 2022 this had identified several shortfalls within the home. However, this had not been actioned at the time of inspection and was not embedded within the service to make the improvements required.

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

- Staff did not always feel appreciated, involved or listened to. We spoke to the provider, they told us they would be working towards improving staff morale.
- Staff did feel proud to work at Great Oaks and to care for the people who lived there. Some comments were: "I do feel proud to work at Great Oaks because I work with some lovely staff and surrounded by some lovely resident's day to day, they make the time I spend there worthwhile", "I know if I spend time with a resident and they are laughing and smiling I know I have made a difference in their lives and that does make me proud."

- We received some positive feedback about staff within the home. Comments included: "The staff are lovely, so helpful", "I say some of the staff are absolutely amazing there", "The manager [name] is on top of it quickly, absolutely approachable. They say their door is always open", "All the staff have been very supportive to me, when it's been a bit difficult", "They're [staff] like a family, they can see you at your best but at your worst as well."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were not always given the opportunity to feedback. Management changes and the impact of the COVID-19 pandemic meant that traditional meetings had not taken place. The provider was keen to fully engage with people and their loved ones in alternative ways.
- The manager told us it was important to them to be a visible presence within the home and would try to resolve issues for people and their relatives as they came up.
- The manager told us the service worked well with external health and social care professionals. The provider had made plans to promote engagement within the local community.

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 home manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.
- The home had made all statutory notifications as required by law. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Governance systems were not operating effectively