Ross Healthcare Limited

Oaktree Court

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 2 and 3 January 2019 and was unannounced.

Oaktree Court is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Oaktree Court is registered to provide accommodation for 56 older people who require nursing and personal care. The home has a specialist unit for people living with dementia called the Somerset Suite. At the time of the inspection there were 43 people living at the home.

The service is divided into three units, the ground floor and second floor accommodated people who required general nursing care or residential care. The third-floor accommodated people who have a dementia. All bedrooms are for single occupancy and are fitted with en-suite facilities. The service is staffed 24 hours a day and registered nurses are available for people with nursing needs.

At the last inspection we rated the service good. At this inspection we found the evidence did not continue to support the rating of good and there was evidence that showed serious risks or concerns. We have therefore changed the rating to requires improvement.

This is because, whilst people were supported to have maximum choice and control over their lives, and staff supported them in the least restrictive way possible; On the day of the inspection the policies and systems within the home did not fully support this practice and current governance arrangements had not consistently identified shortfalls within the service. For example, people's medicines were not managed safely or administered appropriately and risk assessments were not always completed to ensure people remained safe in the home.

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The service had a home manager but there was no manager registered with the Care Quality Commission. Oaktree Court has not had a registered manager since March 2018. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of the inspection the home manager was not available and we were told they would be leaving the company on 6 January 2019. The deputy manager told us the provider had recruited a new home manager and they were due to start on the 7 January 2019.

Training wasn't always effective and staff did not have specialist training in areas such as managing oxygen and supporting people with Parkinson's even though there was a need for this within the home. However, there were sufficient numbers of staff available, and recruitment processes minimised the risk of employing unsuitable staff.

The provider had systems in place to assess people's needs and choices and people. People gave consent to care and those that did not have the capacity to give consent had mental capacity assessments completed and decisions in their best interest were made.

Staff were aware of the reporting process for any accidents or incidents. And people knew how raise a complaint if they were unhappy with the care provided.

The provider had systems in place to assess people's needs and choices before they moved into Oaktree Court. People told us they felt safe living at Oaktree Court. Staff protected people by following good infection control practices. There was an extensive activity program the provider was very proud of that encouraged people to remain as independent as possible.

The provider had identified Oaktree Court needed a stronger management structure to support its development. As a result, the provider had recruited a business manager who had been in post for three months at the time of the inspection and an operational manager who had been in post for three weeks. Both the operational manager and the business manager supported the deputy manager, who was also new to their role, throughout the inspection as the home manager was not available. Therefore, for this report when we talk about the management of the home we refer to the 'new management team'.

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 consistently safe.

Areas of practice within the service were not safe and placed people at risk.

Medicines management was not robust.

Risk management was not robust.

There were sufficient numbers of staff to meet people's needs

People were supported by staff who had been safely recruited

The registered persons understood their responsibilities to raise concerns and record safety incidents.

Is the service effective?

Good

The service is effective

Staff had undergone mandatory training to carry out their role effectively.

People were supported to access health and social care professionals as required.

Specialist training had not always been considered to meet people individual needs.

Is the service caring?

Good

The service is caring

Staff demonstrated kindness and recognised people as individuals.

People benefitted from warm and supportive relationships with staff.

People could maintain relationships with family and friends, which were important to them.

People and their family members were not fully involved in care planning.

Is the service responsive?

Good

The service is responsive

Care plans were clear. Staff had easy access to information about the person's current needs.

People had access to a full activities program.

There was a system in place to manage and investigate any complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The providers systems for monitoring and improving the service were not always effective in ensuring people received an improving service.

The new management structure in the service gave clear lines of responsibility and accountability.

Oaktree Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection that took place on 2 and 3 January 2019. The inspection was unannounced.

One adult social care inspector, one registered nurse, who had experience of working with older adults in care homes, and two experts by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and other information we held about the service including safeguarding records, complaints, and statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

During the inspection, we spoke with 21 people who lived at Oaktree Court. Some people were not able to fully communicate with us so we observed how those people interacted with staff throughout the inspection process. We also spoke with eight family members who were closely involved in their relative's care and support. We met with the business manager, the operational manager, the head of operations and the deputy manager. We also spoke with 13 staff members and one visiting health and social care professional.

We looked at six peoples care and support plans, and other records associated with people's care and support such as daily care notes, risk management and medicine records. We also reviewed records relevant to the management of the service, this included staffing rotas, policies, incident and accident records, recruitment and training records, meeting minutes and quality assurance audits.

Requires Improvement

Is the service safe?

Our findings

At the last inspection we found the service was safe and awarded a rating of good. At this inspection we found the evidence did not continue to support the rating of good and there was evidence that showed serious risks or concerns. We have therefore changed the rating to requires improvement.

Although generally people living at Oaktree Court told us they felt safe, some areas of practice within the service were not safe and placed people at risk. For example, staff received some training in medicines management, but this was not robust. All staff spoken to, and who administer medicines, told us they had not received training in specialist areas such as how to administer oxygen, inhalers and antibiotics which they did daily'

Three people required insulin to be administered. We reviewed three opened insulin devices, only one was dated when it was opened, which meant the insulin in the other two devices could be less effective as the expiry date of the opened insulin was not known. There was a policy regarding the use of blood testing devices for people with diabetes but care staff who tested people's blood sugar levels told us they had not received any training on diabetes.

The provider did not have any guidance for staff to make sure they administered "when required" medicines in a consistent manner. For example, one person had a heart spray to be used when needed, their care plan stated, administer once and repeat after 5 minutes, if the persons chest pain is not relieved, 'consider' calling 999'. Staff were not clear if this meant they should or shouldn't call 999. This put people at risk because if the spray was not effective, and staff did not call the emergency services, people's health could deteriorate.

Staff administered topical creams to people. However, the electronic prescribing was not clear. For example, the label on one person's topical cream said, to be administered 'as directed', staff we spoke with knew where to administer the cream, but that was because they knew the person but the records were not clear. We checked the Medication Administration Record (MAR) to see if there was a clearer explanation but they only said cream applied, not where or when it was applied, which meant a new staff member or agency worker could apply the medicine incorrectly. We discussed this with staff who told us they had identified this as an area that need to improve and were in the process of reintroducing paper documents including body maps and records of application with instructions for each resident.

We checked MARs from October 2018 to January 2019. Records showed over 100 non- administered medicines. When this was raised with the deputy manager they told us, the report may be incorrect because their internet was not working when these medicines were being administered and this had resulted in an inaccurate report being generated. We asked for this to be investigated, but no further information confirming the report was incorrect, was given to us.

One person was receiving covert medicines, this meant their medicines were being administered to them without their knowledge or consent. Staff told us they crushed the person's medicine in yoghurt but had not

involved a pharmacist in that decision. NICE guidance 'Managing Medicines in Care Homes 2018' recommends pharmaceutical advice is necessary because some medicine should not be crushed as this will alter their effect. Although we did see confirmation from the persons GP following the inspection asking staff to crush the medicines and administer them disguised in yoghurt.

Some people had time specific medicines, which meant they had to be taken at certain times throughout the day. Staff told us, and we observed, how they used innovation to ensure peoples medicines that fell outside of routine times were not forgotten. This was achieved through a device that had been set up to talk.

Staff carried out risk assessments to identify any risks to the person using the service and to the staff supporting them. This included an environmental risk assessment and any risks in relation to the care and support needs of the person. However, two people were prescribed oxygen at the time of the inspection, and whilst the oxygen policy stated there must be a risk assessment in place for the use of oxygen in the home, we found the provider had not completed any risk assessments which meant staff had no guidance to follow to ensure people remained safe within the home. Staff confirmed they had not been informed of any safety instructions other than a sign on the person's door warning people that there was oxygen in the room. We discussed this with the provider at the time of the inspection who immediately carried out risk assessments for staff to follow.

We also found one person had been prescribed thickened fluids but declined them. This person had made that choice and had the capacity to do so. Staff carried out a risk assessment and one of the actions from the assessment was to ensure this person always had a suction unit in their room to minimise the risk of choking. However, when we checked there was no suction unit in the person's room. Records showed no incidents of choking and staff told us they could access the unit when needed but staff also said the equipment would need to be set up, connected and checked it was working before it could be used. This meant the risk of choking for this person was increased. We discussed this with the new management team who assured us they would have the equipment placed in the room.

We checked the providers training records, these confirmed staff had received training on how to recognise the various forms of abuse. This training was regularly updated and refreshed. However, three out of five staff we spoke with were not sure where they would find safeguarding and whistleblowing policies and one staff member, who told us they had completed safeguarding training two weeks ago, could not recall how they would recognise or report signs of abuse. We spoke with the new management team about how they assessed staff competence in the work place. The new management team had recognised there were some gaps in staff knowledge and told us they would introduce workplace observations. They also showed us a new "Pocket Pal", this was a set of cards the provider was rolling out to all staff. Staff would be able to carry the cards with them and each one had a reminder on it, for example, one card was specifically about how staff should recognise adult abuse and who they should contact if they felt someone was at risk.

People told us they felt safe living at Oaktree Court. Comments from people included, "I feel safe here because the staff make sure that I am safe and sound and don't have to worry about anything, they come and check on me when I am in bed at night". Another person said, "I feel safe here, they (pointing at the staff) keep an eye on me all the time, I never worry or feel bad here". A relative told us, "(Relatives name) is safe here". They added, "The staff keep them safe, they are always around and keeping an eye out for them".

There were sufficient numbers of staff available to keep people safe, we saw a staff rota that confirmed this. The provider used a dependency tool to determine the amount of staff required for the home, this was based on peoples need. Staff told us, "We always have staff, if we need agency we use them but that's rare".

Throughout the inspection we saw people received care promptly when they asked for help. People had access to call bells, and some were seen wearing call pendants which enabled them to summon assistance when they needed it. There were some mixed views from people about how long it took for staff to answer the bell, one person said, "Very helpful, but when busy staff don't answer the bell very quickly". Another person said, "The bell doesn't get answered for half an hour ". Other people we spoke with told us, "I have never rung my bell here, no need, but I have heard other people ring, they seem to answer it quickly". And, "Always seems to be enough people around here, you call them and they come straight away". We discussed this with the new management team and checked the call bell audits. The audits showed the average call waited between five and ten minutes which was considered acceptable to the provider.

The provider employed a maintenance person. They completed environmental risk assessments such as fire maintenance and safe use of water outlets. We reviewed the homes business contingency plan that ensured the service would continue if an emergency happened and recorded within each person's care records was a personal emergency evacuation plan (PEEP). A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated in the event of an emergency. In addition to this, the provider had contractors that serviced their equipment to ensure it was safe to use and there was an on-call service for out of hours concerns.

Recruitment processes minimised the risk of employing unsuitable staff. Staff records had references, and a Disclosure and Barring Service (DBS) certificate. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups.

Infection control practices were not always robust. We found some concerns around catheter care. Although the provider had a policy in place for care staff non-registered staff had not received catheter care training. One staff member told us, "We just empty catheters we don't do anything else with them that's for clinical staff and district nurses to do". Another staff member told us, "When I empty the catheter bags I use a tissue to wipe the valve". Another staff member told us, "I use a wet wipe if its available". We also found peoples catheter bags were not put to drain when people were in bed. Three staff members told us they left the bags in the bed with the person under their covers. The same three staff members also told us they had not been told the bags should be draining at night. The lack of training and inappropriate cleaning of catheter bags meant people were at risk of urinary tract infections (UTI). We spoke with the new management team who assured us they would ensure all staff attended catheter care training in line with current national guidance.

Staff were, however, provided with PPE (personal protective equipment) such as gloves, hand gel and aprons. Staff had also received training on infection control and aside from the issue around catheter care, staff did understand their role in preventing the spread of infection within Oaktree Court. One person had an infected leg ulcer at the time of the inspection, we observed staff being diligent with infection prevention procedures and when asked they knew their roles and responsibilities in managing this. However, the provider's policy did not specify specific provision for management of MRSA infections which meant there was no guidance for any new staff coming in to the home. We discussed this with the new management team who assured us they would add this into their infection control policy.

Staff knew the reporting process for any accidents or incidents. Records showed that the new management team had acted where necessary, and made changes to reduce the risk of re-occurrence of the incident. For example, in the hot weather the grass caught on fire and following the fire brigade being called out the provider put a risk assessment in place and made sure the grounds were checked regularly throughout the summer to prevent any further outbreaks. However, there was no evidence that lessons learned were shared

with staff, we discussed this with the deputy manager who confirmed this was an area they needed to strengthen and had planned to put further procedures in place so that incident recording and reporting was more robust.

Good

Is the service effective?

Our findings

At the last inspection we found the service was effective and awarded a rating of good. At this inspection we found the service remained good.

The provider had systems in place to assess people's needs and choices before they moved into Oaktree Court. Copies of pre- admission assessments were on people's files. These assessments helped staff to develop a care plan for the person so care was delivered in line with current legislation, standards, and guidance. The needs assessments were detailed which meant staff could write care plans based on how people wanted to be cared for. Staff updated care plans regularly.

Nobody we spoke with (for example people who used the service and staff) said they felt they had been subject to any discriminatory practice for example, on the grounds of their gender, race, sexuality, disability or age.

Staff spoke positively about their training, and told us they felt supported in relation to the training they received. Training consisted of mandatory training and nationally recognised qualifications. New staff received an induction at the start of their employment to ensure they had the basic knowledge and skills necessary to keep people safe. The current training records showed that staff completed training in key areas such as first aid and basic life support, health and safety, infection control, safeguarding, moving and handling and dementia.

Staff told us they received specialist training such as stoma care, and PEG feeding. However, as well as the lack of training described in the safe domain of this report, we also found some people at the home had Parkinson's or enduring mental health problems but staff had not been trained in either of these areas. We also found staff who had attended recent training days could not recall what they had learnt. We discussed this with the new management team who assured us they would review the current specialist training needs and implement knowledge checks to ensure staff training was effective.

Staff told us they had received enough support from the new management team to meet people's care needs even though supervision and appraisals had not been carried out regularly over the past 12 months. We discussed this with the new management team who told us they had recognised this was an area for improvement and they showed us a plan they had in place to get them up to date.

Staff supported people to eat and drink enough and keep a balanced diet. At lunch time we observed staff offering people a choice as to where they would like to sit. The tables were laid with table cloths, cutlery, cruet sets and napkins, each table had a centre floral arrangement. A menu card was on each table indicating 2 main courses, in addition to this a light bite menu was available if people didn't want any of the main meals offered. People were offered a choice of fruit drink to accompany the meal or a glass of wine. People, including people living in Somerset Suit made the selection from the menu card. Meals were well presented and the portion size was good. People told us, "I enjoy all my food here, very good". And, "Very nice thank you, I would recommend the food here". Other people said, "Very nice thank you; thank you and

give my compliments to the chef please". And, "You get such a good choice here, such a lot to eat, I am putting on weight". A relative that had eaten at the home said, "The food is lovely here, everyday something different, everyday always something good".

People's records included information about how their dietary needs had been assessed and how their specific needs were met. Other than the one person mentioned in the safe domain of the report who didn't have a risk assessment for the thickened fluids, if people had problems relating to eating and drinking there were risk assessments in place. This meant staff could monitor people's food and fluid intake and reduce any risks identified, this included people who were at risk of malnutrition.

Where needed, other professionals were contacted for specialist guidance and support to meet people's needs. Care plans showed that people had received health checks by their GP and had access to other healthcare professionals including community nurses, opticians and dentists. Staff recorded the outcome of people's contact with health care professionals in their carer plans

Oaktree Court was surrounded by its own garden and car park, there was space for people to sit outside in the summer and an area where people could smoke if they chose to. There was a lift to support access to different levels of the home. At the time of the inspection this was working. All accommodation including bedrooms, communal areas and the garden could be accessed by people using wheelchairs. People were encouraged to personalise their rooms, we saw how people had lots of personal belongings that made the room special to them.

People had access to equipment such as grab rails, hand rails, walking frames and wheelchairs which helped people move around independently. A lift was available to assist people with all levels of mobility to access all areas of the home. All external doors led into secluded and beautifully well-kept gardens, people from the Somerset suite were also able to access the gardens without staff if they wanted to. People were seen to move freely around the home. One person told us, "We can go where ever we want". Adding "No one stops me".

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".

We checked whether the provider 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. We found people only received care and support with their consent or in their best interests. Care plans showed where people's capacity had been assessed and the action staff had taken. Staff had involved family members where people lacked capacity to make a specific decision. One visiting relative said, "Staff involve us in everything they are very good".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). The provider had made appropriate applications for people requiring a DoLS.

Good

Is the service caring?

Our findings

At the last inspection we found the service was caring and awarded a rating of good. At this inspection we found the service remained good.

Staff treated people with kindness, respect, and compassion. The atmosphere was friendly and relaxed. We observed staff interacting with people - they were kind, and people were happy in staffs company. People's family members spoke of the kindness and care provided by the staff, one relative said, "Staff always make me feel welcome when I visit". Comments from people included, "Best staff without a doubt, when you press the buzzer they ask what they can do to help". They added, "They go the extra mile as far as my comfort is concerned". Another person said, "Staff are very nice and kind". A third person said, "If they can make your life better, they will do"

Some bedroom doors were kept open during the inspection, this meant people walking past could see into bedrooms and some people remained in their beds throughout the day. We raised this with staff who told us some people requested that their door remained open. However, staff did not record who wanted their door open and who did not. We did observe staff knocking on doors that were closed, when entering them. Staff did not speak about people in front of other people. When staff discussed people's care needs with us they did so in a respectful and compassionate way.

In the 2018 satisfaction surveys there were mixed comments from both people and family members. Relative comments included, "The nurses are excellent in how they interact with my relative". All staff are very kind and polite, the staff treat us well without exception". And less positive comment included, "My relative sometimes gets given a plastic mug which I am sure everyone would hate". And "My relative's laundry sometimes goes missing". Comments from people included, "I feel we are treated well". "Most of the time the food is good". And less positive comments included, "Some carers don't give me sufficient time to make my needs known". Whilst these surveys meant people had the opportunity to feed back about their experience of Oaktree Court, the provider did not create an action plan using the feedback to improve the service. This meant people and their relatives could not be sure areas of concern would be taken seriously.

Staff encouraged people to be as independent as they could be. Staff told us they supported people but did not disempower people. Staff respected people's privacy and made sure care was provided in a dignified and respectful way. People could choose the gender of the staff member who helped them with personal care and choices were respected.

The ground floor was the suite for people living with dementia. There were locked gates to the entrance to ensure people remained safe. However, the gates gave a more open feel to the environment rather than having locked doors that people could not see through. Walls were decorated with memorabilia such as a washing line with baby clothes, staff told us one resident enjoyed hanging up washing and would use the line to peg up the baby clothes. There were handbags, beads, hats, and gloves and a memory tree remembering people past and present in the corridors. A staff member staff told us "We don't wear uniforms in the Somerset Suite it helps people to feel more relaxed ".

We observed staff spending time with people and laughing and joking, one person was pushing a pram and told us, "I'm taking the baby for a walk".

Staff supported people to keep relationships with family and friends. Visitors could visit whenever they wanted to. We observed some visitors coming into Oaktree's Court on the day of the inspection. People went out with their families regularly and the provider held events at the home so that people could get to see each other, particularly on special occasions such as birthdays.

Staff respected people's religious and cultural differences. There were regular services and Holy Communion carried out at the home for residents that requested it. On the day of inspection, one resident told us they would like to see a vicar on their own. We discussed this with the deputy manager who assured us this would be arranged.

Good

Is the service responsive?

Our findings

At the last inspection we found the service was responsive and awarded a rating of good. At this inspection we found the service remained good.

People's day to day care was responsive to their needs and personalised to their wishes and preferences. We observed people making choices about all aspects of their care on the day of the inspection. People told us they could decide when they got up, when they went to bed and how they spent their time. One person said, "I'm told to regard the home as a second home which I do".

The support plans were detailed, set out clearly and easy to read. They gave a wide range of information about the person but people we spoke with were not sure what a care plan was or if they had one. One person told us, "I have a care plan, I think, we must have discussed it, but I can't remember what's in it". Another person told us "They did talk to me about what help I need, but I'm not sure I have a plan". Staff reviewed care plans regularly to ensure they were up to date but people were not involved in these reviews, one relative said, "I am involved in the review of my relative's care plan but this is more on an informal basis now". We discussed this with the deputy manager who had recognised people's care and support was not fully person centred. They told us, "We do involve people and their relatives but we need to get better at recording it".

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Some people living at Oaktree's Court had limited verbal communication. Staff sought ways to communicate with people and to reduce barriers when their protected characteristics made this necessary. Care records had communication profiles that showed how staff should support people to communicate, and staff had attended training in the General Data Protection Regulation (GDPR) which is a legal framework that sets guidelines for the collection and processing of personal information of individuals

People were fully encouraged to keep their independence and access their community when they wanted to. The provider employed an activities coordinator who was very enthusiastic about their role. On the day of the inspection we saw an outside entertainer had come into the home. This was a singer playing a guitar. A lot of singing took place, and people were asked to make suggestions as to what they wanted to sing. A variety of staff members joined in and people came from across the whole home. We observed a lot of laughter and a few tears. One person said, "Brings back memories, these are tears of joy, not sadness", Another person told us, "I was at Dunkirk you know, makes me think of my lost buddies". We also observed staff inviting people to get up and have a dance, it was a lovely activity and everyone who attended enjoyed themselves. Staff? told us, "This home is very welcoming, everyone comes in and takes part, I really like coming here, such fun here".

Staff told us, "If people want to do something we make it happen". One staff member said, "We took one person to a hunt, they led the hunt, they are known in the community as the hunt master". The same staff

member told us, "One person wants to go to the Quantocks for a walk today so we have arranged it for this afternoon". Staff also said, "We involve the community as much as possible, we take people out to coffee mornings, the brownies come up to the home and we take people to the theatre or the ballet". They added, "We recently did a fine dining experience which people loved". The home was very proud of their activities program and the coordinator recently won an award, they told us how they went to Nottingham and was presented with 'team of the year leisure and lifestyle award.'

The home also had a resident dog that belonged to one of the people. This person could no longer look after the dog but the provider didn't want the person to be separated from the dog so they agreed to look after it for them. The activities team took responsibility for the welfare of the dog, walking and feeding it. Throughout the inspection we observed the dog coming and going, and people told us they liked having the dog, one person said, "She's a joy to have around". Another person told us, "I love to see her she such a sweet thing and she makes us smile". Staff had completed a risk assessment that enabled the dog to remain safely at the home.

People knew how to make a complaint and everyone we spoke with felt confident that any concerns would be taken seriously. "One person said, "I would tell (staff members name) if I was unhappy, A relative told us, "I'm sure they would sort it if I had to complain but I've not had to yet". The provider had received two complaints in the previous 12 months, both of which had been investigated and one led to a staff disciplinary which was managed appropriately.

People could be confident that at the end of their lives they would be treated with compassion and any discomfort would be effectively managed. At the time of the inspection one person was receiving end of life care, staff told us, "We have had training". Adding, "We have supported people in the past, we are respectful and try to make them as comfortable as possible". We also observed a conversation about how this person wanted a take away from a fast food restaurant and staff went out and got for them.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we found the service was well led and awarded a rating of good. At this inspection we found the evidence did not continue to support the rating of good and there was evidence that showed serious risks or concerns. We have therefore changed the rating to requires improvement.

There was a system of audits in place to ensure quality of the home was checked, maintained, and where necessary improved. Audits that were regularly completed included health and safety, infection control and checking medicine records were completed. However, some checks were not effective and not identified the shortfalls identified at this inspection. For example, the provider had not identified that medicines management was not safe. As explained in the safe domain of this report.

Whilst there was a home manager in post for Oaktree Court, the provider had not had a registered manager in post since March 2018. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

On the day of the inspection the home manager was not available. The new management team told us the home manager had resigned and was due to leave the organisation in January 2019. They also told us they had recruited a new manager who was starting in January 2019 and had already started the process of registering with CQC.

The home manager was supported by a deputy manager who had been in post for 12 months and told us they were still learning their role. They also said the support from the current home manager had been limited and they were looking forward to the new manager starting.

There was an administrator based in the home and a culture of support and cohesiveness amongst the staff was clear. There were regular manager's meetings to discuss the business; but staff meetings had not been consistent which meant staff were not always kept up to date with developments. One staff member told us "We don't get told much, communication could be better". Another staff member said, "We have some team meetings but not often". "They also said, "But we can ask questions and speak to the deputy". A third staff member told us, "The new management team have just started recently and they seem approachable." They added, "We are hopeful the new manager starting will be to". They added, "We just need consistency".

The provider valued staff and appreciated their contributions. Staff told us the provider held annual awards. One staff member was nominated for team of the year leisure and lifestyle. They won the award and were very proud to show us.

People knew how to feedback to the service. The provider sent out an annual survey, the results of the most recent survey had been mixed. For example, people said, "The call bell response is slow". "I feel the managers treat us well". Less positive feedback came from staff, for example comments included, "There is

no support or supervisions". "Management and senior staff are unapproachable".

However, when we spoke with staff they told us the since the new management team had been recruited staff felt this had improved things. Staff told us, "The new management team promote the ethos of honesty, learning from mistakes and they are admitting when things had gone wrong". This was clear when we raised specific concerns with the new management team throughout the inspection process. The provider immediately started to create an action plan highlighting what needed to be improved. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The deputy was visible and accessible throughout the inspection. We saw open, honest, skilled leadership from the deputy manager at Oaktree Court. People said the home manager did not come out of their office very often, although the home manager was not available for us to discuss this with them. The deputy manager showed an excellent knowledge of people and their care needs. During the inspection we observed people were very comfortable and relaxed with the deputy manager.

The new management team understood the importance and responsibility of their roles. They told us they felt supported by the nominated individual for Oaktree Court. A Nominated Individual has responsibility for supervising the way that the regulated activity is managed.

The provider was transparent, collaborative, and open with all relevant external stakeholders and agencies. Staff worked in partnership with key organisations to support care provision, service development, and joined-up care in accordance with best practice guidance.

The provider had followed all relevant legal requirements, including registration and safety obligations, and the submission of notifications. They also displayed the previous Good rating issued by CQC in the front reception area for the public to see.