

Hill Care 3 Limited

The Oaks Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Oaks Care Home is a care home providing accommodation and personal and nursing care to up to 45 older people, including people who may live with dementia, or a dementia related condition. At the time of our inspection there were 26 people using the service accommodated in one adapted building.

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

Some improvements had made to the management of risk, but there were still some risks to people's safety and the management of distressed behaviour.

Improvements had been made to some records, however further improvements were needed. Care plans were not broken down to provide guidance for staff so people received personalised, consistent care for each identified care and support need.

A quality assurance system was in place, to assess the standards of care in the service. Improvements had been made to the running of the service since the last inspection to ensure people received safe care. However, further improvement was needed to ensure people received person-centred care.

There were sufficient staff to support people safely. Care was task-centred rather than person-centred. Due to staff being busy they did not have time to spend with people.

We have made a recommendation about ensuring staffing levels and staff deployment are kept under review so people are kept engaged and stimulated if they choose.

Improvements had been made to medicines management. Staff followed effective processes to assess and provide the support people needed to take their medicines safely. Staff contacted health professionals when people's health needs changed.

A programme of refurbishment was taking place to ensure the environment was safe and comfortable. The standard of hygiene was improving and there was more effective odour control.

We have made a recommendation about continuing the programme of refurbishment in a timely way and to ensure it is enabling to meet people's needs.

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.

People and relatives had opportunities to give feedback about the service.

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

Rating at last inspection and update and update

The last rating for this service was requires improvement (published 30 March 2023) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found some improvements had been made but the provider remained in breach of some regulations.

At our last inspection we recommended that records contain information, about people's dietary likes and dislikes, in order to promote their nutrition. At this inspection we found the provider had acted on the recommendation and improvements had been made to people's nutrition.

The last rating for this service was requires improvement (published 30 March 2023). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We carried out an unannounced focused inspection of this service on 28 February 2023. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, premises and equipment and good governance. We made a recommendation about ensuring records contain information, about people's dietary likes and dislikes, in order to promote their nutrition.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

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

Enforcement and Recommendations

We have identified continued breaches in relation to safe care and treatment and good governance.

We have made recommendations about staffing levels and staff deployment, timely refurbishment of the environment and environmental design.

Please see the action we have told the provider to take at the end of this report.

Follow up

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

Details are in our effective 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 ●

The Oaks Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the 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 1 inspector, 1 assistant inspector and 1 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

The Oaks Care Home 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. The Oaks Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 12 July 2023 and ended on 20 July 2023. We visited the service on 12 July 2023.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 6 people who used the service about their experience of the care provided and 14 relatives. Not everyone who used the service communicated verbally or wished to speak, therefore they gave us permission to speak with their relatives on the telephone. We spoke with 11 members of staff including the regional manager, the registered manager, 1 nurse, 6 care workers including 2 senior care workers, 1 domestic member of staff, 1 cook and 1 activities co-ordinator.

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 reviewed a range of records. This included 5 people's care records and multiple medicines records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training information and 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 requires improvement. At this inspection the rating this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure robust systems were in place to assess and monitor risk to people's safety. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had not been made at this inspection and the provider remained in breach of regulation 12.

- Some improvements had made to the management of risk, but enough action had not been taken since the last inspection and there were still some risks to people's safety.
- Care plans were not yet person-centred with guidance for staff about how to support people with their personal care, or other identified support requirements. Strategies were not in place for when people became anxious and upset. A relative told us, "[Name] can be feisty when having their personal care and staff have to restrain them." Guidance was not available to de-escalate a situation and reassure a person if they became upset, or agitated, including information of when to use 'when required' medicines, where prescribed, as a last resort.
- We received feedback from a visiting professional that staff had not all completed the required charts in order to monitor when a person was distressed. We discussed this with the registered manager, who told us this would be addressed. We also saw the additional daily checks that had been put in place by the registered manager, to ensure that the charts were completed daily.
- There was a system of evaluation of care plans and risk assessments. We discussed that evaluations should be more detailed with reflection of the person's health and emotional well-being over the month, to monitor the effectiveness of the person's care and treatment. For example, for the management of distressed behaviour.
- Nurse call bells were not within reach of people when in their rooms if they needed to call for assistance.

This was a continued breach of Regulation 12 of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Improvements had been made to the environment and to most records to ensure people were cared for safely. Guidance was available, for other identified risks to people, so they were supported safely. A relative commented, "It is a safe environment. [Name], has had a few knocks and skin tears but staff try to let [Name] be a bit independent and not push [Name] everywhere in a wheelchair" and "The staff are very aware and caring and are trying very hard to keep [Name] safe."
- Staff managed the safety of the living environment and equipment in it through checks and action to

minimise risk.

Using medicines safely

At our last inspection the provider had failed to manage the risks to the health and safety for people. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 12.

- The registered manager had introduced improvements to medicines management to ensure people received their medicines safely. A relative commented, "[Name] has their medication and as far as I am concerned if they need any extras or things, they [staff] let me know."
- Record keeping for medicines management had improved and medicines records accurately reflected people's prescribed medicines and their care and treatment needs.
- Records were in place for the use of thickening agents in people's fluids. Hydration charts were completed by staff where, people's fluid intake was being monitored. Records were in place with guidance for staff to show how topical creams were to be applied, where prescribed.

Staffing and recruitment

- We received mixed feedback about staffing levels. Relative's comments included, "They need more staff. [Name] needs 2 staff to assist them, but you can't usually find 2 available staff", and, "There is quite a turnover of staff and not enough staff."
- Staff were not effectively deployed to meet all people's social and emotional needs and provide care in a timely and meaningful way. One person told us, "They [Staff] are kind enough but they don't have enough time to do everything that needs to be done" and "I can't remember staff names, but they don't listen when I tell them about things, so I don't talk with them."
- Care was task-centred rather than person-centred. People were not all engaged or stimulated. A relative commented, "There is not enough staff or interaction."
- We discussed these comments with the registered manager who told us a dependency tool was used to calculate the number of staff required. However, throughout the day staff appeared busy, and did not have time to interact with people, except when they provided care.

We recommend the provider continues to keep staffing levels and staff deployment under review to ensure people receive safe, timely and person-centred care.

- The provider had processes in place to ensure the safe recruitment of staff and these had been correctly followed.

Preventing and controlling infection

- Improvements had been made to infection control, however there was still a malodour to some carpets around the home. The registered manager told us carpets were to be replaced after rooms were decorated. However, more effective odour control was necessary in the meantime.

Visiting in care homes

- There were no restrictions to visiting at the time of inspection. A relative told us, "Regarding visiting I have never been turned away."

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse.
- Staff understood how to safeguard people from the risk of abuse. They said they would raise any concerns and were confident the registered manager would respond appropriately. Relatives and people told us people were safe at the service. Their comments included, "I feel [Name] is safe and I am happy with the care", and, "The staff are very aware and caring and are trying very hard to keep [Name] safe."
- Safeguarding concerns were reported and investigated with appropriate action taken to minimise any future risk of abuse.

Learning lessons when things go wrong

- Lessons were learned, and aspects of service provision were improved as a result of the learning.
- Any accidents or incidents were recorded and monitored. Reports were analysed and there was evidence of reflection, enabling any safety concerns to be acted upon. Analysis was more robust and challenging of the data presented and identified clear lessons and actions to improve safety.

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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to ensure records were in place that accurately reflected people's care and support requirements. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of the record keeping aspect of regulation 17.

- Improvements had been made to most records to ensure they reflected people's care and support needs. Where other improvements were required to records, this is addressed in the safe domain. A relative commented, "I have seen [Name]'s care plan and we have an annual meeting".
- Before people received care, a detailed assessment took place to check if people's needs could be met.
- Assessments included information about people's medical conditions and other aspects of their daily lives.

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

At our last inspection the provider had failed to ensure the environment was appropriately equipped and maintained for the safety and comfort of people who lived at the service. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- Improvements were being made to the environment to make sure it was safe and suitable for its purpose. There had been difficulties employing a maintenance person and this had now been achieved.
- There was a planned programme of refurbishment taking place around the home and new furniture had been provided for some areas to ensure people lived in comfort. A relative told us, "[Name]'s room is clean and has just been decorated."

We recommend the programme of refurbishment continues in a timely way ensuring the premises are "enabling" to promote people's independence, and involvement.

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

- People were supported with their food and drink requirements. A relative told us, "The food is lovely [Name] goes back for seconds and has put weight on."
- Care plans described people's eating and drinking needs and food likes and dislikes. A relative said, "Staff know all [Name]'s likes and dislikes."
- Where people were at risk of weight loss, referrals were made to relevant professionals. A relative commented, "They [staff] encourage [Name] to eat as they are a poor eater."

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

At the last inspection systems were not in place to ensure person-centred information was available about a person, when they needed to access other agencies to ensure they received consistent and effective care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of the record keeping aspect of regulation 17.

- Improvements had been made to records to ensure information was available about how to meet people's support needs.
- Staff worked with a range of other professionals, including GPs, district nurses, speech and language therapy and the mental health team.
- Referrals were made as required to make sure people received care and treatment that met their care and support needs.
- There was communication between staff and visiting professionals, and staff mostly followed guidance provided to ensure people's needs were met.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Records showed mental capacity assessments and best interest decisions were mostly appropriately made and documented.
- The service was working within the principles of the MCA and if needed, appropriate legal authorisations

were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staff support: induction, training, skills and experience

- Staff completed training to make sure they had the correct skills and knowledge to support people. One staff member said, "We do a lot of training now, mine is up-to-date."
- Staff completed an induction at the start of their employment. This included completion of 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
- Staff were supported in their roles through supervisions and appraisals. Staff members all said they were, "well-supported" by the new registered manager.

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 requires improvement. At this inspection the rating has remained 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; 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

At our last inspection the provider did not have effective systems in place to effectively monitor and improve the quality of the service to ensure positive outcomes for people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had not been made at this inspection and the provider remained in breach of regulation 17.

- Improvements had been made to some records and to parts of the environment, as described in the report, but some improvements were still required to ensure people's safety and for the provision of person-centred care.
- A new registered manager had been appointed since the last inspection. They were introducing improvements to the service to achieve compliance, so people received safe and more person-centred care, however further improvements were still required. A relative commented, "The registered manager always has time and things are getting better."
- Regular internal checks and audits were completed to monitor service provision, and external systems were in place to check the effectiveness of the audits carried out internally.
- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required.
- The provider understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong.

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

- People were listened to and engaged with to help promote positive outcomes for people.
- Records provided some guidance for staff about people's care and support needs, to help provide person-centred care.
- There was a camaraderie and positive interaction between people and staff as they engaged with people. A relative told us, "Best thing is the happy atmosphere, and you are made welcome."
- People and relatives were positive about staff kindness and support. Relatives' comments included, "[Name] is always happy and staff are caring, obliging and very approachable," and, "[Name]'s reaction to

staff is great and them to [Name]. The best thing is the friendliness and the care of the staff, always a smile and welcome and [Name] smiles."

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

- People, relatives and staff were asked for their feedback to allow the provider to find ways to improve the level of support provided to people. A relative told us, "I have filled in a survey to see if I am happy with the care."
- Staff said they were well-supported and received opportunities for training and development. People, relatives and staff all said the new manager was approachable. A relative commented, "The registered manager is a great lass and will do anything for you."
- Staff and relatives told us communication was effective to ensure they were kept up-to date about people's changing needs. A relative told us, "I have good contact and staff update me when I go in. They [staff] ring me if [Name] is unwell," and, "When I go in staff discuss things with me. I get invited to [Name]'s reviews."

Continuous learning and improving care; Working in partnership with others

- There was now a focus on learning and improvement.
- There was improved communication with a range of health and social care professionals. Staff now made referrals and advocated as necessary to ensure that people's needs were considered and understood so that they could access the support they needed.
- The registered manager took on board people's opinions and views to make improvements. Relatives comments included; "Improvements have kicked in since the new manager arrived and it is refreshing and I am pleased to see," and "Improvements have been made but could do with more staff," and "The meetings are a good thing to see the direction of the home."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to assess the risks to the health and safety of people and do all that is reasonably practicable to mitigate any risks. Regulation 12 (1)(2)(a)(b)

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	The provider had failed to ensure robust systems were in place to monitor the quality of care people received. Regulation 17(2)(a)(b)