

# Allag Care Limited

# Oak House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Oak House provides accommodation and personal care for up to 11 adults with mental health support needs. At the time of our inspection, 11 people were living at the service.

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

There were not enough staff to support people at a weekend. Some people received additional funding to provide extra staff support. People told us they received staff support when needed. However, the staff rota showed there were not sufficient staff at a weekend to meet this need. It was also not clear from the staff allocation document, what staff had been assigned to support which named individual. The registered manager took immediate action in response to our staffing concerns.

Risks associated with people's care and support needs had been assessed and planned for. A new electronic care record system had been introduced and action was ongoing, to ensure this was robust in providing staff with detailed guidance about how to mitigate known risks.

Staff had a positive and supportive approach with how known risks were managed. Health and safety checks of the environment and premises were regularly completed.

People were protected from abuse and avoidable harm. People felt safe living at Oak House. Staff had received safeguarding training and understood their role and responsibility in keeping people safe.

People received their prescribed medicines safely and when they needed. Medicines were managed and stored safely.

The home was clean and hygienic. Staff had received training in infection prevention and control. Staff knew of the action required should there be an infection outbreak to keep people and themselves safe.

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.

The provider had systems and processes that assessed, monitored and mitigated safety and quality. The provider had a service improvement plan to support further development and improvements. The registered manager had good oversight and leadership.

People, relatives and staff received opportunities to share their experience of the service. People were positive about living at Oak House. Staff were equally positive and felt well trained and supported by the registered manager and management team.

There was a positive staff culture. Staff were kind, caring and compassionate. They had developed positive relationships with people and understood their care and support needs.

Staff understood and practiced the provider's values. This included, promoting people's independence and achieving positive outcomes.

The staff worked well with external health and social care professionals. Positive feedback was received about how well staff supported people and had a calm approach and created a friendly and homely environment.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 22 February 2020).

#### Why we inspected

This inspection was prompted in part due to concerns raised about staff deployment and people receiving their additional commissioned hours. Whilst we found some improvements were required, the registered manager took immediate action, and no person had experienced a negative impact.

This report only covers our findings in relation to the Key Questions Safe, and Well-led which contain those requirements.

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.

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 Good, 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 Oak House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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.

<b>Is the service safe?</b> The service was not always safe.	<b>Requires Improvement</b> ●
<b>Is the service well-led?</b> The service was well-led.	<b>Good</b> ●

# Oak House

## 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.

#### Inspection team

The inspection was completed by 1 inspector.

#### Service and service type

Oak House 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. Hamilton House is a care home without 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.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us

to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 7 people who used the service and 2 relatives about their experience of the service. We contacted additional external professionals and invited them to share their feedback about the service. We received information from a social worker and a paid representative (independent advocate).

We spoke with the registered manager, deputy manager, supporting manager, 3 senior support workers, 2 support workers and a domestic. We reviewed a range of records. This included 5 people's care records and numerous medication records. We looked at 3 staff files in relation to recruitment. Plus, a variety of records relating to the management of the service, including the staff rota, training and supervision matrix, audits and checks on quality and safety, meeting records and policies and procedures.



# 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

- Staff deployment at a weekend was not sufficient to meet people's individual assessed needs. Nine people had additional commissioned hours to provide individual staff support either 24 hours a day or on risk basis, meaning at any time. This put people at risk of not receiving the care and support they had been assessed as requiring.
- People were positive that staff were always available when needed. However, the staff rota showed us the staff deployment and the on call arrangement were insufficient. Whilst no person had been negatively impacted, we were not fully assured there were enough staff available if needed, to meet people's assessed needs. We discussed this with the registered manager who increased staffing levels with immediate effect.
- Not all people who had additional funding for staff support had an allocated worker identified, should this support be required. We were concerned without this planned for in advance, it could have a negative impact and delay support being provided. We discussed this with the registered manager who reviewed and amended the staff allocation document.
- The provider had safe recruitment procedures. This included Disclosure and Barring Service (DBS) checks. This provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Assessing risk, safety monitoring and management

- Risks associated with people's individual care and support needs had been assessed and planned for. A new electronic care record system had been introduced. Whilst we found support plans and risk assessments lacked detailed guidance, paper records were also used which provided staff with a good level of guidance of how to manage and mitigate known risk. The management team were aware of the improvements required with the electronic records and were taking action.
- People were supported by a stable staff team who knew them well. Risks associated with people's physical and emotional health and wellbeing needs were assessed, planned for and monitored.
- Health and safety checks and monitoring of the environment and premises were regularly completed. This included fire safety. Personal emergency evacuation plans were in place and available to support staff and others, in the event people needed to be evacuated. Fire drills and checks were also completed.
- People were protected from risks associated with water. Water temperatures were regularly taken, and water outlets checked to protect people from scalding risks and risks of legionella. (Legionella is a water based bacteria that can cause ill health).

### Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. People told us they felt safe living at Oak House. A

person said, "I have no concerns about safety, there's not really any physical aggression from others, staff are here and always available to protect us and keep us safe." A relative said, "We are at peace as a family knowing [relation] is living at Oak House and that they are safe and well cared for."

- Staff had received safeguarding training and had access to the provider's policies and procedures. Staff understood their responsibilities to protect people. A staff member said, "Any concerns I would not hesitate to report to the management team."
- The management team followed the local multiagency safeguarding procedures. This included completing investigations and taking action to protect people if required.

#### Using medicines safely

- People received their prescribed medicines safely and when required. Medicines were ordered, stored, managed and returned following best practice guidance. Staff had information to support safe administration, had completed relevant training and had their competency checked.
- People had their medicines reviewed by the GP or other external health care professional. The systems and processes that managed medicines were regularly reviewed. This ensured any improvements could be acted upon quickly.
- People told us they received their medicines when they needed them and at the same time each day. A person said, "I get my medicines on time and at the same time every day. I had a fall recently and hurt my back, I saw the doctor and was prescribed pain relief which I get when I need it."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

#### Visiting in care homes

- The provider was following national visiting guidance and supporting people to receive visitors and maintain contact with friends and family

#### Learning lessons when things go wrong

- Incidents were recorded and reviewed for any patterns, trends and learning opportunities. Any actions to mitigate further risks were discussed in regular team meetings or during staff daily handover meetings.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.



People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the time of our inspection, no person had any DoLS conditions.
- Where people lacked capacity to consent to a specific aspect of their care such as medicines or finances, Mental Capacity assessments and best interest decisions had been completed.
- Staff understood the principles of the MCA. Support plans reflected how some people's mental capacity could fluctuate, and the actions required by staff to keep people safe during these times.

# 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 remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- The provider had systems and processes to assess, monitor and review quality and safety. These audits and checks were completed daily, weekly and monthly and any required actions were added to the provider's improvement plan. This showed good management oversight and leadership.
- The registered manager was aware of their role and responsibilities about meeting CQC registration requirements including submitting statutory notifications about the occurrence of any key events or incidents involving people they supported. Notifications were submitted in a timely manner. The last inspection report rating information was on display at the service.
- Staff were clear about their role and responsibilities. Members of the management team supported the registered manager, by completing delegated monitoring tasks to ensure the safe and effective running of the service. This created a well organised service.
- Positive feedback was received from people, relatives and an external professional about how well the service was managed and how people were supported to achieve positive outcomes.
- A person who used the service said, "Staff are understanding and very helpful and polite. The manager is one of the best managers in Leicester, very good, kind and helpful." A relative said, "The staff look after [relation] very well, I don't want them to be anywhere else, the staff really look after them." A professional said, "I have no concerns. It's a stable staff team who know people very well, people always come first, I feel confident and reassured people's needs are being well met."

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

- People were positive about the care and support they received. A person said, "The staff are very attentive. The environment is very spacious and very clean and well kept. It's a welcoming place."
- People were supported to achieve positive outcomes. Staff told us how they supported people to develop their independence and gave examples how some people had left to live a more independent life in the community. A staff member said, "We aim to promote safe care, independence and ensure people lead active lives."
- We observed there to be a calm and relaxed atmosphere during our inspection. Staff worked well together and had time to spend with people. Staff spoke positively and respectfully about people whom they clearly knew well.

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 registered manager was clear about their responsibility to be open and transparent in line with their duty of candour responsibility.
- Feedback from relatives and an external professional was positive about the communication they had with staff. An external professional said, "I find the staff open and honest. I visit announced and unannounced and it's always the same."

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

- People received opportunities to share their experience and make suggestions about the care and support they received. There were regular resident meetings and an annual feedback questionnaire was sent inviting people to share their views. Meeting records showed people were consulted on activities they wished to do. An activity planner was on display that reflected activities and trips people had requested. We also saw how the menu had been changed to reflect people's feedback.
- People confirmed they received opportunities to share their experience. A person said, "We talk about, food, meals, accessing the community, activities, safeguarding and any concerns we have."
- Staff were positive about working at the service. They told us they attended daily handover meetings, monthly staff meetings and received regular supervision meetings. These opportunities enabled staff to discuss any concerns, make suggestions and learn and develop. Staff felt valued and listened to.

Working in partnership with others

- Staff worked well with other organisations and health and social care professionals. Care records, speaking with people, staff and feedback from a healthcare professional confirmed this.