

Chaseview Enterprises Limited

Oak Tree House

Inspection report

68 Sevens Road
Cannock
Staffordshire
WS12 0QA

Tel: 01543278832

Date of inspection visit:
29 November 2023
05 December 2023

Date of publication:
19 January 2024

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Oak Tree House is a residential care home providing personal care to up to 4 people in 1 adapted building. The service provides support to autistic people and people living with learning disabilities. At the time of our inspection there were 3 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People had detailed risk assessments in place that guided staff how to meet their needs and mitigate risk to them. Staff understood how to manage risk to people. People were supported by a sufficient number of staff to meet their needs safely. People's care records identified the level of 1:1 support they needed and people were allocated time for 1:1 activities.

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.

Medicines were stored and administered safely. The principles of STOMP (stop over medicating people with learning difficulties) were applied when people were prescribed 'when required' medicines.

Right Care: People told us they felt safe. People were supported by staff who knew them well and knew how to meet their needs and manage risks. Staff were recruited safely.

Right Culture: We received mixed feedback regarding the management of the home and the role of the registered manager. Staff and relatives did not always find the registered manager to be fully visible or responsible for their role. Staff and relatives spoke positively about the support provided by the nominated individual and deputy managers. Since the last inspection, relatives had been asked for feedback regarding the home and regular staff meetings had taken place to enable staff to input. The provider had acted on feedback received following the last inspection. Systems had been put in place to ensure lessons were learnt from any accidents or incidents to reduce the risk of reoccurrence.

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

The last rating for this service was requires improvement (published 19 September 2023). The service remains requires improvement. This service has been rated requires improvement for the last 2 consecutive inspections.

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 improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We undertook a focused inspection to review the key questions of safe and well led only. 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 based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the well led sections of this full report.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

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

Recommendations

We have made a recommendation in respect to the provider requesting appropriate employment references when recruiting staff.

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.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was not always well led.</p> <p>Details are in our well led findings below.</p>	<p>Requires Improvement ●</p>

Oak Tree 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.

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 team consisted of 1 inspector.

Service and service type

Oak Tree 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. Oak Tree 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.

Inspection activity started on 29 November 2023 and ended on 14 December 2023. We visited the location's service on 29 November 2023 and 5 December 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 site visit, we spoke with 2 people who lived at the home, the nominated individual and the registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with 3 staff members including a deputy manager and support workers. We looked at 3 people's care records and 2 people's medicine administration records (MARs). We also viewed 3 staff files and documentation related to the governance of the service.

Following the site visit, we spoke with 2 relatives and 2 additional staff members by telephone. The provider sent us further documentation we had requested following the site visit including information regarding recruitment and fire safety.

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 has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection, systems had not been established to ensure a sufficient number of suitably qualified, competent, skilled and experienced staff were deployed to meet people's needs safely. This was a breach of regulation 18(1) 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 18.

- At the last inspection, people were not supported by a sufficient number of staff at night to manage identified risks. At this inspection, people were still supported by 1 staff member at night. However, risk assessments had been reviewed, no people required 1:1 night support and action had been taken to mitigate risk to ensure people and staff were safe. People and staff told us there were sufficient staff at night and they felt safe. One person told us, "There's 1 staff member on at night but I am quite settled. I feel safe at night with 1 staff member there."
- People were supported by a sufficient number of staff to meet their needs safely during the day. Where people required 1:1 support, their hours were clearly stated in their care plans and staff were allocated to ensure they received the 1:1 support they needed.
- People were supported by staff who were safely recruited. Staff were required to complete satisfactory Disclosure and Barring Service (DBS) checks prior to commencing employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- Staff were required to provide satisfactory references prior to commencing their employment. However, where 1 staff member had recent employment history in social care, the provider had accepted character references and had not made any attempts to contact the staff member's previous employer in the social care sector.

We recommend the provider considers requesting references from previous employers in social care where relevant rather than character references.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, systems had not been established and operated effectively to ensure safeguarding referrals were made and people were protected from abuse. This was a breach of regulation 13(1) 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 13.

- Safeguarding referrals had been made when needed to protect people from abuse. We reviewed people's daily records and did not identify any safeguarding referrals that had not been submitted when they should have.
- People told us they felt safe. One person told us, "The staff keep me safe. They explain the risks to me quite often."
- A safeguarding policy was in place and staff understood how to raise safeguarding concerns. One staff member told us, "If there was a concern, I would inform the registered manager first. We have a process chart for the type of risk and the process to follow. The registered manager would deal with concerns if I raised them but if not, I would go to [the nominated individual]."

Assessing risk, safety monitoring and management

- People's risk assessments had all been reviewed and updated where needed. They were not printed and in people's care files initially, but this was addressed immediately by the provider when raised at the inspection.
- People were supported by staff who were aware of individual risks to them and how to manage and mitigate these risks. Staff we spoke with were knowledgeable about how to manage people's individual dietary risks and how to mitigate risk to people when they presented with distressed behaviour.
- Personal emergency evacuation plans were in place that gave clear and personalised guidance to staff regarding how to mitigate risk to people in the event of an emergency.

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 working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Using medicines safely

- People were supported to receive their medicines safely. One person told us, "Staff help me with my medicines. They always give them me on time."
- Medicines were stored safely in a locked cabinet. Fridge temperatures were recorded to ensure medicines were stored at a temperature that maintained their efficacy.
- Controlled drugs were stored and administered safely in line with best practice.
- Protocols were in place to guide staff when to administer 'when required' medicines. Staff understood when to administer these medicines and recorded the time and reason for administration. The principles of STOMP (Stop Over Medicating People with Learning Disabilities) were applied.
- Where people were prescribed topical creams, the open dates were recorded to ensure they were disposed of when needed.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The home was clean and there was evidence of regular cleaning.
- The provider undertook an infection prevention and control audit to check the home was clean and actions were taken to mitigate the risk of spread of infection.
- Signs were subtly displayed in the home to guide people and staff how to wash their hands properly and reduce the risk of spread of infection.

Visiting in care homes

- People were able to receive visitors without restrictions in line with best practice.

Learning lessons when things go wrong

- Significant action had been taken since the last inspection to make improvements at the home.
- Where accidents and incidents occurred, the registered manager reviewed them and identified any learning, which was then shared with staff.
- Staff were encouraged to input where lessons could be learned and share their knowledge to reduce the risk of any further reoccurrences.

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 inadequate. 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.

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

At our last inspection, systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a breach of regulation 17(1) 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 17. However, further improvements were required, and the provider required more time to ensure the positive changes had been significantly embedded.

- Staff provided mixed feedback regarding the role of the registered manager and told us they did not always think they took full responsibility for their role. One staff member told us, "The registered manager should have the voice but if staff want something, they tell us to speak to [the deputy manager]." However, despite this feedback, staff told us the registered manager was well supported by the nominated individual and the deputy managers so the impact on them was mitigated. The nominated individual and registered manager told us they were engaging with additional training to upskill themselves.
-
- The culture at the home had improved and people told us they felt more supported by staff. One person told us, "Before, nothing was going forward with anything, but I think it is now."
- The provider had placed more emphasis on making care person centred and empowering people. For example, person centred care plans had been reviewed with people who wished to participate at the centre of their planning, and people were engaging in more activities of their choice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection, systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a breach of regulation 17(1) 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 17.

- Quality checks of recruitment records did not always identify gaps. For example, where references from employers in the social care sector had not been sought and where staff recruited by the old provider did not have risk assessments in place when needed. Where 1 staff member had made a disclosure on their application form, the provider had not identified and addressed that no risk assessment was in place.
- The registered manager's knowledge regarding safeguarding procedures was not always adequate. For example, they told us safeguarding referrals should be submitted to the local authority who commissioned their care and not the local authority of where any abuse occurred. However, there had been no impact on people as the registered manager was supported by other members of the management team to ensure referrals were appropriately submitted when needed.
- Systems in place to manage risks had not yet been sufficiently embedded. Since the last inspection, the complexity of people's needs and risks had decreased due to a person leaving the home. Whilst systems had been implemented to address the concerns raised at the last inspection regarding this, we could not yet be assured these were sufficient to ensure risk was managed and mitigated when supporting people with complex needs and risks.
- Staff and relatives were not always clear about the role of the registered manager and did not always find them to be visible. One relative told us, "I've only had 1 interaction with the registered manager, I wasn't inspired with confidence." One staff member told us, "I just wish the registered manager would address things rather than let other staff deal with it. You put a manager in place to address things".
- Statutory notifications had been submitted to CQC when needed.
- People told us the registered manager was supportive and approachable. One person said, "The registered manager is really supportive. I'd be happy to go to them if I had any concerns."
- Systems had been put in place to ensure quality checks were undertaken regularly including when the registered manager was not working at the home.
- Systems had been implemented to check staff competency. The registered manager completed observations of staff competency and staff were required to complete written competency checks to assure the provider they were competent and skilled to meet people's needs.
- Management oversight of daily records had improved, and staff were recording more consistently. This enabled any patterns or trends to be identified so action could be taken if needed to reduce the risk of reoccurrence.

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 understood the duty of candour. The registered manager told us, "The duty of candour is to report any incidents to the person, family or advocate."
- Where things had gone wrong, the provider had been open and honest and shared this with people and their relatives. For example, where 1 person had indicated they had been injured when they were out in the community, the provider had shared this with the person's relative.

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

- Regular staff meetings had been implemented which gave staff the opportunity to feedback regarding the home. Staff provided mixed feedback regarding whether their views were fully considered in respect to implementing changes. The registered manager and nominated individual told us they would take this feedback from staff on board to improve the care provided.
- People had been involved in planning their care where they wanted to be and had been asked for feedback regarding the home.
- Relatives told us they had been asked for feedback regarding people's care since the last inspection.

Continuous learning and improving care

- The provider had taken steps to implement further training for staff and the management team to improve the quality of care provided at the home.

Working in partnership with others

- Since the last inspection, the provider no longer supported people with as complex needs so they were not working as closely with other professionals. Therefore, there was minimal feedback from professionals at this inspection.
- However, the provider made referrals to other professionals when needed and supported people to attend scheduled appointments.