Oak House (Exeter) Ltd

Oak House

Inspection report

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Exeter
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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

About the service
Oak House is a 'care home' that provides care and support for a maximum of 26 older people, some of whom may be living with a dementia and/or physical frailty. At the time of the inspection 24 people were living at the service.

People's experience of using this service and what we found
People told us they felt safe. However, improvements were needed in some areas. We could not be assured risks associated with people's needs were consistently assessed and recorded; or accidents and incidents documented fully and followed up. In addition, the quality assurance processes in place were not fully effective which meant these issues had not been identified or addressed in a timely way. The provider had discussed these issues with the registered manager the week before the inspection. Plans were now in place to address them through further training, and increased support and oversight by the provider. These improvements had not yet been actioned and embedded.

People, relatives and staff spoke highly of the management of the service. They told us the provider and registered manager were approachable and supportive, and kept them informed. External professionals were complimentary about how the service worked in partnership with them.

Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs. There were systems in place to ensure information about any changes in people's needs was shared promptly across the staff team.

People received their medicines safely, and in the way prescribed for them. Staff were recruited safely, and safeguarding processes were in place to help protect people from abuse.

People were supported by sufficient numbers of suitably trained, competent and skilled staff. This meant their healthcare and nutritional needs were met.

People lived in a homely environment which promoted their dignity and wellbeing. Staff were caring and kind and had developed positive and meaningful relationships with people. People were respected, included in decisions, and their privacy and independence promoted. The care provided was sensitive to people's diverse needs. A relative commented, "It's like a real home. It's not institutional. All I have experienced is kindness. The staff are really gentle and always calm."

People enjoyed a range of activities with three activity organisers employed covering seven days a week; a fitness coach; visiting musicians, and pastoral support and holy communion from a local church. The provider planned further analysis to ensure the activities met people's individual interests and needs. A relative said, "She used to do art and painting. While in the home she has done some lovely pictures which

the staff show me. I saw them the other day throwing a ball with a lively gentleman and doing exercises."

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.

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

Rating at last inspection
This service was registered with us on 18 November 2020 and this is the first inspection.
The last rating for the service under the previous provider was requires improvement, published on 27 April 2019.

Why we inspected
This was a routine, planned inspection.

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.

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.

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 caring? The service was caring Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive 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**

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 carried out by two inspectors and an 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
Oak House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was 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. 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.

During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, cook and provider. We reviewed a range of records. This included three care plans, accident and incident records; medicine administration records; and staff recruitment records. 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 received feedback from three professionals who visited the service.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated 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. Learning lessons when things go wrong

- Risk assessments were not always in place when required. For example, there was no risk assessment in place for a person who spent a lot of time alone in the garden. We saw the person had put themselves at risk by moving in their wheelchair down an uneven path. They did not have their call bell with them and said they were cold. A risk assessment had been competed in response to feedback by the second day of the inspection, with measures in place to minimise the risk.
- There were no risk assessments related to nutrition or skin integrity. The registered manager informed us there were no service users with specific nutritional needs. This was not the case, as there were people who were at risk when eating and drinking, or due to diabetes. There were also people at risk of skin breakdown using a pressure area care mattress.
- Documentation showed accident and incidents involving slips and falls had not been consistently followed up and records were not completed fully. For example, records following a fall for one person were unclear where the pain was, and there was no evidence of follow up or a GP referral.
- Systems were in place but had not been completed robustly to demonstrate that accidents and incidents were being effectively reviewed or used as a learning opportunity. This meant that when things went wrong, there was a potential for re-occurrence, because insufficient action had been taken to review, investigate or learn lessons.
- We raised our concerns with the provider, who advised they had discussed these issues with the registered manager the week before the inspection. Minutes of the meeting showed the provider planned to monitor on a monthly basis to ensure every fall and incident was documented and followed through. They would also work with the registered manager to ensure each person had the necessary risk assessments in place and were reviewed at least monthly.
- Although risk assessments were not always in place, there was detailed information within care plans for staff about people's risks and how to minimise them
- Staff knew people well. They were aware of people's risks and how to keep them safe. This was confirmed by relatives. Comments included, "She is safe because they are very good at adapting the care to meet her needs. She has a contact mat either near her chair or her bed."
- A visiting health professional told us, "I have had many interactions with Oak House over many years. I have no concerns about their care of people that are resident in the care home."
- Equipment and utilities were regularly checked to ensure they were safe to use.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Further improvements were needed, and were addressed by the provider before the end of the inspection. Fire safety procedures and appropriate checks and training for staff were in place.

Systems and processes to safeguard people from the risk of abuse

● People were safeguarded from the risk of abuse and told us they felt safe. A relative said, "She is totally safe. I have been in to visit every fortnight and I have never seen anything untoward." A visiting health professional commented, "I have not felt perturbed about any interactions I have witnessed whilst visiting."

●Staff received training and understood what to do to keep people safe from harm. They advised they would not hesitate to raise any concerns, saying, "I can always tell [registered manager] and [provider] and they will sort it out."

● The provider had effective safeguarding systems in place and was aware of their responsibilities to escalate any concerns appropriately to keep people safe. They responded to feedback given during the inspection, undertaking to add contact details for the local authority and CQC to safeguarding policies, and ensure safeguarding information was displayed in the home.

Using medicines safely

● There were systems in place to ensure people received their medicines safely. Relatives commented, "I know what the medicines are. The staff are very good" and, "It's much better than it was managed at home."

● Staff received training and were checked to make sure they gave medicines safely. Medicines were administered in a safe way at the time they were prescribed.

● There were suitable arrangements for ordering, storing, administration and disposal of medicines. Improvements were required regarding checking the room temperature to ensure it was within safe limits for drug storage. This was immediately addressed in response to feedback during the inspection.

● Monthly medicine audits were completed and areas for improvement and action identified.

Staffing and recruitment

●People and their relatives told us there were sufficient numbers of staff on duty to meet their needs. The provider used a dependency tool to calculate the number of staff required.

●Staff responded promptly when they rang their call bell. One relative told us, "There seem to be plenty of staff. They are always pleasant, and they smile, and they greet you. I visit two or three times a week."

●Agency staff were not employed by the service. The registered manager told us this meant people were supported by consistent staff who they knew, with a good understanding of their needs.

● Systems were in place to ensure staff recruited were suitable to work with vulnerable people. This included Disclosure and Barring Service (DBS) checks and checks on people recruited from overseas.

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 meeting shielding and social distancing rules.

● 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 accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

●Visiting and contact had been supported as far as possible during the pandemic. Relatives told us "The staff were very good they were absolutely brilliant. We had to test or they would do it for us. The visiting arrangements were fine. I give them at least 24 hours' notice they are always accommodating."

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

●People were supported to access a range of external professionals to maintain and promote their health and wellbeing. Relatives commented, "Yes the staff were very good when my relative had a fall. They were prompt in contacting the hospital" and, "My relative needed a new hearing aid and the staff dealt with it promptly."

● Staff worked effectively with external professionals to ensure people received effective and timely care. One external professional told us, "I feel they do contact us appropriately and promptly. They provide me with the necessary information needed for an assessment and do follow my advice and guidance."

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

●People's needs were assessed prior to them being provided with a service. This ensured their needs and choices could be fully met before they came to live at the home. The assessments were completed with the person, their relatives and significant others who knew the person best.

●Staff said the information in care plans and from relatives helped them to support people in line with their preferences. They said, "We read about what they like and what their routine is" and, "Some residents can't talk to you. Its important to get the information from relatives. "

Staff support: induction, training, skills and experience

●Relatives were confident staff had the training and skills to meet the needs of their family member. Comments included, "The staff all seem to be a cut above other places. They keep the training updated and are supported to progress. They are able to adapt from one client to another.

●Staff completed the providers induction and ongoing mandatory training to ensure they could meet peoples needs. Topics included moving and handling; infection control; fire safety and safeguarding. Training was delivered both face to face and online.

●The registered manager regularly checked staff competency to administer medicines safely and planned to extend this to observing other areas of their practice.

● Staff told us they were well supported with supervisions and appraisal and found this good for dealing with stress.

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

●Staff knew about people's individual dietary needs and any support they needed with eating and drinking. We observed people who needed assistance were supported by staff who took their time, explained what they were giving them and were patient.

● Drinks were served regularly throughout the day to prevent dehydration. People cared for in their rooms had drinks provided, which were refreshed throughout the day.
●People who needed their nutrition and hydration to be monitored had records in place to help identify any concerns. A relative said, "If the input is not good enough they chart it. They always know to offer him a drink."
● Lunchtime was a sociable occasion for people. There was good quality, freshly prepared food throughout the day. Pureed food looked appetising with each component put on the plate separately. Feedback from people and their relatives was very positive.
●People were supported to make choices from a range of meal options. A relative told us the cook had made a curry for their family member, because they knew he liked it.

Adapting service, design, decoration to meet people's needs.
●The physical environment was in the process of being updated and improved by the new provider.
●People's rooms were decorated with personal belongings to ensure they felt comfortable with familiar items around them. A relative told us, "The staff do understand my family member's needs. They were allowed to bring furniture from their home and put up pictures."
●There was signage around the home to help people find their way around independently. Bedroom doors were easily identifiable, with pictures chosen by people reflecting them and their interests.

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.

●Staff had training in the MCA and understood how it linked to their practice. This meant people were routinely involved in decisions about their care; staff sought people's consent and supported them to have choice and control over all aspects of their support. People were supported to make choices about how and where they spent their time, what time they got up and went to bed.
● People's rights were protected; staff assessed people's mental capacity and made best interest decisions when needed.
● Care plans recorded if relatives had the legal authority to be involved in decisions relating to health and welfare or finances.
● The service had referred people for an assessment under DoLS as required.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

● People were positive about the staff and their caring attitude and told us they were treated with kindness and respect. Comments included, "I like them all (staff)", "It's a nice place here," "She's wonderful (staff member)" and," I can't grumble about anybody, I love 'em all."

●Relatives said people were well cared for and happy at the service. One relative told us, "The staff are very kind. I was struck when I visited after Covid how content she seems. She felt safe."

●Relatives valued their contact with staff. Feedback from one relative stated, "You are always so kind and caring both to the residents and visitors. Never any trouble to talk on the phone. A huge thank you to you all."

●Throughout the inspection we saw kind and caring interactions between people and staff, and that staff were attentive and helpful. Special occasions were celebrated, such as birthdays, with a home-made cake.

●Staff clearly knew the people they were supporting well. They told us they found out as much as they could about people's background and interests, using this knowledge to have meaningful conversations and build relationships. A relative told us, "The staff have a good relationship with my relatives, and this makes them feel comfortable and relaxed."

Supporting people to express their views and be involved in making decisions about their care

● People were treated as active partners in their care, making decisions about how they wanted to be supported. A relative told us, "He is a late riser and does not like to be rushed. The staff know this and acknowledge this and allow him the time to do what he needs to do."

● Relatives felt welcome at the service and were consulted and involved in aspects of their family member's care as appropriate. The provider told us, "When relatives telephone to arrange to visit their loved ones the registered manager regularly updates and discusses the current care needs and any relevant changes in their health needs." This was confirmed by the relatives we spoke to.

Respecting and promoting people's privacy, dignity and independence

●People were treated with dignity and respect. We saw staff were polite and respectful when offering support, and protected people's dignity. A relative commented, "When I am in the room, I see my family member is treated respectfully, and I am asked to leave when personal care is given."

●Minutes of a staff meeting showed the registered manager had reminded staff to "call residents by their names, rather than 'dear' or 'darling'", as some people don't like this. They had also been reminded not to speak to each other in a language the residents wouldn't understand.

●People and relatives said staff promoted their independence. We saw staff offering choices and encouraging people to do as much as possible for themselves. One care plan reminded staff to observe the

persons movements and offer help if needed, while respecting their wishes and helping them to safely maintain their independence.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● Care plans promoted person-centred care. They contained detailed information about people's needs, preferences and strengths. For example, one person was better able to manage their personal care if they were relaxed and comfortable. Their care plan guided staff to ensure the bathroom was warm, and well-lit with soft music playing if the person wished.

●Care plans were reviewed regularly, and if people's needs changed. Relatives told us they had contributed to the development of their family members care plan, but not participated in any formal reviews since then. The provider confirmed this had been the case since the onset of Covid 19. They advised that relatives were kept informed about the welfare of their family member and any changes. If they wanted to see or comment on any aspect of the care plan, arrangements were made for them to do so.

●Staff were updated on any incidents or changes when they came on shift. This ensured they had the up to date information about people's needs and preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

●There were three activity organisers employed covering seven days a week. A fitness coach visited three times weekly; there were visiting musicians, and pastoral support and holy communion from a local church. A relative commented, "She used to do art and painting. While in the home she has done some lovely pictures which the staff show me. I saw them the other day throwing a ball with a lively gentleman and doing exercises."

●People could choose how they wanted to spend their time and whether or not to participate in the activities. One person enjoyed spending time sitting in the garden. Another person told us they liked their own company, looking at the garden through their bedroom window and chatting with the gardener.

●Care records documented people's involvement in activities and whether they were enjoying them. Further analysis was required however to ensure they met people's individual interests and needs. This was planned in response to feedback given during the inspection.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

●Staff were effective at communicating with people and helping them to express themselves.

●Care records contained information explaining how people communicated and the support they needed. For example, one person's care plan guided staff to speak softly and clearly, and in small phrases, when supporting a person living with dementia.
●Photographs of the meals were used to make the menus more accessible to people living with dementia, or who had difficulty reading.

Improving care quality in response to complaints or concerns
●The home had a complaints procedure which was on display in the reception area. However, it was in a very small font which was difficult for people and relatives to read. The provider advised they would put this in a larger font, although people were also given a copy of the complaints policy in their service user guide.
●People and relatives were unclear about how to make a complaint. They told us they had no concerns but would approach the registered manager or CQC if they had.
● Records showed one complaint had been made and dealt with in line with the providers complaints policy.

End of life care and support
●The service worked closely with a range of healthcare professionals to ensure that people had a pain free and dignified death.
●Staff described how they supported people and their families at the end of their lives. They understood that this could be a frightening time for people and offered them comfort and reassurance.
●Written feedback from a relative described how they were treated with kindness and compassion during what was a distressing period for them. They said, "We witnessed how caring, respectful and patient the members of staff looking after our family member were."

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

- Quality assurance systems were in place but were not always effective. This meant that issues, such as those we found during the inspection, had not been identified in a timely way, or action taken to address them. This included ensuring risk assessments were in place when required; documenting accidents and incidents fully and actions taken, and effectively reviewing and analysing them to learn lessons. The provider had discussed these issues with the registered manager the week before the inspection. Plans were now in place to address them, but had not yet been actioned or embedded.
- The registered manager had previously managed one of the providers services with 11 people. The provider had amalgamated this service with another home, and created Oak House, registered for 26 people. All but three of the previous staffing team had relocated, and a new staff team was in place. Significant environmental improvements had been required and were completed in December 2021. The registered manager told us taking over the management of a bigger service and staff team had been challenging, although they were well supported by the provider and deputy manager.
- The registered manager was proactive in observing day to day staff practice and addressing any concerns. Meeting minutes showed she had highlighted areas for improvement including documentation; infection prevention and manual handling. She told us, "If I see staff making mistakes, I take them somewhere private and explain. They all know me very well and know exactly what I am going to tell them. You are responsible for health and safety. I always explain what can happen if they are not doing things correctly."

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

- Relatives, or those acting on their behalf, were informed as soon as possible of any adverse incident. One relative said, "The reactivity of the staff when accidents occur, or my family member has a fall, is amazing. The staff let me know of any processes, I am well informed."
- The service met its regulatory requirements to provide us with statutory notifications as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives praised the culture of the home. Comments included; "It's like a real home. It's not institutional.

All I have experienced is kindness. The staff are really gentle and always calm."

●An external health professional told us, "I have always felt Oak House have provided good care for their patients and I have even recommended them as a place my friend could place their elderly parent."

●Relatives valued the efforts staff made to engage and involve them and their family members. They told us, "The staff are very good at getting in touch with me. They are fantastic. They sent me videos when it was her birthday, of them singing and eating birthday cake."

● People and their relatives were asked for their views of the service through annual quality questionnaires. However, the response to the January 2022 questionnaires had been low, and not all relatives had received them. The provider advised they would review how they sent out the questionnaires to ensure all relatives received them.

●Relatives and staff had confidence in the way the home was managed. Staff told us the provider was approachable and very involved in the running of the service. They spoke positively of the registered manager, saying, "It's well managed. She is a really calm person, and strict. Everything needs to be done properly. She doesn't get angry; she is calm and sensible."

●Staff were supported by meetings held 2 or 3 times a week. This was an opportunity to discuss the care they were providing, the wellbeing of residents and raise any concerns. Staff told us; "We are not scared to speak out. We respect each other and really work [on any issues raised]."

●Staff were very positive about the way the staff team had developed and how well they worked together. We observed this in practice, for example when staff were working together to support a person to transfer with a hoist.

Continuous learning and improving care. Working in partnership with others

●The registered manager was committed to improving their knowledge and skills to improve care. They were supported in this by the provider. They told us, "My satisfaction comes from giving the quality of care. Auditing and paperwork are my weak side." The provider praised the registered managers 'superb' clinical skills but was aware they needed support with governance and other aspects of managing the service. They had therefore increased their level of oversight and enrolled the manager on a further management course at their request.

●The service worked in partnership with external agencies to meet people's needs. An external health professional described their positive engagement with the local primary care network, and multi-disciplinary team meetings. They told us, "They have always used the service appropriately and have been quick to request referrals and support when necessary. The Oak House team are very caring and have a patient centred approach to their resident's care. They have always been well organised and able to provide information and documents easily."