

Bournemouth Care LLP

Great Oaks

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Great Oaks is a purpose-built home in a residential area of Bournemouth. It is registered to provide care, treatment and support for up to 80 older people some whom were living with dementia. The home is split over three floors which are accessible by stairs or a lift. There were 66 people receiving a service at the time of inspection.

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

Improvements had been made in the reporting of concerns and in the management systems within the home and had been sustained following our last inspection. There was enough staff on duty, however, we received some mixed views about staffing levels. There was an ongoing recruitment campaign and agency staff hours has reduced, the registered manager said they were continuing to work on staffing levels and skill mix across the home.

People told us they were happy living at Great Oaks. Staff thought the home was safe and people had a good quality of life. Staff understood how to recognise signs of abuse and who to report concerns to; they felt confident in the registered manager.

Medicines were managed safely, and staff received training and had their competency assessed. The home was clean and tidy and enhanced cleaning schedules contributed to keeping people and staff safe. Staff wore Personal Protective Equipment (PPE) correctly and in line with current government guidance. Good practice guidance informed the home's procedures and the registered manager kept up to date.

Risk assessments were in place to keep people safe and staff were aware of the risks people faced and how to minimise or eliminate them.

Quality assurance systems were in place, working efficiently and embedded within the home. Staff told us that the home was organised, and they were clear on their role and responsibilities, they felt appreciated.

We received many positive comments about the registered manager and clinical lead and staff told us they were happy and felt supported. The home was supported by the provider, director of care and clinical operations manager. They told us they were committed to the continual improvement of Great Oaks.

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

Rating at last inspection

The last rating for this service was requires improvement (published 24 December 2019).

Why we inspected

This was a focused inspection to see if improvements found in the previous inspection were embedded and

could be sustained.

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 coronavirus and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Great Oaks

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors who visited the home and an Expert by Experience who made calls to people and their relatives off site. 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

Great Oaks 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.

The service had a manager registered with the Care Quality Commission. 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.

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, clinical commissioning group and the safeguarding team. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six people who used the service and eight relatives by telephone about their experience of the care provided. We spoke with 14 members of staff including the registered manager, clinical lead, director of care, clinical operations manager, nurses, care practitioners, senior carers and care workers. We made general observations throughout the inspection.

We reviewed a range of records. This included eight people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There was enough staff on duty. The home had an ongoing recruitment campaign and were reducing the need for agency staff. We received some mixed feedback regarding staffing levels and the registered manager told us they continued to work on increasing staff and balancing out the skill mix of staff across the home.
- Staff files contained appropriate checks such as references, health screening questions and a Disclosure and Barring Service (DBS) check. The DBS checks staff's criminal record history and their suitability to work with people in a care setting.
- Registered nurses' Personal Identification Numbers (PIN) were kept under regular review to ensure they were up to date and could continue to practice. Nursing staff were aware of their responsibilities to re-validate with their professional body, the Nursing and Midwifery Council (NMC). Nurse re-validation is a requirement of qualified nurses. This process ensures they provide evidence of how they meet their professional responsibilities to practice safely and remain up to date.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were in place for people for all their care, nursing and support needs. There were general risk assessments for the home, this included risks resulting directly from COVID-19.
- Risk assessments were updated monthly as a minimum or as things changed. Senior staff discussed changes with the person, their family and staff who knew them well.
- Staff had a good knowledge of people's risks. People were supported to take risks in a safe way.
- Risk assessments included clear instructions for staff on how to minimise risks for people. Each person's assessment showed the care they needed and outcomes and then the risks associated and how to minimise or eliminate them.
- Learning was shared through handovers and daily meetings. Staff told us they communicated well together as a team. The clinical lead and registered manager were present during the morning meeting to enable information to be passed throughout the home.
- Accident and incidents were recorded and analysed to identify themes and patterns. This analysis contributed to reducing accidents in some areas for example, where people were at a higher risk of falls.

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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Using medicines safely

- Medicines were managed safely. The home had arrangements for ordering, storage and disposal. Staff responsible for administering medicines had their competency assessed.
- Medicine Administration Records had information about the person, their photograph, allergies, medical details and details of how they took their medicines.
- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately. Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding people. Staff told us how they would recognise signs and symptoms of abuse and who they would report them to both internally and externally. There were posters around the home giving the telephone numbers of the local safeguarding team. A staff member told us, "I am confident the registered manager [name] would act if I had a concern".
- People told us they felt safe living at Great Oaks. A relative told us, "I'd go to the manager if necessary, but I've no problem all the staff are lovely". A member of staff said, "I feel people are safe because we check on them all the time".
- The home had a system in place for identifying and discussing safeguarding concerns. They did this during daily meetings. Referrals had been made to the local authority where appropriate and the registered manager told us they felt comfortable to contact the local team for advice when needed.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- Improvements in the governance of the home noted in the last inspection had been sustained and improved upon. Quality assurance systems in place were effective and robust.
- The management and staff understood their roles and responsibilities. The registered manager told us, following a recent review, staff were confident in their roles within the home.
- The registered manager and clinical lead were supported in their role by a clinical operations manager, director of care and the provider. Enhancements to the quality assurance systems were underway and the senior management team were working together to embed those into the home.
- A variety of quality assurance audits were carried out to monitor the standard of care provided. For example, infection prevention and control, medicines, care planning and dignity.
- Audits reviewed different aspects of care and support and action taken to make improvements as needed. Systems were in place to support learning and reflection.

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

- Staff felt proud to work at Great Oaks and were complimentary about their colleagues. Some of the comments we received were; "I am proud to work at Great Oaks and I am very happy". "Residents have a person-centred experience and it's a lovely atmosphere". "It's improving all the time". "It's been an extremely tough year, but we have all come together as a team".
- People, their relatives and staff were complimentary about the management of the home. Some of the comments we received were; "The registered manager [name] is approachable and very efficient". "The registered manager [name] is amazing". "The clinical lead [name] is fantastic". "Management have been very supportive". "I cannot fault the management and the registered manager [name] I can't speak highly enough about them". "We are always appreciated".
- The registered manager told us, "I love this home, we have an absolutely brilliant team. We are very proud of Great Oaks, proud of what we have achieved".

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 requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm. They told us the circumstances in which they would make notifications and referrals to external agencies

and showed us records where they had done this.

- The home had made all statutory notifications as required by law. 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 in them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The home had sought feedback from staff and people throughout the year. Formal meetings had not taken place with people and relatives due to the restrictions of COVID-19 safety procedures.
- Staff had received a survey and engagement with the provider and senior management team during staffing restructure and changes to the management team. Results from surveys showed staff morale had improved within the home.
- Links to the community and external visitors had ceased during the pandemic and the home was hoping to resume and build on these in the future and as soon as it's safe to do so.
- The home had good working relationships with health and social care professionals, and this was confirmed by a variety of professionals during the planning of the inspection.