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Oak House Care Home

Inspection report

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Date of inspection visit:
28 February 2023

Date of publication:
12 April 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Oak House Care Home is a grade two listed building situated in the town of Axminster. The service is registered to provide care and accommodation for up to 17 people. They provide care and support for frail older people and people living with dementia. There were 16 people living at the service when we visited.

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

People experienced safe care from staff who understood how to protect them from abuse and avoidable harm.

People were supported by sufficient staff who received training to support them in their role. We discussed ensuring the communal areas were regularly monitored to ensure people were safe.

People's risks were assessed, and care plans put in place to support people in the way they wanted. Risks to people's safety were mitigated and people received their medicine as prescribed.

Where incidents or accidents occurred, these were investigated and analysed to reduce the risk of reoccurrence.

People's needs and preferences were assessed prior to their move to Oak House to ensure their needs could be met.

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.

Staff said they were well supported by the registered manager and senior team.

The home was clean, and the risk of infection was reduced by effective infection prevention and control measures being followed. The provider had refurbished some areas of the home and had plans for further development. At the time of our visit the lift was undergoing a major refurbishment and the main lounge was being decorated.

People were encouraged to eat a healthy balanced diet and staff effectively managed their identified risks associated with poor hydration and nutrition.

The management team made timely referrals to relevant professionals and implemented their guidance to achieve good outcomes for people.

The culture we observed within the service was open and friendly. The registered manager and senior team

were visible throughout the service and adopted an open-door policy.

Regular audits and checks were carried out by the registered manager and designated staff. These were used to review the quality and safety of the service.

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

Rating at last inspection

The last rating for this service was requires improvement (published 11 June 2022).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

We undertook a focused inspection to review the key questions of safe, effective 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 changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oak House Care Home on our website at 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.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Oak House Care Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors. An Expert by Experience contacted relatives and friends to ask them about their views about the service. 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 Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Oak House Care Home 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 were two registered managers in post. One of the registered managers was one of the providers, who was on leave at the time of our visit and therefore not spoken with as part of this inspection.

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. 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 our visit the home was having the lift refurbished and the main communal lounge was being decorated. This meant only 5 people were being supported in the small communal lounge on the ground floor and everybody else was being supported in their rooms. We spent time observing care and support in the small lounge and visited all the people in their rooms. We observed how staff interacted with people who used the service.

We spoke with 5 people to ask their views and with 3 visiting relatives.

We spent time with the registered manager, care manager, deputy manager and area manager during the inspection and spoke with 8 staff, which included, care staff, activities coordinator, maintenance, housekeeping and the cook.

We looked at the care records for 4 people. We checked the care they received matched the information in their records. We looked at a variety of records relating to the management of the service and a sample of the electronic medicine's administration records.

The expert by experience contacted 6 relatives to ask them about their views of the service.

We contacted 2 health and social care professionals to ask their views and received a response from 1 of them.

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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had policies and processes in place to identify and respond to safeguarding concerns.
- People and their relatives were confident the care and support provided kept people safe. One person said, "Yes. I am safe. I have equipment and I trust them (staff). They look after me well, that's the main thing". Relatives commented, "Yes, absolutely safe here. I never have to worry about my (loved one). I trust the staff" and "Security and safety are very good".
- Staff had received safeguarding training and were aware of the signs of abuse. They understood what to do if they had any safeguarding concerns. This included how to raise a safeguarding concern. Most staff were aware of external organisations they could contact about safeguarding concerns.
- The registered manager had appropriately reported potential safeguarding incidents to the local authority and the Care Quality Commission (CQC). They had worked closely with the local safeguarding authority, to investigate allegations of abuse and to put in place measures to help keep people safe from the risk of abuse.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were clearly documented within personalised care records. Measures were in place to reduce risks relating to falls, pressure ulcers and choking. Where a person was at risk of choking, we observed instructions in their care plan were followed. The person was offered the correct texture of food and the recommended equipment was used to promote independence and safety for the person.
- Where people were at risk of developing pressure ulcers, pressure relieving mattresses were in place. These were checked daily by the senior care staff to ensure they were functioning properly. There was no record of what the mattress settings should be for each person to ensure the most effective outcome. The registered manager said they would add this information to the care records immediately.
- People's personal emergency evacuation procedures (PEEPs) were recorded on a quick access reference sheet in the main entrance. This accurately reflected the people staying at the home.
- Staff recorded maintenance issues in a folder which was reviewed regularly by the maintenance person and repairs were undertaken.
- The provider had systems in place to check the safety of the premises. Potential environmental health and safety hazards had been addressed. Radiators were covered to reduce the risk of burns to people. The temperature of the hot water supply was controlled and was within the 44 degrees limit recommended by the health and safety executive (HSE). Window openings on the first floor and above had been restricted to

reduce the risk of people falling.

- Fire checks and drills were carried out and there was regular testing of fire and electrical equipment.
- External contractors undertook regular servicing and testing of moving and handling equipment and fire equipment.

Staffing and recruitment

- There were enough staff to support people's needs. This included a senior carer and 3 care staff during the day and at night there were 2 care staff on duty. They were supported by the registered manager, housekeeping staff who also undertook laundry duties, a cook, a kitchen assistant, an activity person and a maintenance person.
- The registered manager told us in the provider information return (PIR), 'Dependency levels are monitored on a monthly basis to ensure enough care hours are available to meet the needs of the individuals.'
- We discussed with the registered manager concerns about the deployment of staff as at times we saw the communal areas were not being monitored by staff. They told us this would be an area they would review further and speak with staff and the provider to see if there was a more effective way to ensure the communal areas were monitored.
- People, where they were able, confirmed staff responded promptly if they required help. One person said, "Staff are there when I need them, and they pop in and out throughout the day."
- Relatives said staff were always available when needed and they were able to speak with staff and the registered manager when needed. Relative's comments included, "Staff are very helpful" and "Call bells are answered quickly. We press the bell to go out and they come very quickly. Also, for (loved one), easily within 5 minutes".
- Staff reported there were enough staff to meet people's needs. One member of staff commented, staffing had improved, and staff no longer worked additional hours to cover vacancies.
- We observed staff assisting people in an unhurried way. For example, people who required support to eat and drink were supported by a staff member. People were supported at their own pace by staff. We observed people engaged in various activities and they looked relaxed with staff.
- The addition of the activities co-ordinator to the staff team since the last inspection had a positive impact on the quality of people's daily lives. The activities person worked 5 days a week offering group and individual activities. People told us they had enjoyed the activities provided. The registered manager confirmed in their PIR, 'This has had a positive effect on the residents.'
- Recruitment folders had a new starter checklist, which demonstrated relevant checks were being undertaken to ensure new staff were recruited safely. This included references from previous employers and Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions
- We discussed with the registered manager that these folders were disorganised, and the information was not easily accessible. It was evident work had been undertaken to try and explore employment gaps for new staff, but we could not be assured that one staff member had no employment gaps. The registered manager said they ensure the folders were organised and confirm all gaps were explored.

Using medicines safely

- People received their medicines safely from staff who had received medicines training and had their competency assessed. The registered manager told us in their PIR, 'Competencies are carried out for all seniors that administer medication on an annual basis or more as required'.
- The provider used a computerised medicine system. Staff used a handheld computerised device while dispensing medicines and had clear directions about the medicines people were prescribed. We discussed with the area manager that the master computerised system to monitor stock levels was not being regularly

monitored to ensure people's medicines did not run out. Staff were also not always alerting when medicines were either low or out of stock. The area manager said they would work with the staff team to rectify this problem and put in place more frequent monitoring.

- Staff were observed taking time supporting people with their medicines, in a kind and calm way.
- Some people were prescribed medicines on an 'as and when required' basis (PRN), for example for pain management. The service had PRN protocols which provided staff with information about when these medicines should be given. The registered manager assured us they would review all PRN medicines to ensure they all had a protocol in place.
- There was an up-to-date photograph of the person on the computerised system so staff could ensure they were administering medicines to the right person.
- Regular medicine audits were completed and where errors or concerns were identified, action was taken.
- People received their prescribed creams in accordance with their needs. Care staff supported people to apply prescribed creams and lotions and records were kept of when these had been applied. This enabled their effectiveness to be monitored.

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 had followed all Government guidance throughout the Covid-19 pandemic to support people to stay connected to friends and family. The registered manager told us in their PIR, 'All visitors are temperature checked and are asked if symptom free before visiting. Government guidance is followed during any Covid Outbreaks.'
- Family members said they were supported to visit in a safe way and always felt welcome when visiting. One relative said, "I always ring and say is it okay to visit but I'm not sure if I need to now; they always say it's fine".

Learning lessons when things go wrong

- At our last inspection we saw action had been taken to make sure improvements were implemented in the kitchen in relation to the Environmental Health Technical officer's (EHO) inspection where they gave the service a 1-star rating out of 5. The EHO had undertaken another visit and the rating has improved to 4. The EHO recorded, 'There was a marked improvement in attitude and monitoring seen in the kitchen, please keep up the effort and training.' The registered manager was confident their next visit will improve to a 5 rating.
- The registered manager had a system for monitoring incidents and accidents, and these were reviewed regularly to improve practice. Learning from incidents was shared with staff through regular team meetings and during staff supervision.
- The provider was using their service improvement plan which was regularly reviewed and amended as

needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People's needs and preferences were assessed prior to moving to Oak House to ensure their needs could be met. People's needs had been assessed using recognised tools to understand their risk of developing pressure ulcers or becoming malnourished. Assessments were reviewed regularly to ensure they were accurate. A relative told us, "We had a proper talk quite a few weeks before (loved one moved in), about their care and likes / dislikes. The information from the doctor and so on went into a care plan."
- Care records contained information that was person-centred. This included a life story and details of people's preferences when receiving care. Staff could easily access care records and had a clear understanding of the people they were caring for. The registered manager confirmed in the provider information return (PIR), 'Life Histories are written with family's involvement where possible.'

Staff support: induction, training, skills and experience

- Staff said they were well supported by the registered manager and senior team. They confirmed their core training was up to date to enable them to work safely. The training matrix showed the dates staff were due to undertake refresher training. We discussed with the registered manager that it did not clearly demonstrate the training staff had completed. They said they would review how they recorded staff training.
- One person said they "Trusted staff" because they were skilled and careful when delivering care. Relatives told us, "The staff seem to know what they are doing, they are very well trained", "Nothing is too much trouble for them (staff). Very caring. Little darlings they are."
- All staff said they worked well as a team and supported each other. Care staff reported the service was a good place to work.

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

- Overall, people were supported to eat and drink enough to keep healthy.
- One person had untouched drinks on their bedside table throughout the morning of our inspection. Once brought to the attention of staff, the person was supported with their fluids. We fed this back to the registered manager, who said they would consider hourly comfort checks for people spending time in bed.
- We reviewed the fluid intake records for all people living at the service. Daily targets were in place and staff recorded all offered and taken fluids. These records were then tallied to show the amount of fluid consumed each day. From the records we reviewed, people were offered and were generally taking sufficient fluids to avoid dehydration. Where intake had fallen, the computerised care planning system flagged this to staff so they could take action quickly.
- People said they enjoyed the meals served, although most people could not recall what they had ordered

for lunch. Comments included, "Yes, the food, that's alright, not too bad at all. You can ask for something else if you want it" and "They are ok the meals. I get plenty to eat."

- Advice and guidance from specific professionals was sought where required and followed.
- Kitchen staff had information about people's dietary needs and preferences. We observed meals were prepared according to people's needs and preferences. People enjoyed the meal during our visit, and we saw lots of empty plates. One person said when eating their lunchtime meal, "Very good flavours."

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain their health and well-being and had access to health care professionals and services as required.
- There was clear evidence of staff working in partnership with other health and social care professionals, including GPs, district nurses, mental health teams and speech and language therapists.
- Records showed timely referrals were made to other professionals. Where professionals, such as the speech and language therapist, had provided advice and guidance, this was well documented and followed by staff. Staff knew people's needs well.

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

- The provider had refurbished some areas of the home and had plans for further development. At the time of our visit the lift was undergoing a major refurbishment and the main lounge was being decorated. The registered manager told us people had been involved with the new décor choices. While the passenger lift was being worked upon the majority of people had been confined to their bedrooms. The registered manager had ensured people received regular checks and had their needs met.
- People were able to personalise their room as they chose.

Supporting people to live healthier lives, access healthcare services and support

- Staff understood the importance and benefits to people of timely referral to health and social care professionals to help maintain people's health and well-being. People had been supported with visits to or from healthcare professionals including, GPs, community nurses, chiropodists and opticians. The registered manager told us they had been working closely with the community nurse team to complete continence assessments so people could access appropriate continence aids.
- A health and social professional told us, "I have no concerns about the care (person) is receiving, they have actively worked with her to gain confidence when mobilising... She seems to be very happy in the placement and enjoys the company of the staff and other residents."
- People's current and emerging care needs were discussed in morning and evening handovers. This included any changes, concerns or where referrals to health and social care professionals was required.

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.

- People's care was provided in line with the MCA. Assessments had been carried out to identify whether people had the capacity to make decisions about their care and treatment.
- The appropriate legal safeguards (DoLS) were in place to ensure people were not deprived of their liberty unlawfully.
- The registered manager and staff team completed training in the MCA and understood its principles.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection, the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and management team led by example to make sure people received care which met their individual needs and wishes. Relatives' comments included, "(Registered manager) has been there about a year, she is pleasant and helpful. I think, the home is well managed" and "There are no problems at Oak House. We can always phone if we can't go and if anything happens, they are straight on the phone."
- We observed the culture within the service was open and friendly. The registered manager and senior team were visible throughout the service and adopted an open-door policy.
- Relatives and staff said the registered manager and senior team were approachable and they could speak freely with them. One relative said, "They (staff) are very helpful. I have noticed all staff get on here. There is nice atmosphere." A staff member said, "The registered manager is wonderful. I really feel we are going in the right direction now. I have a lot of faith in (the registered manager)."

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 management team were aware of their responsibilities under the Duty of Candour, which is a regulatory requirement to ensure providers are open and transparent. It sets out specific guideline's providers must follow if things go wrong with people's care and treatment.
- Where this was required, there was evidence of the registered manager undertaking investigations and analysis of incidents and accidents and sharing this information with the people concerned to ensure they were fully informed.

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

- The registered manager was supported by a deputy manager, a care manager and senior care staff on a day-to-day basis. The providers and area manager undertook regular visits to support the team and to monitor the service.
- Regular audits and checks were carried out by the registered manager and designated staff. These were used to review the quality and safety of the service.
- The area manager completed a monthly quality monitoring assessment, and looked at care records, accidents and incidents, staffing, audits and complaints. It was clear the registered manager and team acted upon the actions identified at these visits
- We observed the area manager was very supportive to the registered manager and they worked well

together. The registered manager told us they were well supported by the providers and area manager and spoke with them regularly.

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

- People and their representatives were actively encouraged to engage in the running of the service. People had the opportunity to discuss concerns or ideas with the registered manager and senior staff on a one-to-one basis, this had recently included the new décor of the lounge.
- People could attend 'resident's meetings' to discuss their views.
- People and relatives had completed surveys which the registered manager had analysed and taken action where required.
- The registered manager and staff had a good understanding of equality issues and valued and respected people's diversity.

Continuous learning and improving care

- The provider, registered manager and senior team were committed to ensuring a culture of continuous learning and improvement. In order to identify and prioritise improvements they had worked with the local authority quality assurance team to put in place a service improvement plan (SIP). This included putting in place more robust monitoring processes to identify emerging risks. The registered manager and area manager had continued to regularly review the SIP to ensure it reflected actions needed.

Working in partnership with others

- The registered manager and senior team worked alongside other health and social care professionals to ensure people had access to appropriate care and treatment. GPs were contacted promptly with any concerns.