

Creative Care (East Midlands) Limited

Oakwell House

Inspection report

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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

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.

About the service

Oakwell House is a residential care home providing personal care to six people at the time of the inspection. The service can support up to six people. Oakwell House is a detached house containing five en-suite bedrooms in the main house and an annex with a self-contained flat.

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

Right Support:

Staff did not always support people with their medicines in a way people preferred and we found some minor issues about recording of medicines.

People told us they did not always get the right support from staff because they were not always well matched with their designated support workers. People told us staff had not always maintained confidentiality. We raised these concerns with the provider who assured us they had already made efforts to ensure people were supported by their preferred staff, and to ensure staff understood the importance of maintaining confidentiality.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff encouraged people to make their own decisions and develop their skills and independence.

People lived in a safe and clean environment that met people's needs. People could make choices and personalise their living space.

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.

Right Care:

People could take part in activities and pursue interests that were tailored to them. Staff promoted equality and diversity in their support for people.

Risks to people's safety and wellbeing were well managed by staff and clearly recorded in people's support

plans. Staff understood how to protect people from poor care and abuse and worked well with other agencies to do so.

People's healthcare needs were met. People had a choice of food in line with their needs and preferences.

People were protected by the provider's recruitment processes as appropriate checks were completed; ensuring staff were suitable to work with people who used the service

Right Culture:

The management team promoted a positive culture and effective working relationships within the team and with relevant professionals. This helped people to achieve good outcomes.

The provider demonstrated a good understanding of their legal responsibilities for sharing information with CQC.

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 9 July 2021 and this is the first inspection.

Why we inspected

This was a planned comprehensive inspection based on the date the service was first registered with us.

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 ●

Oakwell 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

One inspector carried out the inspection.

Service and service type

Oakwell 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. Oakwell 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 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 not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. On 5 July 2022 we completed a Direct Monitoring Assessment with the manager, and we used the information we gathered throughout this assessment. We used all this information to plan our inspection.

During the inspection

We spoke with five people who use the service about their experience. We spoke with six members of staff including the deputy manager, regional operation manager, senior team leader and support staff. We reviewed a range of records. This included three people's support plans and multiple medicines records. We looked at recruitment checks for three staff members and staff's training records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.



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.

Using medicines safely

- Two people told us they mostly received their medicines when they needed it and in their preferred way. However, people told us about a few instances where they had not been given their medicines promptly when they needed it because of staff's miscommunication and poor record keeping.
- We noticed some instances when the medicine administration chart (MAR) were not always signed to confirm the medicine was given. We confirmed people received their medicines because the provider kept daily stock records of each medicine which showed that medicine was given.
- Protocols for medicines that were prescribed to be used as when needed (PRN medicines) were in place, however when the PRN medicine was given to people, for example pain relief, the reason for it and desired outcomes were not always recorded.
- People's medicine support plans contained personalised information on how they liked to be supported to take their medicines which was good practice.
- We fed back our findings to the provider who took immediate actions to investigate the omission in recording.

Assessing risk, safety monitoring and management

- The provider had systems to assess and mitigate risks to people. For example, where some people were at increased risk of causing injury to themselves. They had appropriate support plans and risk assessments which guided staff on how to support them safely and to reduce the risk.
- People were involved in managing risks and in decisions about how to keep themselves safe. For example, people identified potential hazards within their own rooms.
- Staff had a good understanding of the risks people were at and they knew how to support them to reduce these risks. Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.
- The building and environment was safe. Health and safety records evidenced the service was compliant with safety checks. There was an up to date fire risk assessment evidencing regular fire evacuation practises.

Learning lessons when things go wrong

- Lessons were learned if anything went wrong.
- Accidents, incidents and near misses were reported, recorded, analysed and action was taken to prevent repeat occurrence help ensure adverse events did not happen again. The providers senior management team supported management team to review incidents, accidents and adverse events. De-briefs were held after serious incidents.

- The deputy manager gave us examples of actions they had taken to reduce risk following incidents.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse.
- People told us they felt safe living at the service. Staff knew how to recognise safeguarding concerns and received appropriate training. One staff member told us what they would do to protect people, "If I had any concerns about anyone I would report it to my senior team leader or if they were not available I would go to the management or contact safeguarding team myself."
- The provider had up to date policies for safeguarding people from abuse and harm. The management team understood their responsibilities in this area and knew when and who to raise concerns both internally and with external agencies such as the local safeguarding team, CQC and the Police.

Staffing and recruitment

- There were safe and effective staffing and recruitment processes in place. Reference checks took place and the provider used the Disclosure and Barring Service (DBS) to help them make safe recruitment decisions. DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- There were enough staff to meet people's needs. Staff told us there were enough of them to provide people with their commissioned support. Staff told us that any short notice staff shortages were covered between regular staff or if that was not possible, the provider had used regular agency workers. This meant people received consistent support from staff they knew.
- Senior staff were also available to support in an event of unexpected cancellations. The management team offered on call support throughout the week.

Preventing and controlling infection

- We were assured that the provider was responding effectively to risks and signs of 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 promoting safety through the layout and hygiene practices of the premises.
- We were somewhat assured that the provider was using PPE effectively and safely.
- 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.
- People were supported to have visitors safely.

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.

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

- People's needs, wishes, preferences, sexuality and cultural needs were assessed before they moved into the service.
- The provider supported people to move into the service in a planned and effective way. The provider supported people through their transition. Prior to a person moving in, they were offered short visits which were gradually increased to include overnight stays. This meant that the person's anxieties and worries about moving into a new home were reduced, and they were given the time and space to get to know their new staff and surroundings.
- People had individual and person-centred support plans which contained information about support needs, their background and history. The plans were detailed and regularly reviewed and updated by the management team to reflect any changes in people's support. This meant staff had detailed and up to date guidance on how to support people.

Staff support: induction, training, skills and experience

- Staff received training suitable for their role and relevant to the needs of people living in the service.
- One person told us they felt most staff were competent and had the skills and experience to support them, however they had expressed concerns about abilities of other staff. They told us, "Staff do have the right skills to support me and they have the right resources but some staff are better at supporting than others and there are a couple that really have no clue in what to do." Other people told us they felt staff had the right training to support their needs.
- Staff received specialist training to ensure they could meet people's individual support needs. This enabled them to safely support people at times of emotional distress. Staff told us they found this particular training effective. One staff said, "The training was explained well, trainers were brilliant. Since I started working here I can now identify when someone is low mood and I know what to do about it."
- Staff meetings took place and staff received one to one supervision from the managers on a regular basis. These provided opportunities for staff to reflect on their working practices and discuss any further training or support needs.

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

- People were encouraged and supported to have a healthy and balanced diet.
- Where people required a specialist diet, for example gluten or lactose free, staff had encouraged them to follow it.
- People had individual food budgets so they could purchase food, drinks and snacks they liked. Where required, staff worked alongside people to prepare their meals and snacks. People told us they had weekly

take away nights which they enjoyed.

Adapting service, design, decoration to meet people's needs; Staff working with other agencies to provide consistent, effective, timely care

- The service was well adapted to meet people's needs.
- The provider had installed a wheelchair ramps to enable people to access the garden in a safe way. The garden was well-maintained, and a patio area provided an outdoor seating and smoking area for people.
- The communal areas were well decorated and spacious. People were able to decorate their own rooms to reflect their lifestyle choices, interests and hobbies. People had access to the internet throughout the house which was important to them.

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

- The provider supported people with healthcare appointments when this was required.
- Staff were aware of people's physical and mental health needs and called their GP or emergency services for advice if they had concerns about a person's health. During our visit we saw this in practice, when one person felt unwell, staff immediately took them to the emergency department for an assessment.
- People's individual care records confirmed they were supported to access different healthcare services such as their GP, mental health support or specialist hospital services.
- The provider had their own psychologist who visited people every two weeks and gave them the opportunity to discuss any worries or concerns. People were very positive about this service. One person told us, "Psychology sessions with [person] help me, [name] is my favourite member of staff, [person] gets me and understands me, doesn't rush it or anything."

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.

- Where people might have lacked capacity, the service worked closely with social services on assessing people's capacity for specific decisions and took part in best interests decision making to ensure people's support was personalised and protected their rights.
- There was good practice around consent. Staff sought people's consent throughout the day whenever offering support. People told us they were supported well and made their own decisions.

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

- We received mixed feedback from people about the support they received from staff.
- Some people told us they were not always well matched with their designated support workers and as a result, they were not always at ease, happy, engaged and stimulated. They told us this was because some staff did not always show people enough respect or did not take interest in their lives. We raised this concern with the provider who told us they always tried to make effort to ensure people were supported by their preferred staff, however due to some unforeseen circumstances, such as staff being already involved in activities with other people or it was their day off, this was not always possible.
- One person told us they found most staff to be supportive, caring and fun. One person told us, "Most of the staff are great, they are fun but also have that professional side, they have made the residents birthdays so great for them, they generally do care."
- Other people told us they liked their staff, comments included, "Staff are absolutely fantastic, especially [staff's name], we have very similar personality and sense of humour, other staff are nice too."
- The management team and staff showed respect and acceptance of people's sexual orientation and gender preference and addressed people using their preferred pronouns.

Respecting and promoting people's privacy, dignity and independence

- Privacy and dignity were not always respected. We received a mixed feedback from people about staff maintaining confidentiality and privacy.
- One person told us staff had not always maintained confidentiality. They told us, "(there is) complete lack of confidentiality, staff openly discussing other residents' personal information, incidents, things they have said or done etc, what they felt about residents or staff and personal information about staff." We raised this concern with the provider who told us they were aware of some historical issues where staff had failed to maintain confidentiality. As a result, the provider took actions to ensure staff understood the importance of maintaining confidentiality.
- Other people confirmed staff had respected their privacy. One person told us, "Staff respect that sometimes I just need to be alone and I may be struggling but they trust that I won't harm myself", and another person told us, "I can ring my [relative] in private, I was not allowed to do that in my previous place."
- Staff described how they respected people's privacy and dignity by giving people private time and encouraging their independence. Staff described how they supported people to be as independent as they could be.
- The management team and staff supported people to seek paid or voluntary work, new leisure activities and widening of social circles.

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

- People who lived at the service were very independent and were able to make their own decisions about their lives and day to day choices. The provider ensured people were given information they needed to make their decisions.
- People told us they had been given the opportunity to take part in house meetings, where they could discuss any issues affecting them and the service. Some people had regular meetings with their key workers. A key worker is a staff member working closely with the person to enable them to plan their support and fulfil their personal goals.
- The management team and staff supported people to maintain links with those that were important to them.

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.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place available for people. The management team logged any complaints, responded to them and took action to resolve any issues.
- People they knew how to voice their opinions and to complain if needed. People told us they could contact the management team via the on-call phone, email or speak to them in person.

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

- The provider met the needs of people using the service, including those with needs related to protected characteristics. People were supported with their sexual orientation and gender identity without feeling discriminated against.
- People's needs and preferences were recorded in their support plans. Support plans were person-centred and detailed, they described people's routines, what was important to them and their likes and dislikes. Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life.
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved.

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

- People were supported to participate in social and leisure interests and staff had good knowledge of each person's preferences.
- Some people attended regular social networks such as LGBTQ+. They took part in various events that aimed to support and celebrate LGBTQ+ communities such as "Pride Festival", and other events such as "Colour Dash" where people were supported to fund raise over £300 for a local hospice.
- Another person raised funds for a charity that supports people with mental health conditions. They were supported to walk 100 miles throughout a month and raised £1000.
- People told us the staff supported them to organise parties to celebrate their birthdays and other significant events. We saw evidence of other parties and events such as The Queens Platinum Jubilee party or BBQ's.
- People were supported to maintain regular contact with their relatives and friends. Some people regularly spent days and weekends with their relatives and other person was supported to visit and spend time with their partner.

End of life care and support

- At the time of our inspection, no one was receiving end of life support.
- The provider had asked people whether they would like to discuss their end of life wishes and this was recorded in their support plan.
- The provider had put plans in place to support people with the loss of their relatives and offered them access to a bereavement support services.

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.

- All people living at the service were able to communicate verbally.
- People's support plans included information about their individual communication needs and preferences. This ensured staff knew how to effectively communicate with people.

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; Working in partnership with others

- There was not a registered manager in post at the time of our inspection.
- The providers quality assurance processes were in place however were not always effective. For example, the provider had not identified concerns about management of medicines.
- The provider engaged with other organisations such as local mental health specialist services, social workers or GP's to improve care and support for people using the service. We received a positive feedback about Oakwell House from one social worker who told us, "the staff there do go fair way to support and manage the difficulties and complexity people may have."
- The provider had introduced a range of incentives for staff, for example staff had been given a day off on their birthdays. Staff could nominate their colleagues for their hard work and dedication for which they received a certificate and a mention in providers newsletter.

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

- Despite concerns and issues raised by people, which we described throughout this report, the overall feedback about people's experience of living at Oakwell House was positive. People were empowered to have control of their lives. One person told us Oakwell House was, "the best steppingstone for their recovery."
- The management team were visible in the service, approachable and took an interest in what people, staff and other professionals had to say. One person told us, "When some things are bothering me, about staff or another people, I can go to [deputy manager] and talk to [person]."

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

- The provider sought feedback from people, professionals and staff and used the feedback to develop the service. There had been positive feedback and compliments about the service.
- Staff were encouraged to give feedback and make suggestions about the service. Team meetings, regular handovers and ongoing contact supported staff to share their views.

Continuous learning and improving care; 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 provider had a clear risk log for any accidents, incidents and concerns which looked at how people's

changing needs and risks were addressed. The management team reviewed those regularly to confirm appropriate action was taken to protect people and to report any incidents externally when needed.

- The management team had a continuous improvement action log which supported them to ensure improvement to the service were implemented. Actions were taken to review individual people's support, to improve support records and assessments or to implement new tools to support people's safety.
- The provider and management team met legal requirements about informing the Care Quality Commission and other agencies when incidents occurred within the service