

Red Oaks Healthcare Limited

# Red Oaks Care Community

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Red Oaks Care Community is a care home providing personal and nursing care to 21 people aged 65 and over at the time of the inspection, including those living with dementia. The service can support up to 40 people. Red Oaks Care Community is purpose built. It is split over two floors with communal areas on each floor.

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

During this inspection we did not speak directly with people at the service due to the increased risks associated with the COVID-19 pandemic. People appeared relaxed and had a good rapport with staff.

We identified gaps in the Medicines Administration Record (MAR) which were not reported and investigated promptly. We recommend the provider makes further improvements about management of medicines. Peoples care records were generally up to date and relevant.

The provider had reviewed and updated their Infection Prevention and Control (IPC) procedure to reflect national COVID-19 guidance. The home was clean and appropriate checks were in place for people visiting the service.

Quality assurance processes were in place to ensure improvements were made. Issues identified during our last inspection had been actioned and rectified to ensure people were no longer at risk of fire or risk of scalding from a hot water outlet.

The provider had reviewed and updated their dependency tool to ensure people's need were correctly assessed and to deploy sufficient numbers of staff to meet people's needs. Staff told us they felt supported by the new manager and we could see evidence of staff morale improving. Staff were keen to drive the improvement and make positive changes to the service.

The provider and the manager demonstrated a willingness to make further improvements and had implemented service improvement plans to evidence how they were committed to improve the running of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was Requires Improvement (published 16 October 2020), there were four breaches of regulation. We issued the provider with a Warning Notice and asked the provider to complete an action plan to show what they would do to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations however we have made some recommendations.

### Why we inspected

We undertook this focused inspection to check whether the Warning Notice we previously served in relation to Regulation 12 (Safe Care and Treatment) and 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We also checked whether the provider had followed their action plan and to confirm they now met legal requirements regarding Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 Registration Regulations 2009 Notifications.

This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed. This is based on the findings at this 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 coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Red Oaks Care Community on our website at [www.cqc.org](http://www.cqc.org)

### 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?

The service was safe.

Details are in our safe 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** ●

# Red Oaks Care Community

## Detailed findings

### Background to this inspection

#### The inspection

This was a focussed inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Inspection team

This inspection was undertaken by one inspector.

#### Service and service type

Red Oaks Care Community 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 did not have a manager registered with the Care Quality Commission at the time of the inspection, however, since the inspection took place, the manager had completed their application process and is now registered with CQC. Registering as a manager with CQC 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

We gave the service 24 hours' notice of the inspection. This was to ensure we could manage the risk related to COVID-19.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We had also requested information from the provider prior to the inspection and this information was used as part of the inspection plan. The provider was not asked to complete a Provider Information Return prior to this inspection. This is information we required 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.

We used all of this information to plan our inspection.

During the inspection

We spoke with the manager, deputy manager, nurse, team leader and a housekeeping staff member. We reviewed a range of records. This included two people's care records, multiple medication records and accident and incident records.

After the inspection

We received clarification from the service to validate evidence and we requested further information and quality assurance records which we have used to support our judgements in the report.

# 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.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess, monitor and mitigate risks or to ensure the safety of the premises and equipment was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation

- People's risk assessments and care plans had been reviewed and updated following our previous inspection. We reviewed a sample of care records and we identified that one care plan still contained inconsistent information about a person's repositioning needs. We raised this with the manager who took immediate action to rectify the incorrect information.
- Where people presented with behaviour that challenged staff and other people, there was guidance and direction for staff in care plans on how to help reduce the risk of this behaviour.
- People were no longer at risk of harm from hot water outlets. The provider ensured appropriate maintenance work had been carried out and the hot water was no longer reaching potentially scalding temperature.
- People were no longer at risk in relation to fire. Essential fire safety work had been completed and faulty fire detectors had been replaced. Staff were taking part in regular fire drills and fire system was tested on a regular basis.
- People were no longer at risk of Legionella infection. The provider had reviewed and updated their legionella risk assessments to ensure infrequently used outlets were regularly maintained. There was plan in place for regular descaling of shower heads.

### Preventing and controlling infection

At our last inspection the provider had failed to assess the risk of, and preventing, detecting and controlling the spread of, infections was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation

- The provider had reviewed and updated their infection prevention and control procedures to reflect national guidance about COVID-19 pandemic. The provider opened the communal area on the second floor to allow better social distancing measures. Items of furniture such as tables and chairs were spaced out to ensure safe distance between people to prevent the spread of the infection.
- People who were at higher risk of the infection had their health needs reviewed and risk assessment were put in place to reduce the risk of catching the virus. People were regularly assessed for signs of an infection. People who were symptomatic were self-isolating in their own bedrooms to prevent the spread of the

infection to others.

- The provider had implemented procedures for visitors entering the service. This included taking visitors temperatures and screening for the symptoms of infection upon entering to the service.
- Staff had received training on how to don and doff their personal protective equipment (PPE). Staff were observed wearing their PPE in line with national guidance. There was enough PPE in stock.
- People lived in an environment which appeared clean. People's rooms and communal areas were generally clean and there were no unpleasant odours.

#### Using medicines safely

- We reviewed people's medicines administration records (MARs) and found that the administration of medicines was not always signed to confirm the medication was given. We found no evidence to show these gaps were identified and reported promptly. We raised this matter with the manager and deputy manager who took immediate actions to investigate the gaps in MAR charts. The manager confirmed the medicines were given as prescribed and this was a recording issue only.
- We reviewed the providers internal medicine audits. The medicines auditing process had generally improved, however, they showed there were administrative inconsistencies regarding medicine in stock. We found no evidence that people had been harmed as a result of those inconsistencies and this was now being addressed by the manager.
- Medicines were stored safely at the right temperature.
- Medicines that are controlled drugs were managed appropriately.

#### Staffing and recruitment

At our last inspection the provider had failed to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation

- There were sufficient staff to meet people's needs. The provider had reviewed and updated their dependency tool to assess the level of people's needs. People's needs and level of support required was clearly identified. This information was used to generate staff rotas.
- Staff rotas were planned and reflected the targeted staffing ratio which we observed during the inspection. Staff felt there were enough staff on shift to meet people's needs. Staff were observed responding to call bells promptly.

#### Learning lessons when things go wrong

- The provider had reviewed and updated their incident and accident reporting documents. Actions were taken to reduce the risk of the incident happening again. The manager completed regular audits to ensure all incidents were documented and appropriate actions were taken.

#### Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy and procedure in place. Staff knew how to raise a safeguarding concern. Safeguarding concerns had been reported to the local authority and the CQC appropriately.

# 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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

At the last inspection there was a continued breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to the provider's failure to ensure that people were protected from risks associated with ineffective monitoring and inconsistent record keeping. Enough improvements had been made at this inspection and the provider was no longer in breach of Regulation 17, however further improvements are required.

- Regular medicine auditing processes had somewhat improved since our previous inspection. We reviewed the medicine error reporting document and identified that not all potential medicine errors were always reported in a timely manner. This meant that prompt investigation was not always carried out. During this inspection we also identified unexplained gaps in MAR sheets. We raised the concerns we had about staff competencies in relation to the accurate recording and reporting procedures with the manager. The manager told us they will re-visit their procedures to ensure all recording discrepancies are reported and investigated promptly.
- After the inspection the manager told us there were plans in place for further medicine training for staff. The manager told us the management and safe administration of medicines were their priority.

We recommend the provider reviews their medicine management processes, staff competency assessment process and refers to the National Institute for Care and Health Excellence (NICE) for best practice in management of medicines.

- Systems and processes to monitor the quality and safety of the service had mostly improved. The provider had introduced enhanced self-auditing systems. Regular checks were completed by the senior quality manager to ensure the service manager is making the required improvements.
- The provider reviewed and updated their reporting documents. Incident forms were reported centrally, and incident analysis was taking place to ensure lessons can be learnt to prevent the same incidents from happening again. Senior management had an overview of all incidents and quality assurance processes.

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

At our last inspection the provider had failed to operate effective systems to assess, monitor and improve the service and to maintain an accurate, complete record in respect of each service user which was a breach

of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation.

- The provider had implemented a detailed service improvement plan which focussed on shortfalls identified during our last inspection. The provider and the manager had made improvements to the quality of the service. Staff told us they felt the service had improved, however, they told us more work is still needed to make further improvements.
- The provider and the manager reviewed and updated their dependency level tool to assess the level of people's needs and to deploy the correct number of staff to provide consistent care.
- The provider acted to ensure outstanding health and safety concerns were addressed and improvements had been made where needed. The provider rectified concerns we raised about the faulty fire detection system and rectified the unsafe hot water system in one bathroom.
- Staff told us they attended meetings with the manager on a regular basis. We saw evidence that team meetings had taken place and actions had been taken to address issues identified.

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.

At our last inspection the provider had failed to submit notifiable incidents to the CQC which was breach of Regulation 18 Registration Regulation 2009 Notification of other incidents. Enough improvements had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider had reported safeguarding incidents to the local authority safeguarding team and CQC. The provider is legally required to notify CQC when certain events have happened.
- Staff and the management team took an open and honest approach to the inspection process. They acted promptly on the feedback provided and supplied all information requested.

Engaging and involving people using the service, the public and staff

- The manager kept in touch with families to inform them about changes to the service caused by the COVID-19 pandemic.
- The provider used 'Monthly reflections' forms to gather and act upon any issues or comments raised by people and staff about the service. For example, people said they enjoyed their mealtimes, the food on the new menu and felt they had a choice of food.
- Staff told us they would report any concerns to the manager who addressed issues in an open and transparent way, involving people and their relatives where appropriate.

Working in partnership with others

- The manager and staff team continued working with health professionals such as tissue viability nurses, to ensure that people received the support they needed.
- The manager and staff had worked with other health professionals to escalate concerns they had about people's behaviour that challenge. The service communicated with commissioners and the Deprivation of Liberty Safeguards (DoLS) team appropriately about people's care.
- The manager had worked with local Infection Prevention and Control team in relation to the recent outbreak of Covid-19 infection.