

Red Oaks Care Home Limited

Red Oaks Care Community

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service well-led?

Good



Summary of findings

Overall summary

Red Oaks Care Community is a care home that provides personal care for up to 40 people in one adapted building. It is registered to provide a service to older people who may be living with dementia or physical disability. At the time of the inspection 35 people lived at the home.

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

Improvement had been made to ensure medicines were administered safely. However, further improvement was required in the management and recording of medicine room and fridge temperatures. Staff did not always follow the providers infection control policy.

Regular safety checks were in place to ensure the premises were safe. Risks for people were assessed and monitored. People were protected from harm and abuse as staff were knowledgeable and had a good understanding how to keep people safe. Enough staff were available to respond to people's needs in a timely manner. Accident and incidents were investigated, and measures were in place to prevent recurrence.

Staff worked well with other healthcare professionals. Referrals were submitted in a timely manner and we received positive feedback from a healthcare professional on the day of our visit. Care files contained detailed information for staff to support people and provide effective care. People's needs were assessed, and staff were supported to acquire relevant skills and experience for their roles. People were supported to have sufficient to eat and drink and had a calm and enjoyable dining experience. The provider was working towards a refurbishment plan to ensure the building would be maintained to a high standard.

The provider was working in line with the principles of the mental capacity act 2005. 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.

The care people received was tailored to their individual needs. Care plans reflected people's needs, their preferences and their choices. People were supported to maintain good well-being and reduce the risk of social isolation.

The service had systems in place to monitor and share continuous learning. Management showed leadership and were clear about their role and responsibilities. We received mostly positive feedback about the management of the service from people, families and staff. However, some felt communication could be improved. There was a positive culture throughout the service. Management was open and honest, and worked well with healthcare professionals.

We have made a recommendation in regard to the providers communication and involvement policy.

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

The last rating for this service was requires improvement (published 21 March 2022).

The provider completed an action plan after the previous inspection published 21 March 2022 to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has changed following this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Red Oaks on our website at www.cqc.org.uk.

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 well-led?

The service was well-led.
Details are in our well-led findings below.

Good 

Red Oaks Care Community

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Red 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.

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

At the time of our inspection there was a manager in post who had submitted their registered managers application to CQC.

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 as well as the information shared with us by the local authority, such as details of the safeguarding concerns that had been raised. We used all of this information to plan our inspection.

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 five relatives about their experience of the care provided. We spoke with six members of staff including the cook, senior care staff, care assistant, domestic staff, manager and the provider's representative.

We reviewed a range of records. This included five people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed training data and the provider's quality assurance records.

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 for this key question has remained the same. 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; Learning lessons when things go wrong

At the last inspection in February 2022 the provider failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 Safe care and treatment of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12. The service still required improvement in some areas.

- At our last inspection medicines were not managed safely. At this inspection we found improvements had been made. The providers medicine policy was being adhered too. Improvements had been seen to the storage and time specific medicines. However, we found the medicine room and fridge temperatures were not completed consistently and sharp boxes were not dated when opened. We were not assured medicines were still effective as there were gaps in these recording documents. The medicine audit had not always identified these concerns and as a result action had not been taken to rectify them. The manager addressed this during our inspection.
- People were supported to receive their medicines in a timely manner and as required. People and relatives confirmed they received their medicine on time.
- An electronic medicine recording system was in place to minimise errors. Where people received covert medicines, we saw discussions had taken place with pharmacist to what suitable foods could be used.
- Staff competency was tested annually. The manager told us they had plans to increase these checks to ensure there was more robust staff efficiency. Since our last inspection more staff had completed medicine training. Staff records and staff, we spoke with confirmed this.
- Staff showed us the medicine process and we observed staff administering medicines. The staff told us the new system in place was better and mitigated risk when peoples medicines were due, which was more effective if the medicine was time specific.
- Medicines were stored securely. The providers policy had been updated to reflect medicine guidelines for safe storage.
- Controlled drugs were recorded correctly and in line with legislation.

Preventing and controlling infection

- We were not fully assured the provider was using PPE effectively and safely. Staff were seen throughout the day wearing masks and relevant PPE. However, some staff were wearing the mask under their nose and some staff failed to change their PPE when redirected to another task. We also identified staff with long nails and some wearing jewellery. The provider had already implemented an audit and assured us action would be taken to address these issues.

- 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. One person confirmed when they had COVID 19 they isolated in their room until the infection had gone.
- 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 assured that the provider was accessing testing for people using the service and staff.
- 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 were up to date.

Visiting in care homes

- The provider had visiting arrangements in place to ensure people were not at risk of isolation. The provider was following current visiting guidelines.

Assessing risk, safety monitoring and management

- Regular safety checks were carried out to ensure the service was safe. For example, water hygiene, gas boilers, electrical and fire safety systems and equipment were tested regularly. All safety certificates were up to date.
- Peoples risks were managed and identified, including falls, people's weight, infections and oral health care. One relative told us their family member was at risk of falls before they came into the home. They said, "[Name] has had no fall since they have been here". They felt this was a good outcome.
- Repositioning plans (plans to identify when a person requires repositioning to reduce the risk of pressure sores) and daily notes were on an electronic system. These were updated in real time, which meant they were updated at the time care had taken place. The system was new and had been in place for a short period and staff were still getting use to using the system, the manager was confident progress was being made.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse.
- People and their relatives told us they felt safe living at the service. One person said, "I love living at the home and feel safe." Another person said they were, "Happy and liked it here." One relative confirmed their relation was happy living there and the care provided was good and met their relative's needs.
- All staff had received safeguarding training to protect and mitigate the risk of abuse for people. Staff had a good understanding of safeguarding and described a situation where they would raise a concern.

Staffing

- There was sufficient staff on duty on the day of our visit. Staff confirmed there was sufficient staffing levels made up of agency and permanent staff.
- The manager told us they were currently recruiting to reduce the use of agency staff.
- The provider used a dependency tool to identify the number of staff for people's requirements. We saw the number of staff required to assist a person on a number of documents, such as, the grab file (used for quick access to a person's information), personal emergency evacuation plans (PEEPs) included risk level and number of staff required to support the person safely.
- Staff were recruited safely and employed following suitable checks, including a Disclosure and Barring Service check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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.

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

- Staff worked closely with other professionals; people were referred to appropriate healthcare professionals such as, occupational therapists or GP's, when required. Staff recorded outcomes and followed advice as needed.
- One healthcare professional visiting the service told us there had been a lot of improvement since the new manager arrived at the service. The staff provided good handovers, followed professional advice and recorded shared information. The healthcare professional gave an example of effective care. They said, "One person had complex needs and was slow to heal but with staff perseverance improvements were made."

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

- People's needs were fully assessed, and relatives confirmed this.
- Care plans were under review. The new manager had been proactive and implemented new care files. Completed care plans had detailed information to ensure staff could support and meet people's needs. This was an improvement since our last inspection, for example, people living with diabetes had information for staff to observe symptoms if a person had high or low blood sugar. Where appropriate diet was considered, and changes made to minimise risk.
- People whose needs related to catheter care had a catheter passport, which contained detailed information for staff, how they should care for and meet the person's needs.

Staff support: induction, training, skills and experience

- Staff files identified staff had participated in an induction. The staff files also contained certificates they had gained for training completed and supervision support they had received.
- Training skills and experience was recorded and monitored.
- Staff told us they felt supported in their role and received relevant training to do their job.
- Some staff were working under a government sponsorship. They were progressing their skills and qualifications in health and social care. One staff told us they felt the service was very friendly and the manager very supportive.
- The provider's representative told us they had put a separate detailed induction in place to support the staff on the sponsorship, this was to ensure they provided effective care to people. This meant staff were fully supported to increase their skills and experience.

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

- People were supported to have sufficient to eat and drink. There was good choice at mealtimes and one person told us they had just had a late breakfast. One relative said, "[Name] had gained weight since being in the home."
- People had mixed views on the quality of the food. One person told us they were not fussy about the food. They said, "It's not as good as it used to be." Another person said, "The food was lovely." We spoke with the manager and they told us the cook was in the process of a menu review. We saw outcomes from previous reviews. This meant people were involved with food choices.
- Systems were in place for each person to have a nutrition passport. This identified people's likes and dislikes for meals, whether the person was on a soft diet or needed specialist equipment, such as, a plate guard. The passport also identified any allergies or if the person wanted to sit with people /friends or alone.
- Food stocks were good. There were some fresh produce and ingredients to make homemade foods, such as cakes and where necessary these could be adapted to people's tastes and preference.

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

- People personalised their bedrooms to make them feel more at home. Staff told us the service was homely, family orientated and personal.
- The provider told us they had an ongoing refurbishment plan in place. The manager shared ideas with us for making the service more fitting for people's cultural needs, such as a social club as the majority of people were from a past mining community.
- Dementia friendly signage was present throughout the home which supported people living with the condition to be as independent as possible and there was access to secure grounds at the rear of the property.

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).

- The provider was working within the principles of the MCA.
- Where people lacked capacity to make certain decisions, best interest meetings had been held and carers, family members and professionals had been consulted. One relative confirmed their family member has a DoLS in place.
- Where people had covert medicines mental capacity assessments had been completed. This meant people were involved in decisions for their care and treatment or action would be taken in the persons best interest.

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.

At the last inspection in February 2022 the provider failed to ensure there was adequate leadership and quality monitoring in the home. 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 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

- Governance and management oversight had improved. This was due to the new manager in post. Audit management had increased. Systems were in place that gave better management oversight of the service and the manager was constantly making improvements. This included reviewing the medicine audit following our feedback.
- Incidents and accidents were consistently monitored and analysed for themes and trends to improve people's care
- Staff following professional advice and guidance had improved. Staff were working well with other professionals. We received positive feedback on the day of our inspection from a visiting healthcare professional.
- The service had notified the Care Quality Commission (CQC) of all significant events which had occurred, in line with their legal obligations.

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

- People were consulted and involved in discussions on what goes on within the home. However, we received mixed feedback from relatives who told us communication could be better. We received examples where family stated they had not sufficiently been updated and kept informed when certain changes were made. For example, changes to medicines.
- On the day of our inspection one family had made an appointment to visit their relative, however, they were kept waiting with no explanation why. There were mitigated circumstances, but staff failed to inform the family in a timely manner. We spoke with the manager who told us they would address this with staff.
- Staff meetings had taken place and verbal discussions with people who use the service. The manager told us they had intended to reimplement resident and relative meetings, as these had diminished during the pandemic.

We recommend the provider reviews their communication and involvement policies to ensure families are kept up to date with changes more frequently.

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

- There was a positive person-centred culture within the home. One staff said, "Management are really approachable and very supportive."
- We observed people interacting with the staff, manager and provider. The impact was very positive with a family feel atmosphere.
- People's personal backgrounds were considered. The home was situated in an old mining community. The manager had plans to ensure the service reflected on people past life experiences. Such as social club and social events, which had been implemented.
- The providers representative and manager were open and honest. They acknowledged there had been shortfalls in including and empowering a person-centred environment at our last inspection, but they gave assurance they were proactively working to improve the service as part of an ongoing action plan, which they shared with us.