

Oak House Residential Home Limited

# Oak House Residential Home

## Inspection report

Pond Lane  
Greetham  
Oakham  
Leicestershire  
LE15 7NW

Tel: 01572812647

Website: [www.oakhouse-carehome.co.uk](http://www.oakhouse-carehome.co.uk)

Date of inspection visit:  
10 March 2022

Date of publication:  
07 April 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Oak House is a residential care home providing personal care to 16 people aged 65 and over at the time of the inspection. The service can support up to 25 people.

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

People felt safe. Staff understood their responsibilities to protect people from abuse and avoidable harm. Risks were assessed and managed. The provider made changes when concerns were identified so people were safe and risks were reduced.

There were enough staff on duty to meet people's needs. Staff recruitment was safe because checks were carried out before employment was offered.

People's medicines were managed in a safe way.

The service was clean and hygienic. Staff followed infection and prevention control systems and government guidance about COVID-19.

The service was person centred. Staff and managers worked together to achieve good outcomes for people. People praised staff and managers and found them open, accessible and approachable.

We have made a recommendation about audits and how they are recorded and shared with staff.

Staff worked with other professionals and authorities, so people received joined up care and support.

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

The last rating for this service was good (report published 4 January 2019)

### Why we inspected

The inspection was prompted in part due to concerns received about the providers response to a fall and processes for notifying the CQC about incidents. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

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 remained the same. This is based on the findings at this inspection.

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

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

# Oak House Residential 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Oak House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with five members of staff including the provider, registered manager, senior care worker, housekeeper and maintenance man.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and felt staff would take action if they were worried about anything.
- Staff had training about identifying abuse and protecting people from abuse. They were clear about what to do if they suspected abuse had taken place or if people felt unsafe. This included contacting other authorities such as the CQC.
- The registered manager worked with the local authority and took action to improve systems and processes to keep people safe.

Assessing risk, safety monitoring and management

- Risk was assessed and managed effectively. Some people used assistive technology such as motion sensors so that staff knew when the person was more at risk of falling.
- An electronic system had been introduced for people's care records. These supported staff to quickly identify if a required care task had not taken place or if people had not had enough to eat or drink.
- People's freedom to take informed risk was respected. For example, people were supported to stay safe when going out independently.
- Systems were in place to make sure the premises and equipment were well maintained and appropriate safety checks were carried out.

Staffing and recruitment

- There were enough staff to meet people's needs. People told us they did not have to wait for staff to attend to them staff were flexible in their approach.
- The registered manager did not use any formal tool to calculate the numbers and skill mix of staff required. However, they knew people well and made staffing changes in response to people's changing needs.
- Staff were recruited in a safe way. Pre employment, checks were carried out to make sure as far as possible, only staff with the right skills and experience were employed. People spoke highly of the staff employed.

Using medicines safely

- People told us staff managed their medicines in a safe way and ensured they received them at the correct time.
- Medicines were stored securely and records were accurate and up to date. Audits were carried out to make sure staff followed safe medicine management procedures.
- People's medicines were reviewed by a doctor to make sure they were still required and were effective.

Changes were made to reduce the amount of medicines people were prescribed where possible.

- Following a recent local authority and pharmacy visit, changes had been made to the safe storage of refrigerated medicines.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

- The registered manager agreed to make changes to the storage of clean towels and to move these out of communal bathrooms.

#### Learning lessons when things go wrong

- The provider made changes to their policy and procedures for falls following advice provided by the local authority.
- Staff we spoke with were aware of these changes and could describe the action they would take in response to accidents and incidents including seeking medical attention.

# 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 good. At this inspection this key question has remained the same. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The culture of the service was person centred. People told us staff met their individual needs and preferences and how staff were flexible in their approach. Staff and managers shared the same person-centred ethos and values.
- People were consulted about the care and support they received through care plan reviews and meetings both formal and informal. Staff made changes in response to people's requests. For example, people could have their meals at a time that suits them. People were supported to go out to access shops and facilities they used to before moving into the service.
- Staff told us their managers were supportive and listened to their suggestions and ideas. A care staff member told us they felt listened to and said, "Anything you need they will arrange it.". Cold water stations were purchased for staff to support them to stay cool and comfortable while wearing face masks during the COVID-19 pandemic.
- People's equality and diversity needs were assessed before they moved into the service. Staff supported people with sensory impairment to access technology such as using large screens with skype so people could stay in touch with people important to them. People were supported to follow their chosen religions.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 was carrying out checks and audits but these were not always recorded or shared with staff

We recommend the provider's audits are formally recorded and shared with staff to ensure staff are made aware of potential risks and any improvements required.

- Checks were carried out and surveys were sent out to make sure policies and procedures were being followed and people were satisfied with their experience of care and support.
- The providers understood their responsibility to be open and honest when things went wrong.
- The provider told us they were looking at tools to support staff to identify physical deterioration and escalate when people became unwell to healthcare services.

#### Continuous learning and improving care

- The provider had identified where improvements were required to staff training compliance and had taken action to increase staff training attendance.
- The provider's falls policy had been updated so staff had more specific instructions to follow in the event of an accident. The provider told an emergency grab sheet was being developed so important information could be quickly accessed and sent with the person if they were going to hospital.
- Electronic systems for care planning and risk assessment had been introduced so that staff could access important information about people and would be alerted if required care and support was not received. People's relatives could also access some of these records so they could keep up to date with their family members care and support needs and wellbeing.

#### Working in partnership with others

- Staff consulted with healthcare professionals and other authorities such as the local authority. They followed advice and guidance and shared relevant information so that people received joined up care and support.