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The Oaks Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Oaks Care Home is a residential service providing personal care for up to 9 people with a learning disability. At the time of the inspection there were 9 people living at the service.

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

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.

Right Support

People's care records needed to be improved to ensure they helped staff offer the support people needed because these did not clearly, concisely and accurately outline presenting issues. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Generally, staff supported people to make decisions following best practice in decision-making. The care records at times did not demonstrate this was always happening. Infection prevention and control practices reflected current guidance. The audit documents used for monitoring room cleanliness needed to be used more effectively. The provider was in the process of addressing these issues as well as refurbishing the service. Staff communicated with people in ways that met their needs. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to achieve their aspirations and goals. People were supported safely with medicines.

Right Care

People received kind and compassionate care. Staff understood and responded to people's individual needs. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Following our discussions, the provider was seeking additional training for staff around working with people who become distressed; the service worked well with other agencies to do so. People's care, treatment and support plans generally reflected their range of needs, and this promoted their wellbeing and enjoyment of life. The provider was working to ensure these were concise and reflected key aspects of people's needs.

Right culture

The existing range of tools the provider used to oversee the service were not effective. The provider understood they needed to create a robust governance system, which would evidence all required checks had been completed. They had become aware the existing policies were out-dated and were in the process of renewing and updating these. They also took action to improve their records related to the recruitment of staff. People were supported by staff who understood best practice in relation to the wide range of

strengths, impairments, or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff placed people's wishes, needs, and rights at the heart of everything they did. Staff were aware of and were working to best practice guidance for supporting people with a learning disability and/or autistic people.

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 14 December 2022, and this is the first inspection.

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.

Enforcement and Recommendations

We have identified breaches in relation to record keeping and the governance systems. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always effective

Details are in our effective findings below.

Requires Improvement ●

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 ●

The Oaks 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

Two inspectors and an expert by experience completed the inspection. 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

The Oaks Care Home is a 'care home'. People in care homes receive accommodation and personal care as single package dependent on their registration with us. The Oaks 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.

Notice of inspection

The inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service, we sought feedback from the local authority and other health professionals. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers 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 met with 7 people who used the service and contacted 5 relatives. We spoke with the provider, the office manager, 2 senior care workers, 4 support workers and a volunteer who regularly visited the service. We also emailed the full staff team to ask their views about the service, and the majority responded.

We reviewed a range of records. This included 4 people's care records, medicine records and staff files. We looked at a variety of records relating to the management of the service, including audits.

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 for 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Staffing and recruitment

- People and relatives were confident the care provided met people's needs. It was clear staff understood people's needs and how to manage any presenting risks. Risk assessments were in place, but at times these needed to be improved to ensure they clearly and concisely outlined all presenting risks and were accurate.
- The provider had a range of policies and procedures to manage risk and monitor the safety of both people and staff. They had become aware the existing policies were out-dated and was in the process of renewing and updating these.
- The provider operated safe recruitment systems to ensure suitable staff were employed. However, the records at times failed to show they had completed relevant checks and the application form did not provide enough space for potential new employees to record their full employment history. The provider took action to address this issue.
- The provider was in the process of enhancing the way they used information from incident and accidents to improve how this assisted them to understand themes, reasons for the events and lessons, which could be learned.

The provider failed to maintain a concise, accurate and complete record in respect of each service user and for people employed at the service. This placed people at risk of harm. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People confirmed they felt safe using the service. One person told us, "The home is definitely safe. The doors are always locked." A relative said, "[Person's name] seems to be doing very well."
- There were enough staff to safely care for people.

Systems and processes to safeguard people from the risk of abuse; Using medicines safely

- The provider had safeguarding systems in place. Staff had training and demonstrated a good understanding of what to do to make sure people were protected from harm or abuse.
- People's medicines were managed in a safe manner. Staff were trained in medicines management and were assessed as competent to administer people's 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.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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 Act 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.

- The provider completed capacity assessments and 'best interests' decision but these sometimes conflicted with information in the other files. For example, people would sign documents such as consent to share information or care plans when they were deemed to lack capacity to consent to care and treatment.
- No capacity assessments had been completed in relation to people needing someone with them when they went into the community. The provider took action to address this issue immediately.
- Assessments were in place, and these were used as the basis for the care records; the provider was in the process of reviewing them to determine how improvements could be made, as at times vital information was lost within various folders. The multitude of care files meant vital information was, at times, difficult to find and not located with the relevant care plan.

The provider failed to maintain a concise, accurate and contemporaneous record in respect of each service user, including decisions taken in relation to the care and treatment provided. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider ensured when people lacked capacity deprivation of liberty safeguard were in place.
- People told us they were involved in making decisions about their care.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to carry out their role effectively. Staff completed training in relevant

areas to ensure they could carry out their role safely and competently. The provider had recently altered the way they recorded this information on their central documents so dates of last training and what was due could be more readily seen.

- The care plans around working with people who could display distress suggested staff needed additional training in this area. The provider undertook to obtain training around using positive behavioural techniques.
- Staff supervision sessions were regularly completed, as well as spot checks and competency assessments, in line with the company policies and expectations.
- People told us they were happy with the support they received and felt staff were competent. One person told us, "They [staff] know what they are doing."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Adapting service, design, decoration to meet people's needs

- People's records included contact details for GP's and immediate family members, and information about healthcare conditions. This helped staff recognise any deterioration in health so they could contact people's relatives and health and social care professionals.
- Staff effectively supported people with eating and drinking where they had needs in this area. One person said, "The food's good. I like mince and dumplings, scampi and chips and chicken and rice. Breakfast is nice too. I really like sausage sandwiches. I like rice pudding too."
- The service was designed to reflect living in a family home. The provider was in the process of fully refurbishing the service.

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; Respecting and promoting people's privacy, dignity and independence

- People received kind, respectful and compassionate care from staff who used positive, respectful language which people understood and responded well to. One person said, "Staff are gorgeous; they know us well."
- People felt valued by staff who showed genuine interest in their well-being and quality of life. One relative said, "I'm very happy with the service (Person's name) gets and with the staff who look after [Person's name]."
- Staff were patient and used appropriate styles of interaction with people. We observed people being given time to answer, and staff re-phrased questions to ensure they had understood the answers being given.
- Staff supported people to be more independent. One person said, "I help to do the washing up every day, and I like dusting and polishing." A relative said, "Staff do try to keep (Person's name) as independent as possible. [Person's name] can do things for herself, with a bit of encouragement."

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

- People were given time to listen, process information and respond. Staff took the time to understand people's individual communication styles and develop a rapport with them.
- People were enabled to make choices for themselves, and staff ensured they had the information they needed. One relative said, "I can't visit the home now, so recently, the manager asked me if I would like an advocate for (Person's name), which is now in place. Someone rang me last week to discuss how it would work."

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.

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

- The service delivered person-centred care with people having choice and control regarding how staff met their needs. The provider was reviewing care plans to ensure they always contained pertinent information about people's needs and preferences to enable staff to provide appropriate care.
- One staff member said, "You can always see people's care plans, risk assessments and previous visit notes which really helps us deliver good care."
- People and relatives also described a person-centred service. One relative said, "All the staff are very good and the atmosphere in the home is happy and lively. They make [Named person] feel they are listened to and they are very happy there."
- Staff had the opportunity to socially interact with people and attempted to find ways to keep people stimulated. One person said, "I like to play cards with staff sometimes, and dominoes, too. We're having a holiday in Scotland next week. We stay in a lodge – it's all on one level. We go out and visit places."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider understood the AIS requirements and had made sure appropriate communication tools, such as pictorial documents were, in place to meet people's needs.

Improving care quality in response to complaints or concerns

- People and relatives said they had no complaints and were happy to raise any concerns with the management team.
- The provider used feedback to assist them improve the quality of care. No complaints had been received but the provider monitored and responded to even minor concerns. One Relative said, "[Provider's name] is very good. She rings me straight away if there's a problem. Staff are always there to talk to if I have a concern."

End of life care and support

- At the time of the inspection no one was receiving end of life care, but staff had received training in this area of care.

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 understand quality performance, risks and regulatory requirements; Continuous learning and improving care

- The governance arrangements in place had not identified gaps in staff practices.
- The existing audits used at the service did not assist the provider or staff to critically review the service and identify areas for improvement. They were also inconsistently used, for example, when checking cleanliness of rooms staff focused on some bedrooms and repeatedly check these whilst not checking other ones.
- We identified a range of areas for improvement which ranged from the upkeep of the building, application of MCA, record keeping, recruitment, finance records, and the over-complexity of care records. The audits had not identified these issues. The provider had found improvements were needed to their governance systems but had not made them.
- It was strongly evident the service did not have effective systems to reflect and analyse information to drive improvement. Important information was not always escalated to the provider by the management team.

The provider had failed to ensure effective systems were in place to assess, monitor and improve the quality of the service. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Reports had been sent to alert CQC and local authorities when incidents occurred.

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; Working in partnership with others

- The provider promoted a person-centred culture. Staff put people's needs and wishes at the heart of everything they did. One person said, "The manager is really good and so helpful." A relative said, "We love the home; the staff are absolutely perfect."
- People told us the provider was approachable and acted swiftly to address any issues.
- People and their families were asked their views about individuals care and support needs. People told us they were confident staff had the skills they needed to provide them with the right care.
- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA (Regulated Activities) Regulations 2014 Good governance</p> <p>The provider failed to ensure governance system and processes were operated effectively. They also failed to maintain a concise, accurate and complete record in respect of each service user and for people employed at the service.</p> <p>Regulation 17(1)(2)(a)(b)(c)(e)</p>