

The Oaks Care Home Limited

The Oaks Care Home

Inspection report

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29 July 2020
30 July 2020
03 August 2020
04 August 2020

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Oaks Care Home is located in the Hindley area of Wigan, Greater Manchester and is operated by The Oaks Care Home Limited. The home is registered with the Care Quality Commission (CQC) to provide care for up to 31 older people, some of whom are living with Dementia.

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

People living at the home and their relatives told us the home was a safe place for people to live. Staff demonstrated a good understanding about how to safeguard people from the risk of abuse. Staff recruitment procedures were robust and there were enough staff to care for people safely. The premises were well maintained, with regular servicing of equipment and the building carried out. We observed staff using safe moving and handling techniques whilst assisting people, as well as wearing appropriate personal protective equipment (PPE) when delivering care.

We received positive feedback about management and leadership from everybody we spoke with including staff, people living at the home and relatives. Staff told us there was a positive culture at the home, with good team work throughout. Appropriate governance and quality assurance systems were in place to monitor the service effectively.

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

Rating at last inspection (and update)

The Oaks Care Home registered with CQC under a different provider (The Oaks Care Home Limited) on 20 May 2019. Therefore, this was the first time we had carried out an inspection at this location, under the current registration.

Why we inspected

We received concerns in relation to people's care needs not being met and risks not being managed. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not include them in this inspection.

The concerns we received related to management of medication, moving and handling, premises and equipment, infection control, confidentiality, management and leadership and staff culture. We used this information when both planning and carrying out our inspection. As this was a focused inspection, only reporting on Safe and Well-led, an overall rating for the location will not be produced.

Follow up

We will 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.

Is the service well-led?

Good ●

The service was Well-led.

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 Care Act 2014.

Inspection team

This inspection was carried out by an inspector.

Service and service type

This service is a care home. It provides personal care and accommodation and both elements were reviewed as part of the inspection.

The service had a manager 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

We gave a short period of notice regarding the inspection. This was because we needed to discuss the safety of people, staff and inspectors with reference to COVID-19.

Inspection activity started on 29 July and ended on 4 August 2020. This included one site visit on the first day of the inspection. Further inspection activity was completed by telephone and email, including speaking with people and reviewing additional information sent to us by the service.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service, including Wigan local authority. 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 three people who used the service and five relatives about their experience of the care provided. We spoke with five members of staff including the group operations manager, registered manager and three care workers.

We reviewed a range of records. This included two people's care records and five medication administration records (MAR). We also looked at two staff files to check staff were recruited safely. A variety of other records relating to the management of the service were also taken into account as part of the inspection.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found, including quality assurance documentation and staff training records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This was the first inspection we had undertaken at The Oaks Care Home, therefore this key question has not previously been rated.

Prior to our inspection, we received information of concern regarding the management of medication, moving and handling, premises and equipment and infection control.. We reviewed these areas during this inspection and did not identify any concerns or shortfalls.

Using medicines safely

- People received their medication safely.
- Medication administration records (MARs) were completed accurately with no missing signatures. We saw staff observing people taking their medication to ensure it was safely administered. Medicines which needed to be given at certain times of the day (time critical), or with food were administered as required.
- Medication was stored securely in a locked trolley which could only be accessed by senior staff.
- Staff had received medication training and had their competency assessed to ensure medicines were given safely.

Infection control

- The home was clean and tidy and we saw domestic staff carrying out their duties appropriately during the inspection.
- Care staff wore correct personal protective equipment (PPE) such as gloves, aprons and a face mask when delivering care.
- Staff had access to space within the home to enable them to put on and take off PPE as needed and wash their hands when required.
- Additional Covid-19 training had also been provided for staff.

Safety monitoring and management

- The premises and equipment were well maintained.
- A full refurbishment programme was also in place to improve the environment further. Regular checks and servicing were carried out regarding electrical installation, gas safety, legionella, hoists and firefighting equipment.
- We observed staff using correct moving and handling techniques when assisting people and did not see any evidence of unsafe practice in this area.
- Moving and handling competency assessments were also carried out for staff to ensure correct techniques used.

Assessing risk

- Risks to people living at the home were well managed. People had individual risk assessments in place

regarding pressure damage to people's skin, choking, nutrition, moving and handling and falls.

- People had access to specialist equipment such pressure relieving cushion and mattresses, as well as walking frames to aid mobility.
- People at risk of choking were provided with the correct texture of food and drink, with food and fluid charts detailing the consistency of the meal provided. This helped keep people safe. Referrals had been made to speech and language therapy (SALT) if there were concerns about a person's swallowing abilities.

Staffing and recruitment

- Staff were recruited safely. Pre employment checks were carried out to protect people from the risk of unsuitable staff working at the home.
- There were enough staff working at the home to care for people safely and a dependency tool used to determine overall staffing levels. We observed staff supporting people during the day and did not see anybody waiting for assistance.
- The feedback we received was that staffing levels were sufficient. One member of staff said, "There are enough staff and people's care is never compromised as a result of low staffing levels." A relative also added, "We visit every other week and there seems to be enough staff around to look after everybody."

Systems and processes to safeguard people from the risk of abuse

- People living at the home said they felt safe living at the home, as did relatives we spoke with. One person said, "I feel the home is a safe place to live." A relative also said, "[Family member] has moved to a downstairs room now because of reduced mobility and is much safer there."
- Appropriate safeguarding systems were in place. Staff demonstrated their understanding of safeguarding and told us training was provided. Staff were clear about the processes they would follow and who they would report any concerns to.
- Safeguarding allegations were reported to Wigan Local authority as required. A poster was also displayed within the home, informing people about how to report any concerns.

Learning lessons when things go wrong

- Accidents and incidents were monitored closely, with details recorded about any actions taken to prevent re-occurrence.

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 was the first inspection we had undertaken at The Oaks Care Home, therefore this key question has not previously been rated.

In advance of our inspection, we had received information of concern about management and leadership at the home, staff culture and confidentiality. We reviewed these areas during this inspection and did not identify any concerns or shortfalls.

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

- We received positive feedback from everybody we spoke with about management and leadership at the home. A person living at the home said, "I know who the manager is and she is very nice." A member of staff said, "Management is fantastic and any issues get sorted out." A relative added, "They manager has done a great job and they keep me updated with everything."
- Staff told us there was a positive culture at the home, with good team work throughout. One member of staff said, "I think we are in a good place with the staff team. It is a good place to work. Another member of staff said, "Staff work well together and there is a good team bond."
- We observed confidential records and documentation regarding people who use the service and staff were stored securely. The feedback we received from staff was that any personal, or confidential information about them was always kept secure and never discussed with others.
- Following whistleblowing concerns being raised, a staff meeting had been held to give staff the opportunity to talk about any concerns they may have about the home in an open and honest way. Minutes of this meeting had been taken and feedback from staff had been positive.

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

- Both the registered manager and provider were clear about their roles. A range of governance systems and audits were in place to monitor the quality of service effectively.
- A service improvement and refurbishment plan was in place at the time of the inspection, which detailed how the home could continually improve.
- Notifications were submitted to CQC as required for incidents such as serious injuries, , deaths and police incidents. These are legally required to be sent to CQC so we can decide if the need to take any further action.
- The display of performance ratings was not reviewed because the home had not been inspected under the new registration. We will report on this further when we next inspect the service.

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

- Systems were in place to involve people using the service, relatives and staff in how the home was run. This included the use of satisfaction surveys and resident/relative meetings so that feedback could be sought and used to make improvements.
- Staff supervision and appraisal sessions also took place, presenting the opportunity for staff to discuss their work and receive feedback about their performance.

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 and registered manager understood the requirements and their responsibilities under the duty of candour.

Community Links; Working in partnership with others

- The home had developed a number of links within the local community. This included attendance at local dance groups and annual Pride events in Wigan town centre. Strong links had also been formed with local churches and schools, with people living at the home being able to enjoy pantomime performances and choir services.
- The also worked in partnership with a number of other agencies in the Wigan area including social workers, dieticians, the falls service and district nurses. The home also had a designated quality performance officer from within Wigan Council, who was in regular contact with the home to offer support.