

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?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Red Oaks Care Community is a care home which provides personal and nursing care for up to 40 people, some of whom are living with dementia. There were 25 people living there at the time of this inspection.

People's experience of using this service: People did not always receive effective care that was personalised to their needs. There was not always guidance to make sure they received the right support with medicines.

Although some clinical training for nurses has improved, staff had not been provided with training in some specific needs of people, including support with distressed behaviours.

The service was not always following the principles of the Mental Capacity Act 2005. There was contradictory information about who could support people to make decisions where they lacked capacity.

The provider's quality assurance checks had not been effective in highlighting the gaps in medicines, personalised support and record keeping.

Most people and relatives felt staff were kind and friendly. People were treated with respect. People being nursed in bed were provided with some one-to-one support to prevent social isolation. There was a range of activities for people to join in if they chose.

People were supported to use local health services and a visiting healthcare professional said there was good communication with the home.

The provider had encouraged people and relatives to give their views. Monthly meetings were being arranged for people and their relatives. A complaints policy was in place although recent complaints and actions taken had not been recorded.

Staff said they felt able to approach the manager with any comments or concerns. They felt morale at the home was improving. The manager held daily morning meetings with senior staff from all departments.

Relatives felt that there had been some improvements since the new manager took up post. They felt there was a more consistent staff team and communication had improved.

Rating at last inspection: Requires Improvement (report published in November 2016).

Why we inspected: This was a planned inspection to assess what improvements had been made by the registered provider.

Enforcement: We have identified continued breaches in relation to staffing and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up: We asked the provider to submit to the Commission an action plan to show how they will make changes to ensure the rating of the service improves to at least Good. We will monitor the progress of the improvements, working alongside the provider and local authority. We will return to visit as per our re-inspection programme.

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 not always caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

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: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by an inspector, a specialist nurse advisor 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, including care for people living with dementia.

Service and service type: Red Oaks Care Community is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (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. The manager had applied to be registered. A registered manager 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: This inspection was unannounced.

What we did: We planned the inspection using information we had received about the service including incidents the provider must notify us about. We also considered the action plan the provider had sent after the previous inspection. We obtained information from the local authority and Clinical Commissioning Group.

During the inspection, we spoke with 11 people using the service and four relatives and friends. We spoke with the manager, a nurse, three care staff, housekeeping manager, the activity co-ordinator and maintenance staff member. In addition, we spoke with a director and chief operating officer of the organisation and a visiting nursing practitioner.

We looked at eight people's care records and 25 people's medicines records. We looked at other records

relating to the monitoring of the service, including records of checks carried out around the premises, the training records of staff and the recruitment records for three staff who had been employed by the service since our last inspection.

Is the service safe?

Our findings

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

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.

At the last inspection there was a breach of Regulation 17 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. At this inspection, we found limited improvements had been made.

Using medicines safely

- People's medicines were not always well managed. Staff did not have clear guidance about when to administer 'when required' medicines, which led to inconsistent practice.
- There were several shortfalls in records about whether staff had applied prescribed creams or patches. There was no guidance for staff about how to give people their medicines covertly (that is, disguised in food). This was not safe because when medicine is crushed or put in food it may alter the properties of the medicine.
- There had been improvements to the way medicines were stored.

This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- There were risk assessments about people's physical and healthcare needs. These were not always updated if people's needs changed in between the monthly routine reviews. There were no pain assessments for people who could not communicate this.
- Maintenance staff carried out regular safety checks of the premises. The records of hot water temperature checks did not always include baths and showers so did not demonstrate the safe temperature of water where people were fully immersed. The provider said this would be changed immediately.
- Fire drills had been held but this was not arranged in a way that made sure all staff, including night staff, took part. The provider stated this would be arranged.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and were "not worried or frightened."
- Staff stated they would report any concerns to the manager. They did not have information about how to report directly to the safeguarding authority if necessary.
- The manager was aware of their responsibilities to report any safeguarding matters to the local authority.

Staffing and recruitment

- People and relatives felt there were "not always enough staff" on duty but that it was not unsafe. People sometimes had to wait for support. Staff said there were not enough staff on duty in the afternoon to provide care and to complete records.
- The provider used a staffing dependency tool to determine the required staffing numbers. However, the dependency of people was not assessed or recorded at this time so staffing numbers were not based on their assessed needs. The provider indicated staffing was sufficient due to the reduced number of people living at the home following an embargo by commissioners.
- There were no staff vacancies at this time and contingency arrangements were in place in case of mass staff absence. People said they were pleased there was no longer much use of agency staff. New staff were vetted to make sure they were suitable to work in care.

Preventing and controlling infection

- People and relatives told us the service was "nice and clean and the laundry is done alright".
- The home was a hygienic environment for people to live.
- Staff used gloves and aprons, when required, to prevent the spread of infection. These were available throughout the home.

Learning lessons when things go wrong

- The provider described lessons learnt earlier this year after medicines were missed because they had not been delivered to the home. New processes were put in place to make sure staff followed up all prescribed medicines with the GP and pharmacist until they were received.
- The manager reviewed all accidents and incidents although, at the time of this inspection, these were not analysed for trends.

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At the last inspection there was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to the risk of ineffective care because staff were not always trained or supported to perform their role. At this inspection, we found limited improvements had been made.

Staff support: induction, training, skills and experience

- Staff were not always provided with the training and support they required to carry out their roles effectively. Staff had not had specific training in people's needs, including dementia awareness and managing distressed reactions. Training records showed over a third of the staff team had not received recent training in safeguarding. The provider stated training was being arranged.
- Since the last inspection there had been some improvement in the clinical skills training for nurses.
- Qualified nursing staff had not received clinical supervision. Some care staff had only had one supervision session in the past year. Staff had not had an annual appraisal of their performance. Post-probationary appraisal had not been carried out with new staff members. The manager demonstrated a new timetable of supervisions was being put into place.

This was a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- It was not clear if the service acted within the principles of the MCA because records of mental capacity assessments were not always fully completed.

- Several people's care records had inconsistent information about whether their relatives had Legal Power of Attorney status or not. There was no evidence to show whether relatives had this right even when they had been involved in making decisions on behalf of people.
- Five people's DoLS had lapsed. There were no updated assessments about their capacity. The manager stated they had plans to address this. Where people had current DoLS conditions these were being met.

We recommend the provider ensures there is accurate information and evidence about the legal status of family members involved in making decisions on behalf of people.

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

- Before people moved to the home their needs were assessed to make sure the home could provide the right care.
- The service complied with best practice guidance in some areas including changes in legislation regarding some medicines.

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

- People had access to enough food and drink throughout the day. Most people described the food as "nice".
- Catering staff were aware of people individual dietary needs and prepared food accordingly.
- Staff offered drinks and snacks to people outside meal times. People who needed physical support with their meal were provided in the right position and in an unhurried way.

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

- People were supported to access community health services when required.
- A visiting community nurse told us that there were good relations with the service and staff provided appropriate information about people's needs.
- The manager stated there was good support from other local health services including GPs, continence services and occupational therapy services.
- Relatives said the staff kept them informed about any changes in people's health.

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

- There were some adaptations that supported people's diverse needs.
- Memory boxes outside people's bedrooms helped them find their own room. Orientation boards in the lounge helped people understand the time and day. There were few other directional signs to help people orientate around the building.
- There was no free access for people to the garden area.

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.

People did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; equality and diversity

- People and relatives had mixed views about how staff cared for them. Their comments included, "Some of the staff are nice and kind", "Some of them are good to me, some of them are only interested in themselves" and "My family member is well looked after but it depends who is on duty."
- Mainly staff engagement with people was warm and respectful. When talking to people who were seated, staff got down to their eye level. At other times contact between staff and people was task-led with little interaction. On occasions staff talked to each other when supporting people rather than to the person.
- The provider considered people's diverse needs. They had set aside one room as a quiet multi-faith room for people of different spiritual needs to use as they wished.

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

- People had mixed views about being involved in decisions. One person said, "Staff are kind but I'm not in control." Some people and relatives said they had been involved in care planning.
- Staff asked for people's permission before supporting them with personal care, for example "Can I help you with that?" and "Are you comfortable?"
- People were provided with information about the service and a newsletter. There was also information throughout the reception area about forthcoming activities and events.

Respecting and promoting people's privacy, dignity and independence

- Staff were discreet when people needed assistance. Staff knocked on bedroom doors and identified themselves on entering the room.
- The new manager had introduced a 'meet up' scheme where every staff member, whatever their role, spent at least 15 minutes a day with people for a drink and chat.
- Visitors and external care professionals said they were made welcome in the home.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were not always met.

At the last inspection there was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to the provider's failure to ensure that staff consistently understood people's care needs and were provided with relevant care plan information to follow. At this inspection, we found limited improvements had been made.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were at risk of receiving unsuitable care or inconsistent support because staff did not always have clear guidance or understanding about how to support their specific individual needs. For example, there were no care plans about how to assist people with distressed behaviours, specific medicine needs or oral care needs.
- Staff spoke about people in a knowledgeable way and they knew everyone's individual routines, likes and dislikes. They said, "You have to know the residents really well as some residents can't tell you what is wrong, but you can tell by little changes in their behaviours that something is not right."
- There were daily activities for people and some people said there was "plenty to do". People occasionally went out with staff support, for example to a local Dementia Cinema. People who were nursed in bed and at risk of social isolation had programmed one-to-one time although the activity record was not always completed to show this.
- Information for people was mainly in standard written form and some pictures. The manager stated this could be made available in accessible information formats such as large print to meet people's needs on request.

This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy about how people could raise concerns.
- People and relatives said they could discuss complaints with the manager.
- Complaints were not always recorded. There was no demonstration of the investigation, actions taken and whether the outcome was satisfactory to the complainant. The manager stated complaints had been investigated and said the lack of recording was an oversight.

End of life care and support

- People who were receiving palliative nursing care in their bedrooms were attended to at frequent intervals.
- End of life plans had been developed, where relevant, to show how people wished to be supported at this

stage of their life.

- Some staff were experienced at providing care for people at the end stages of their lives. Some care staff had completed training at the home in end of life care and this was planned for the remainder.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations were not met.

At the last inspection there was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to the provider's failure to ensure that the quality and safety of the service was effectively monitored. At this inspection, we found limited improvements had been made.

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

- The provider's governance arrangements continued to be ineffective at improving the quality and safety of the service.
- The provider's improvement plan following the last inspection had not been fully met. There were continuing shortfalls relating to medicines records, staff training, care planning and complaints recording.
- There was no registered manager in post at this inspection. A manager had been appointed and was in the process of applying for registration.
- There had been three managers in post over the past year. The lack of management stability and ineffective governance by the provider had impeded improvement of the service.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Communication and organisation had improved. Daily meetings were held with senior staff. The manager had also introduced 'resident of the day' checks to focus on one person's well-being and care records each day.
- The overall atmosphere at the home was warm and welcoming. The manager was visible within the service. Relatives said things were "improving now." Staff comments included, "The new manager is very approachable and committed." They said that morale had improved since the new manager had come into post seven weeks ago.
- The provider conspicuously displayed its last inspection rating on the premises and its website, as required by law.

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

- Meetings for people and their relatives had been held sporadically over the past year. The manager had plans to hold these on a monthly basis so people could give their comments more frequently.

- A communication book had been placed in the reception area for relatives to record any issues. This was in response to a suggestion at a recent relatives' meeting.
- Staff said they had meetings and were encouraged to make suggestions about the service.

Working in partnership with others

- The provider's representatives and the manager said they were keen to work with all health and social care agencies to improve the service.
- The service had links with a local Alzheimer Society for information and support.
- A local Dementia Friends group had also visited the service.

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	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	People were not protected from risks associated with ineffective monitoring of the service and inconsistent record keeping. Regulation 17(1) & (2)(a)(b)(c)(e) & (f).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	People were not fully protected against the risk of ineffective care because staff were not always trained or supported to perform their role and responsibilities for people's care. Regulation 18(2).