

RMH (Wispers) Care LLP

Oak Hall Care Home

Inspection report

Oak Hall
Wispers Lane
Haslemere
Surrey
GU27 1AB

Date of inspection visit:
06 November 2019

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16 January 2020

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Oak Hall is a nursing care home providing personal and nursing care to people with a range of needs such as dementia and Parkinson's Disease. The care home accommodates up to 55 people in one adapted building. At the time of the inspection, the service was supporting 23 people.

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

Risks to people were appropriately recorded but staff did not always follow the guidance given within risk assessments which left people at risk of harm. Staff were not utilising the call bell system correctly and people found that this was sometimes impacting on response times by staff. Medicine administration and recording practices were not always safe. Audits had not always identified these issues we found on the day of our inspection.

People gave us mixed feedback on the quality of the food at the service, but the dining experience itself was sociable. Care plans and activities required further personalisation in order for staff to know more about people and their likes and background. The environment was suited to meet people's physical needs but further work was required to provide a stimulating environment for people with a cognitive impairment.

Despite staff not being up to date with mandatory training, people felt staff were well trained and competent in their roles. Staff had been safely recruited and were aware of their responsibility to safeguard people from abuse, and steps were taken to prevent the reoccurrence of accidents and incidents. Staff adhered to safe infection control practices.

People felt safe living at the service and able to raise any concerns they had. People and relatives were complimentary about staff's kindness towards them, and often described them as friends or extended family. People told us staff treated them with dignity and respect and enabled them to be as independent as safely possible. 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.

Referrals were made to healthcare professionals where required, and staff has assessed people's needs in line with national guidance. Staff felt communication within the service was effective. Staff and people were involved in the running of the service, and felt the manager was approachable and supportive. The manager had a clear vision of improvement within the home and was creating links with the local community to facilitate this.

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 15 November 2018 and this is the first inspection.

Why we inspected

This was a planned inspection as we inspect new services within 12 months of registering with CQC.

Follow up

We have identified a breach in relation to Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and have also made recommendations to the provider. We will request an action plan for 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 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?

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 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 ●

Oak Hall 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

The inspection team consisted of two inspectors 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

Oak Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 a manager who was in the process of registering with the Care Quality Commission. Once completed, 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

This inspection was unannounced.

What we did before the 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.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events

which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at our inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people, two relatives and four members of staff including the manager. We reviewed a range of documents including four care plans, medicine administration records, accident and incidents records, policies and procedures and internal audits that had been completed.

After the inspection

Following the inspection, we reviewed additional information we requested from the inspection such as the service's 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.

At this inspection this key question has been rated as 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

- Risk to people were appropriately recorded but not always managed correctly which left them at risk of harm. One person was assessed as being at high risk of pressure sores. Their risk assessment included the specialist equipment in place to prevent their skin from becoming damaged and confirmed they required a repositioning chart to be completed by staff. However, staff had only completed repositioning charts for three days in September and three days in October. This meant staff would not be aware of the last time the person was repositioned and onto which side. This left the person at continued risk of developing pressure sores.
- Another person's continence risk assessment was detailed, stating the person required a commode next to their bed at the correct angle to make moving on to it as easy as possible. The risk assessment also stated they required a bowel chart to be completed daily as they were at risk of constipation. However, this had only been completed by staff on seven non-consecutive days in October. This meant staff would not be aware if the person was constipated which could consequently cause health issues. We raised this with the manager who confirmed they will arrange for more staff training and discussions around completing this.
- Staff were not using the call bell system correctly which left people at risk of harm. Staff were not using the correct portable device to make them aware of call bells sounding in the areas of the service they were working in. We observed the call bell system panel displaying an alarm had been active in one person's room for 27 minutes. A staff member told us it was "probably going off in error." However, when we spoke to the person in their room, they informed us a staff member had attended within a couple of minutes and their needs were attended to. Feedback from people on call bells being answered suggested staff had become desensitised to answering them quickly due to believing it was created in error. In a recent residents meeting, people had commented that call bells were not answered quickly enough. We raised this with the manager who confirmed staff were completing hourly checks on people in their rooms to mitigate the risk. She also told us she had been pressing call bells in people's rooms and timing how long it took for staff to attend in order to check staff were not becoming complacent.
- Since our inspection, the manager has informed us that parts of the system will be upgraded and staff will receive further training on how to use the portable devices correctly.

Using medicines safely

- Medicine administration and recording practices were not always safe. Stock counts did not reflect the amount of tablets that had been given to people according to medicine administration records (MARs). We identified one person was receiving a medicine that was no longer on their MAR. This meant the medicine was no longer prescribed to them but staff had administered the medicine twice despite this and not

recorded doing so. We informed the manager and the clinical lead of this. They informed us they would complete a full investigation in to this which we have since been sent evidence of.

The failure to manage the risks associated with people's care including medicines is a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Personal emergency evacuation plans (PEEPS) were in place for people, detailing what individual support they would require in the event of evacuating the building. These had considered the different types of evacuation a person may need dependent on where they were in the building at any given time.
- The service had a business continuity plan. This confirmed what action should be taken in the event of an emergency such as the loss of heating, the lift not working and if cooking equipment in the kitchen failed.
- Other elements of medicine administration, recording and storage were safe. Lockable medicine cabinets were well organised and staff told people what each medicine was for when they administered them. Opening dates were on the bottles of liquid medicine, and protocols for as and when medicine (PRN) were in place to inform staff of the maximum dose people could have of a medicine within 24 hours.
- Staff were receiving regular competency checks to ensure they were safe to administer and record medicines. However, due to the errors mentioned above, this was not always effective in identifying where further training was required.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe living at Oak Hall. One person said, "The staff make me feel safe. I know they are all very good." Another person said, "I feel safe with night staff, knowing they are there to help in the night." A relative told us, "I feel it's very safe here and they really keep an eye on everything."
- Staff were aware of their responsibility to protect people from the risk of abuse. One staff member told us, "We need to report it to the local authority and to CQC. If needed then the police too." Another staff member said, "Straight away I would report to the person above me and management. I may need to tell police or whistle-blow."
- Safeguarding concerns had been appropriately recorded and reported to the local authority. Robust internal investigations of concerns had taken place to ensure people were safe.

Staffing and recruitment

- There were sufficient staffing levels to meet people's needs. One person said, "If I need anything I call for someone, they respond quite quickly." One staff member told us, "At the moment there's enough. Staff have got good judgement and see what needs to be done which makes everything easier. We have time to sit and chat to people. It's part of the job." We observed sufficient levels of staff on the day of our inspection.
- Rotas showed that staff sickness was covered by other staff members or regular agency staff. This ensured that staffing levels never dropped below the safe limit as determined by the provider's dependency tool.
- Recruitment files evidenced staff had been through safe recruitment checks. This included references from previous employers, a full employment history, and a Disclosure and Barring Service (DBS) check. This check ensures that people are safe to work with vulnerable people such as the elderly and children.

Preventing and controlling infection

- Staff adhered to infection control practices which kept people safe from the risk of infection. A person said, "With me they always do wear aprons and gloves." A relative said, "Staff always wear gloves and aprons." A staff member said, "There's lots of procedures as we also serve food. We use gloves and aprons, wash hands before and after helping a resident." We observed this taking place during our inspection. The manager confirmed she checked if staff were wearing personal protective equipment (PPE) when she carried out direct observations as part of their supervision.

- People lived in a clean environment, and chemicals that could put people at risk of harm were stored securely. Housekeeping staff showed us charts demonstrating what areas of the service had been cleaned and when, and housekeeping equipment was in good condition.
- The laundry area had separate rooms for dirty and clean laundry and separate 'tubs' for dirty and soiled laundry.

Learning lessons when things go wrong

- Accidents and incidents were recorded in detail and lessons learned to prevent reoccurrence. For example, one person had an unwitnessed fall from a chair. The manager arranged for a seat sensor to be put in place as a result of this.
- Accidents and incidents were analysed on a monthly basis to determine if there were any trends that needed addressing. The analysis for September's accidents and incidents found that most unwitnessed falls were occurring at night. Therefore, the manager did an audit to check who needed a sensor mat, ordered the equipment for people who did not already have them in place, and implemented hourly observations for people by night staff. The amount of unwitnessed falls at night decreased the following month.
- By taking preventative action and learning lessons, the amount of accidents and incidents occurring had fallen from 30 to 12 within two months.

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 this inspection this key question has been rated as Requires Improvement.

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

Staff support: induction, training, skills and experience

- Staff were not up to date with mandatory training required to fulfil their roles effectively. Only 17 out of 42 members of staff had completed training on the Mental Capacity Act, and 21 out of 42 members of staff had completed safeguarding training. A staff member told us, "Training is a work in progress. It could be better." Another staff member said, "I've still got a lot of training to do and I'm yet to do a lot of my face to face training."
- However, people and relatives felt staff were well trained. One person said, "They all seem to know what they are doing and seem to support people well." A relative said, "Staff are well trained and know what they are doing."
- Staff received regular supervision and competency checks to ensure they were effective in their roles. One person said, "All nurses are up to date with supervision. Staff open up in them. The policy says we should have six in a year but sometimes people need it more often than that, so they have them." The service's supervision tracker confirmed this.
- Staff felt they had received a thorough induction when they started employment at the service. One staff member said, "I spent time with a senior carer getting to know things." Another staff member told us, "I started with on-line modules and tests then shadowing, fire training, all the basics." A further staff member said, "I feel as though I can achieve what I want here. They are really supportive and have said I can do my NVQ after induction."

We recommend the manager ensures all staff are fully up to date with mandatory training as soon as possible.

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

- The service was in a historic building, with the interior updated to meet people's physical needs. All areas of the home and garden were accessible to people with mobility issues through the use of lifts and ramps. Specialist equipment was in place such as accessible baths and speaking clocks.
- The service had been decorated in a homely manner, with reading and relaxation areas, as well as areas with armchairs arranged in such a way to promote socialisation.
- However, the service was not decorated to meet the needs of people with cognitive impairments. There was no signage in place to help direct people to areas of the home such as the lounge and dining room. This was hard to navigate without due to the historic complex layout of the building. There were no dementia friendly areas in place to provide stimulation to those who were living with the disease, or decorations to

help them recognise their own bedroom. As people at the service had mild cognitive impairments there was little impact on them currently, but this would need to be addressed as their condition progressed. The manager informed us she was attending a course about this the week after the inspection and would be using any newly gained knowledge to implement these areas as soon as possible.

We recommend the service introduces dementia friendly areas and decoration throughout the home to stimulate and support people living with a cognitive impairment.

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

- The manager had completed pre assessment checks to ensure that the service could meet people's needs before they moved in. The information gathered at pre assessments covered all areas of the person's needs and was used to formulate the person's full care plan. The manager told us, "There is nothing we can't do to meet their needs, I'd be upset if we didn't even try."
- Assessments shaped by national standards and guidance were completed to assess people's needs. For example, Malnutrition Universal Screening Tool (MUST) assessments were completed to determine how at risk a person was from malnutrition. This was then used to personalise the care the person required to meet their needs.
- People were provided with welcome packs on their arrival to the service. This gave them information on the day to day running of the service, such as when fire alarms were held and what opportunities were available.

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

- People gave us varied feedback regarding the food at the service. One person said, "The food is bland, no flavour." Another person said, "The food needs some work – the breakfast and supper is nice but the lunch is always the same, no variety." A further person said, "I have always been very keen on nutrition throughout my life and the food I have experienced here so far has seemed very good."
- People's dining experience was social and enjoyable. People were sat at a table together to prevent social isolation. This included one person who was staying at the service on respite. They were introduced to other people at the table by staff members, who then encouraged a conversation between them. Relatives were also able to join their loved ones for lunch and dinner. One relative told us, "I can come in at any time and have lunch with mum."
- The manager was making changes to the menus and giving people additional choices around their nutrition. They had implemented a new breakfast service which gave people more choices of foods available, and was looking to improve the quality of food at the service. People were positive with these changes, with one person saying, "They're definitely working on improving the food here."
- People's nutritional preferences were recorded in their care plans, including how they preferred their hot drinks to be prepared, and foods they liked and disliked. This allowed new or agency staff to be aware of people's preferences even if they were unable to communicate them.

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

- Staff felt communication within the service was effective. A staff member told us, "The communication is getting better, it's a work in progress. We have different ways of communicating. We have a communication book just for nurses and just for carers, so staff that have been away for a week can come back in, read them and get up to scratch."
- Records showed relatives were updated with any changes to their family member's needs or health. For example, one relative was informed when the person's GP changed the inhaler they were prescribed.
- People and relatives felt that staff made appropriate referrals to healthcare professionals in a timely

manner. One person told us, "I always see a doctor regularly and the staff make sure I see one when I need to." A relative said, "I know for a fact they make the right referrals. The doctor tells me they are over cautious in anything which is the better way to be. They were hot on the case with mum when she had to go to hospital." Records also demonstrated this, with evidence of referrals made to tissue viability nurses and specialist consultants where required.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff followed the principles of the MCA which meant people's liberty was protected. A staff member told us, "You have to assume everyone has capacity. You have to treat everyone like you would want to be treated. You have to do things in people's best interest where they lack capacity and make sure it's in the least restrictive manner."
- Decision specific mental capacity assessments had been completed where people lacked capacity. For example, one person lacked capacity to consent to staff delivering care to them. A mental capacity assessment had been completed for this. A best interest decision confirming who had been involved in the decision making process had also been completed. This showed that all those involved in making the decision had ensured it was the least restrictive option for the person.
- DoLS applications had been appropriately completed and recorded the restrictions that were in place for people. These had been sent to the local authority for approval.

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.

At this inspection this key question has been rated as 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

- People and relatives told us staff were kind and compassionate. One person said, "The managers and the office staff are very kind and always popping in and having a chat and the care staff are great, they always take their time which is nice to see." Another person said, "I don't see them as carers, I see them as friends. It's like a family here." A relative told us, "All the staff are so lovely. It feels like an extended family. They care about everyone individually. They know Mum likes her hair combed so they do that. It's the little things. The staff brought in their own DVDs for her that she wanted to watch." Another relative said, "The carers are all lovely. They come in and talk with us all the time, some days it's one after the other which is fantastic. They become like friends."
- Staff also felt they worked in a compassionate team. One staff member told us, "They definitely are kind and caring. All of them go above and beyond for the residents. Some come in in their own time to do a reading club just because they want to." Another staff member said, "All the staff members are a nice happy bunch and try to cheer up the residents on a down day. We try things to keep residents as happy as they can. The atmosphere is good because we all pull together and work as a team. The residents are our first priority." The manager told us, "One of our carers is up for an award at Surrey Care Awards. We're taking a resident to the award ceremony with her, because, well, why not."
- We observed kind interactions between people and staff throughout the day. Care and domestic staff welcomed a person as they walked in to the lounge, and care staff asked her if she would like to sit next to another resident who was her friend. Domestic staff spoke to a person who was new to the service, complimenting her on how she had decorated her room, and confirming their relative would be visiting her later that day.

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

- People were involved in reviews of their care, as were their families where required. A relative told us, "I've been totally involved in all her care." A staff member said, "It's evidenced in the care plans that people and relatives are involved in reviews of their care." Records did reflect this and showed that conversations had been had with people on how they would like their care to be delivered.
- People were involved in day to day decisions about their care. A relative told us, "Staff always ask Mum around her day to day decisions, like what she wants to wear." A staff member told us, "You should still be heard even if you're in a care home." Another staff member said, "We should be giving people choices and helping make decisions. We need to make the decisions as simple as possible so they can still make their own choices." We observed staff offering choices to people throughout the day. This included asking them

what they wanted to drink and where they wanted to sit.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to maintain their independence as long as possible. One person said, "The staff are kind and respectful and let me do as much as I can." A relative told us, "They chop food up for Mum and then allow her to feed herself." A staff member said, "We encourage people to be mobile. When helping with personal care we encourage them to do their own personal care where they can. You treat people as individuals and see what they can do for themselves." Another staff member said, "We allow them to do what they can. We ask them 'what would you like me to do for you' rather than telling them what we are going to do." We observed a staff member help a person with a visual impairment locate where their spoon and their bowl of soup was, before allowing them to feed themselves independently.

- People's dignity and privacy was respected. One person said, "Staff always knock on my door before entering. It's polite." Another person said, "Staff always treat me with the utmost respect when helping me with personal things." A staff member told us, "If someone needs the toilet we give them space and give them the call bell. If I'm washing someone and they're sitting on the toilet I cover them up with a towel so they're not exposed." We observed a staff member knock on the door and announce who it was. She also checked the person was happy for them to enter before opening the door.

Is the service responsive?

Our findings

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

At this inspection this key question has been rated as Requires Improvement.

This meant people's needs were not always met.

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

- Care plans required further work to make them more personalised. There was very limited information around people's background and life histories. This impacted on personalisation as staff could tell us about people's needs but not about things that were important to them. The manager hoped to improve this and had implemented a 'resident of the day' system, which encouraged staff to find out more information about one particular person on their allocated day.
- People's care files did not include health care plans. This meant that staff may not be aware how people's individual medical conditions affected them and signs they should be aware of that the person's condition had progressed or entered a crisis.
- There was a lack of stimulation for people in the mornings and at weekends, with one person telling us, "In the mornings people congregate in the lounges and natter." In a recent residents meeting, a person had said, "Weekends can feel like the Mary Celeste." Organised activities only took place in the afternoon from Monday to Friday at the service. We received mixed feedback on activities within the service. One person told us, "They give me this list and I sometimes go along but I generally prefer being here (in room.)" Another person said, "They've stopped activities in the morning for some reason, they still have them in the afternoon." A relative said, "Mum is taking part in the activities now. She enjoys them. We can take her for a walk outside but she prefers to stay in for them."
- Following the inspection, the manager told us, "All residents have a choice in attending the activities. As this is an inclusive service the activities were not stopped in the mornings, they were adjusted to meet the needs of the residents who preferred to stay in their rooms and this was communicated to all residents in October and reiterated at the last residents meeting in November."
- However, people were able to request support from staff to do things that were meaningful to them outside of the service. The manager told us, "If someone wants to go somewhere we'll take them." We saw examples of this, such as a person who was supported to visit friends for a coffee in a local town, and another who was supported to attend the opera.

End of life care and support

- At the time of this inspection no one living at Oak Hall was receiving end of life care. However, end of life care plans were in place in preparation of this. These included basic information of how people would want to be supported during this time in their lives but required further personalisation.
- The service was working alongside McMillan and a local hospice to provide training for all staff in this area. All nurses had completed the end of life framework and training so were able to deliver this care to people when required.

We recommend the service ensures that care plans and activities are further personalised to meet people's individual needs.

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.

- Care plans included information on how to best support people with their communication. This included information such as if the person wore hearing aids and glasses and any other individual needs around this. For example, one person's care plan stated that they did not like to 'make a fuss', and therefore staff should make sure they take their time so they can communicate any concerns.

Improving care quality in response to complaints or concerns

- People and relatives felt comfortable to raise concerns if they needed to. One person told us, "They all seem very smiley and I would feel comfortable talking to them about any problems."

A relative said, "I haven't complained but I could do if necessary. I'm sure they would take the appropriate action. Particularly the new manager. She's very keen." There was a section on how to make a complaint in the welcome pack provided to people.

- Complaints that had been raised had been dealt with appropriately. A relative had raised a complaint that their family member had been supported to shower later than they wanted to be. The manager investigated this, apologised to the relative and the person and advised what action would be taken to ensure it did not happen again.

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 this inspection this key question has been rated as 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 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

- Internal quality audits were not always thorough as they had not identified the issues we found on the day of our inspection. For example, care plans not including health care action plans and other personalised information, and the error with medicine being administered despite not being on the person's MAR chart.
- Peer audits were completed by managers of the provider's other services. However, action was not always taken to resolve the issues found in these quality audits. A peer audit completed in January 2019 identified there was an issue with the call bell system which needed rectifying. We found this had still not been done on the day of our inspection.
- Other audits were effective in identifying issues which the manager had resolved. For example, an audit carried out in June 2019 identified that a business continuity plan needed to be completed for the service. We found this had been done on the day of our inspection.
- The registered manager was aware of their responsibilities in ensuring that CQC were notified of significant events which had occurred within the service.

We recommend a review of the auditing process to ensure they are effective.

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

- People and relatives felt the manager was approachable. One person told us, "She is very friendly and has really made me feel at home." Another person said, "She is nice, approachable, professional. Exactly what you want in a manager." A relative said, "She's a good manager, she quickly organised things that were needed and seems to take a real interest in everything. She's very welcoming."
- Staff felt the service was well led and they were supported by the manager. One staff member said, "She's brilliant. She listens. She admits when she doesn't know something and will ask me. We work together."
- The manager had a clear vision which fed the culture within the service of reaching positive outcomes for people. The manager told us, "I'm on a journey to outstanding, it's up to me if they want to join me. I've made it clear we're going in one direction. I've empowered the staff to make their own decisions. I think there have been moments when they've managed themselves but it's not been clear who is doing what, so we want to be proactive rather than reactive."

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

- People and relatives were involved in the running of their home. Regular residents and relatives meetings took place and were chaired equally by the manager and a person who lived at the service. A relative said, "[The manager] has a monthly meeting and everyone is able to make suggestions. It was badly needed and it's working well."
- Staff also felt able to contribute their ideas on the running of the service. One staff member said, "I'm always giving my ideas to the manager. I'm new and have lots of experience and share things that have worked in other places." The staff member informed us they had suggested how staff handovers could be improved and the manager had implemented the change he had suggested the following day. Another staff member said, "We have regular staff meetings. We tell them if we think things can be done in different ways. If we raise anything we're listened to."
- The manager also held smaller meetings with groups of staff members, such as those working on night shifts and nurses. This ensured they received the information important to them, as well as allowing them a chance to voice their personal suggestions and concerns. There were minutes of meetings recorded so those who could not attend could read what was discussed.

Continuous learning and improving care; Working in partnership with others

- The manager had plans to improve the quality of the service by utilising staff expertise. The manager told us, "I want to work more to empower, engage and give expert acknowledgement to the staff. I want to create champions of dementia, nutrition etc. Staff have skills that we should utilise. I want to develop end of life care to the gold standard framework." We will follow this up on our next inspection to see if this has been achieved.
- There were plans in place to improve the service by creating stronger links with the community. The manager said, "I want to liaise with more people in the community to bring the community in." She gave the example of one person who wanted to attend a local Women's Institute meeting which the manager facilitated. Following this, the Women's Institute had offered to visit the home to provide meetings and activities for some of the residents.
- The manager aimed to work in partnership with local nursing homes to improve the standard of care at Oak Hall. The manager told us, "I want to work with other nursing home groups so we can share best practice."

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The service failed to ensure the safe care and treatment of people.