

Elder Care (North West) Ltd

Red Oak Care Home

Inspection report

196 St Annes Road
Blackpool
Lancashire
FY4 2EF

Tel: 01253349702

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Red Oak Care Home is a residential care home providing personal care to 15 people aged 65 and over at the time of the inspection. The service can support up to 17 people.

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

People were safely supported to receive their medicines as prescribed. We have made a recommendation about competency assessments for staff administering medicines. People were protected from the risk of abuse and avoidable harm by staff who understood how to recognise and respond to concerns. People told us they felt safe when supported by staff. Risk assessments had been developed to minimise the potential risk of avoidable harm to people during the delivery of their care. The registered manager had robust safe recruitment procedures.

People were positive about the service and said staff were kind and caring. People were treated with dignity and respect and their right to privacy was upheld. The registered manager worked in partnership with people's advocates.

People's care and support had been planned in partnership with them and their relatives. Staff had received regular training and supervision to support them in their roles. 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.

People received person-centred care which was responsive to their needs. People's communication needs had been assessed and where support was required these had been met. The registered manager managed people's concerns and complaints appropriately.

The service worked in partnership with a variety of agencies to ensure people received all the support they needed. People were happy with how the service was managed. Staff felt well supported by the registered manager and management team.

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

Rating at last inspection

The last rating for this service was requires improvement (published 01 February 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Red Oak 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

One inspector carried out the inspection.

Service and service type

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including information from the provider about important events that had taken place at the service, which they are required to send us. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 five people who lived at the home and two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, deputy manager and care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We had a walk around the home to ensure it was a safe and homely place for people to live.

We reviewed a range of records. This included three people's care records and multiple medication records. We spoke with staff about recruitment and looked at a variety of records relating to the management of the service.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on the self-administering of medicines and act to update their practice. There was no – one self-administering medicine when we inspected, however, the registered manager was able to discuss best practice on the subject.

- Medicines were managed safely, and people received their medicines when they should. Our observations of medicines being administered, and documentation seen confirmed this.
- The registered manager worked in partnership with pharmacists and delivered yearly knowledge-based assessments for staff to ensure procedures were up to date. However, staff who administered medicines did not have a formal observed competency assessment to assess their practical skills.

We recommend the provider consider current guidance and ensure staff have the appropriate skills and competence in the safe administration of medicines and act to update their practice accordingly.

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

At our last inspection we recommended the provider consider best practice guidance on the analysis of accidents and incidents. The provider had made improvements.

- The registered manager managed risk. Care plans highlighted areas of risk to keep people safe. They kept these under review to ensure staff had up to date knowledge of the people they supported.
- Staff knew how to support people in an emergency. People had personal emergency evacuation plans which ensured in case of a fire staff had guidance on how to support people out of the building.
- Accidents and incidents were appropriately recorded, investigated and areas for improvement identified and acted on. The registered manager reviewed all falls and incidents to look for patterns and themes to minimise the risk of further incidents.

Preventing and controlling infection

At our last inspection we recommended the provider consider best practice guidance in relation to infection prevention and control. The provider had made improvements.

- People were protected against the risk of infection. We completed a tour of the home found the environment to be clean and well maintained. One person told us, "My room is fantastic. They clean and

hoover it every day."

- Staff had access to personal protective equipment (PPE) such as gloves and aprons. We saw staff used PPE when appropriate. Staff confirmed there was enough PPE, such as disposable gloves, hand gels and aprons to maintain good standards of infection control.
- The home had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about good cleanliness, food preparation and associated recordkeeping.

Systems and processes to safeguard people from the risk of abuse

- The service had effective safeguarding policies in place. People were safe and protected from abuse and their human rights were respected and promoted. Staff told us training was provided and regularly updated.
- The registered manager was aware of their responsibility to report concerns to the relevant external agencies. One relative told us, "[Family member] is 100% safe here. I go to sleep easier knowing she is safe."

Staffing and recruitment

- The registered manager followed safe staff recruitment procedures. All the necessary background checks, including criminal records checks being carried out with the Disclosure and Barring Service were carried out. This ensured only suitable people were employed to support people.
- People, relatives and staff told us staffing levels were enough to keep people safe. We observed the service had appropriate staffing levels to keep people safe.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed before they came to live at Red Oak Care Home. Information gathered during assessment was then used to create people's care plans. One relative said, "They [Management] sat with me and the social worker and went through likes and dislikes and what was in the care plan."
- We saw the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This ensured people received effective, safe and appropriate care which met their needs and protected their rights. Care and support for people was reviewed regularly or when people's needs changed.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles effectively. Staff told us they regularly updated their training. In addition, staff told us induction training was provided and supported them to get to know people well and provide the right support for them.
- Staff told us they felt supported by the registered manager and senior staff. One staff member told us, "[Registered manager] is very approachable and knows what they are doing. We all work together."

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

- Staff ensured people had a balanced diet and enough fluids to keep them hydrated. Care plans confirmed people's dietary needs had been assessed. We saw snacks and drinks were provided throughout the day.
- People were provided with meals and drinks they enjoyed, and their comments confirmed this. One person said, "The food is fantastic. I don't like fish, I always get something else."

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

- The registered manager worked effectively with healthcare professionals to ensure people's healthcare needs were met. They worked with services including GPs and district nurses to meet physical and mental health needs. We saw documented outcomes and support people required in care plans.
- People were supported to attend healthcare appointments. Staff supported people in managing their health and wellbeing needs by making appropriate referrals to specialist services. One person said, "If I'm unwell, they [management] will get a doctor in."

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

- Accommodation was accessible, safe, homely and suitable for people's needs. Bathrooms could accommodate people who had limited mobility. People were able to bring their own items into their rooms

and to personalise their rooms as they wanted to.

- Communal areas were provided where people could relax and spend time with others. Corridors were free from clutter which promoted people's independence.

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.

- The provider took the required action to protect people's rights and ensure people received the care and support they needed. Appropriate applications had been made to the local authority for DoLS assessments. Staff knew how to support people in making decisions and how to offer choice with day to day decisions and activities. Consent to care and treatment was routinely sought. One person told us, "I go to bed when I want and get up when I want."

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 were supported by caring and respectful staff who knew people well. One person told us, "They [staff] chat to people and find out the problems they may have."
- We observed people were comfortable in the company of staff and actively sought them out. One relative said, "All the staff care. All the staff want the best for my [relative]." One staff member told us, "We are more involved here, more intimate. We learn from people especially when they laugh and chat. We are a bit like a family here."

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

- People and relatives were consulted about care and make decisions for their wellbeing and support they required. Staff encouraged people to make daily choices and involved them in doing so.
- The culture at Red Oak Care Home was inclusive, caring, kind and compassionate. This reflected the attitude of staff and the management team. We observed one person being encouraged to attend a health appointment. The reasons for the appointment were discussed and the registered manager offered solutions to all concerns raised resulting in a successful trip.

Respecting and promoting people's privacy, dignity and independence

- The service provided support that ensured people's privacy, dignity and independence were maintained. Staff knocked on people's bedroom doors before entering. People's personal private information was stored securely. There was no personal information left visible for visitors to read. One relative told us, "[Relative] is putting weight on, they haven't just let her slip away. They are a lovely beautiful business."
- People were supported to project a positive image of themselves through the clothes they wore and the personal care they received. Staff addressed people by their preferred name they were polite, very friendly and cheerful when supporting people. One person laughingly told us, "Staff are nice, they deserve medals looking after me."
- One person had taken on the role of preparing the dining room before meals were served. Staff were aware of this and offered encouragement and thanks during and after the task which the person clearly enjoyed.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People received care and support which was personalised to them. Staff were familiar with people's likes in terms of how they liked to spend the day, their interests and social activities. One person said, "They ask questions about things that have happened, and they keep you up to date with things that are happening."
- People told us staff gave them choices and they were able to make every day decisions about their care and staff provided support that was focused on individual needs, preferences and routines.

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.

- Staff knew people well, communicated effectively and understood people's communication needs. We observed staff interact differently with different people to ensure they understood the information being shared and received a positive outcome from the interactions.

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

- People said their families and friends were made welcome and people were encouraged to maintain relationships outside of the home. We read one person enjoyed, 'Jesus and songs about him, it makes me feel alive.' We overheard the person discussing their trips to church and how they had made new friends there. The registered manager told us staff supported the person to church every week as they recognised how important it was.
- People were encouraged to take part in events at the home and develop relationships. Staff knew people well and knew how they liked to do to spend their time. One person stated, "We have something happening every day." A second person told us, "We have a sing song quite often."

Improving care quality in response to complaints or concerns

- People and their relatives told us they had no current complaints. There were no recorded complaints since our last inspection. One person told us, "It's a very well-run place, very competent. I have no complaints at all."
- The provider had a complaints policy and assured us if any complaints were received these would be investigated.

End of life care and support

- The home did not offer nursing care for people reaching the end of their life. However, when people wanted to remain there, the registered manager met their wishes whenever possible, by working alongside health professionals to fulfil their wishes.
- Staff had received end of life training. One staff member commented, "It was really interesting. It makes you more aware, it makes you think about what you are doing."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider did not have robust auditing systems. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service was well-organised and there was a clear staffing structure. The registered manager and deputy manager were knowledgeable about people's needs and worked as part of the team delivering care and support. One person told us, "It is a well-run place."
- The registered manager had systems of auditing the safety and quality of the service and carried out regular checks and audits.
- The registered manager understood their legal obligations, including conditions of the Care Quality Commission (CQC) registration and those of other organisations.

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

- The management team promoted a positive environment for people, relatives and staff. People and staff told us there was a visible management presence within the home and they would feel comfortable approaching them to share their views. One person told us, "They are fantastic, they do really well, and they are good with me."
- The registered manager received positive feedback. One staff member said, "[Registered manager] is a really good boss, kind and understanding."

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 management team knew how to share information with relevant parties, when appropriate. The registered manager understood their role in terms of regulatory requirements. For example, the provider notified CQC of events, such as safeguarding's and serious incidents as required by law. The previous inspection rating was displayed in the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager worked with other organisations to provide a quality, service and people in their care were healthy and safe. These included healthcare professionals such as GPs and other health professionals.
- People told us they had meetings to share their opinions and had the option to attend. One person said, "We have meetings that are casual not formal." Relatives told us they were consulted and updated on family members care.
- Staff told us they could contribute to the way the service was run through team meetings and supervisions. One staff member said, "We can speak about general problems and any issues related to people we support."