

Oakview Care Home Limited

Oakview Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Oakview Care Home is a 'care home' providing personal and nursing care. Oakview Care Home accommodates 97 people in 1 building across 4 separate units, each of which have separate adapted facilities. Two of the units specialises in providing personal and nursing care to people living with dementia. At the time of our inspection there were 90 people using the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support:

People had not always had all of the risks associated with their care assessed or mitigated. Care plans needed further information about how to reduce risks in people's care. Fire safety risks and people's health conditions needed to be fully considered.

People were not supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did support this practice.

People received their prescribed medicines. However, guidance on the use of people's 'as and when' (PRN) medicines needed to be improved.

Staff demonstrated understanding and knowledge of people's individual needs, including their healthcare needs.

Right Care:

Staff demonstrated knowledge and understanding of how to recognise and report abuse. Records showed staff had received adequate training.

There were enough staff to meet people's needs. People were treated with dignity and respect.

Right Culture:

Systems in place to review the quality and safety of the service were not always effective. We identified care records were not always reflective of people's needs and risks and lacked information regarding people's health and care needs. The provider's management of fire safety risks to people needed to improve.

Systems were in place to ensure people, staff and relatives could feedback on the care delivery; evidence showed this was acted upon.

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 good published 01 April 2021.

Why we inspected

The inspection was prompted in part due to concerns received about risk management, incidents of a safeguarding nature and governance. A decision was made for us to inspect and examine those risks. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'All inspection reports and timeline' link for Oakview Care Home on our website at www.cqc.org.uk

Enforcement

We have identified breaches in relation to risk management and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Oakview Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by an operations manager, an inspector 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

Oakview Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Oakview Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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. We sought feedback

from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with 12 people about their experience of living at the service. We spoke with 20 relatives and friends of people who use the service. We spoke with 10 staff members including the registered manager and provider, nurses, maintenance, domestic staff, care staff and administration staff. We reviewed multiple care records and medicine records and 4 staff recruitment files. We reviewed a range of records including those that related to how the service was monitored, how staff were trained and the provider's policies.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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

- People's risks were not always effectively managed. We found conflicting information in care plans and risk assessments meaning staff may not be aware of people's current and ongoing needs. Further guidance was needed for staff around people's healthcare needs, including details of measures to be taken to mitigate risk. Additionally, we found the information recorded in people's care plans about their health conditions lacked sufficient detail. This included a lack of guidance for staff on how to support with people with diabetes.
- People were not adequately protected from fire safety risks. We found some people smoked and several people used oxygen or had flammable topical medicines applied by staff. Individual risk assessments were either not in place, or not detailed enough, to mitigate associated risks to people. In addition, staff did not always follow people's risk assessments. We observed people were left unsupervised whilst smoking, despite their risk assessment requiring they were supervised.
- We informed the registered manager of these fire risk and immediate action was taken to ensure people's safety. Following the inspection, the provider took action to improve information and guidance for staff in care plans.

Management of risk was not always effective, placing people at increased risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- People's medicines were administered safely. However, staff had not always been provided with clear guidance on the use of 'as and when' (PRN) medicines, meaning there was an increased risk these would not be offered appropriately.
- Staff were appropriately trained to administer medicines safely. People received their regular medicines safely and in their preferred way.
- On-going competency assessments were carried out by the provider to ensure staff followed safe practices. However, these were not always documented.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were kept safe. People and relatives told us they felt the service was safe. A person told us, "I'm alright, quite safe. The carers make sure I'm alright." One relative said, "I am happy with the care [Name of Person] is receiving, they are safe and comfortable."
- Systems were in place to ensure incidents of a safeguarding nature were record and reported

appropriately. Staff demonstrated knowledge and understanding of how to raise a safeguarding alert and felt confident the manager would deal with concerns appropriately.

- Records showed the registered manager understood their responsibilities to record and report any incidents of a safeguarding nature. The registered manager had informed the appropriate professional bodies when an incident occurred and took appropriate action. Additionally, records showed accidents and incidents were reviewed to identify any themes and trends. Action was then taken by the provider to reduce the risk of reoccurrence.

Staffing and recruitment

- Safe recruitment processes were in place. Processes in place ensured people were supported by suitable staff. A number of pre-employment background checks had been completed. These included checks with the Disclosure and Barring Service (DBS) to show that the staff concerned did not have criminal convictions. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There was enough staff to meet people's needs.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service facilitated visiting in line with national guidelines.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was not working within the principles of the MCA.
- A review of people's care files found mental capacity assessments were not always in place where needed. Decisions regarding necessary and proportionate restrictions had not always been completed to ensure this was the least restrictive intervention. Additionally, where mental capacity assessments had been completed, this was during admission to the care home, some dating back to 2018, and these had not been reviewed.
- We saw where people were deprived of their liberty the legal authorisation had been sought. However, the provider did not have a system in place to ensure DoLS application were followed up. We found 1 instance where a person's application was made 3 years ago had not been followed up.

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

- People had individualised care plans which were kept under regular review.
- We had mixed feedback from people and relatives regarding their involvement with care plans. One relative told us, "They did a care review a few weeks ago. There are regular doctor visits, I have no health issues or concerns." However, 1 person said their care was "not discussed", although they were "pretty free and could choose what to do".

Staff support: induction, training, skills and experience

- We found staff had adequate skills and abilities to meet people's needs. We reviewed the provider's training matrix and found the majority of staff had completed appropriate training. One relative we spoke with told us, "I think they are well trained. They don't shortcut anything, they are careful."
- Staff we spoke with consistently told us they had support from management to perform their duties safely and effectively.

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

- We observed lunch in all 4 areas of the home during the inspection and found people were offered a choice of meals. In 2 units, people appeared to enjoy the food and there was a positive social and interactive environment. However, the approach of staff towards people's mealtimes in the 2 other units was more task-focused and less relaxed for people. Due to a high number of people supported by staff to eat in their rooms, the people who did eat in the dining room had minimal interaction and communication from staff.
- We observed people regularly being offered drinks throughout the day.
- People and their relatives spoke positively about the food and drink on offer. One person told us, "The food is good - there is a choice." A relative told us, "[Person] has a textured diet, they [staff] assessed it all and managed it well." Another relative said, "The kitchen is always open for family members to make tea and coffee."

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

- We found relevant healthcare professionals were involved in people's care.
- People and relatives we spoke to gave positive feedback regarding their access to healthcare services and their ability to raise health concerns with staff and management. A relative told us, "Recently [Name of Person] had a chest infection and the carer was worried. The carer called the GP out straightaway and later the same day [Person] had their antibiotics. That was excellent."

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

- Communal spaces had been optimised within the care home, to give people to the option of where they would like to spend their time. Signage throughout the home supported people to be familiar with areas they needed to access. However, further work was required to the environment to promote meaningful stimulation and wellbeing for people with dementia.
- People's bedrooms had been personalised with their own belongings.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- The registered manager and staff were caring and kind to people. We witnessed good interactions between staff and people.
- People and relatives spoke positively about the caring approach of staff. One person told us, "I'm very happy with the staff." A relative said, "They [staff] are so good, they treat them [people] like they are family". Another relative told us, "The staff are brilliant, they are very friendly and caring."

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

- People told us staff gave them the time they needed to express their views about their care. One person told us they could, "choose what they wanted to do", adding that staff were "quite responsive overall and deal with any issues." A relative said, "The home came recommended to us and I'm happy with it. They involve me with everything, and I can work with them."

Respecting and promoting people's privacy, dignity and independence

- People were treated with privacy and dignity during the delivery of care. During the inspection we observed staff taking the time to listen and respond to people's needs, also making sure doors were closed when supporting people with personal tasks.
- However, we did observe staff take a urine sample from a person's catheter bag in a communal lounge, with other people present. Staff had not considered the person's dignity on this occasion.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating 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 receive personalised care. Records showed care plans contained the information to ensure people's needs and preferences could be met. However, this was not always consistent as detailed in safe.
- Reviews of care plans did take place regularly. However, when a person had a change in their care needs, this was not reflected in their main care plan. For example, a person's nutritional care plan stated they required level 2 thickened fluids. However, elsewhere in their care plan it stated, "[Name of Person] is not managing well with level 2 fluids, and she is on level 3 now."
- When we spoke to staff, we found they knew people well and could describe people's individual choices and preferences. One staff member said, "I know when I go home, I can say I have done my best for these people."

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

- We observed activities taking place during the inspection. On 2 of the 4 units at Oakview we saw good interactions and participation in activities. However, this was not reflected on all units. For example, multiple people were supported in their bedrooms and interaction was limited to care tasks.
- We also observed one person in an environment where they had become distressed. When they attempted to walk away from the situation staff failed to recognise they were distressed and redirected them back to the environment which was very noisy, not considering or offering an alternative environment.
- Relatives we spoke positively about the activities on offer. One relative told us, "They do have activities and seem to do something most days. I think the manager wants to do arrange more."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Records showed the provider had assessed people's communication needs. Care plans clearly set out what was their preferred communication method and how to meet these needs and the level of support required and any equipment, for example spectacles.

Improving care quality in response to complaints or concerns

- The provider had a system in place to record complaints when they were received, and action taken. There were policy and procedures in place for handling complaints.
- Relatives told us complaints were dealt with effectively. For example, one relative told us, "No complaints, but if I did, I would go to the manager."

End of life care and support

- We reviewed documents regarding end of life wishes in place for people and found care plans contained information to ensure the person's rights and wishes were met. This meant people's wishes could be met and a dignified death would be supported.

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 our last inspection we rated this key question good. At this inspection the rating has changed to 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

- We found a range of audits in place to monitor the quality and safety of the home. However, some of the audit systems in place had failed to identify the concerns we found as detailed in the key questions safe and effective. This meant the manager had not always been able to implement and embed the improvements needed. This included ensuring people who smoked had appropriate safety measures in place.
- Audits and governance processes in regard to risk management were not always effective. Systems had not always been effective in identifying where records lacked information about the risks associated with people's care or in ensuring that people's care plans were updated to reflect changes in individual needs or risks.
- Audit checks had failed to identify PRN protocols were not in place, and there was no clear plan to ensure this was completed. Further work was needed to develop and embed systems and processes for quality monitoring. During the inspection, the registered manager and provider were responsive to feedback and told us about the actions they had planned to resolve the issues identified.

Systems were not always robust enough to demonstrate effective monitoring of the quality of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager informed us of action taken in regards of these concerns. This included care plan audits, updating care records and putting in place fire safety measures.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were positive about their experience of using the service. For example, 1 person told us, "I have no reason to complain, [they are] quite responsive overall, they deal with any issues." Another person told us, "I know [registered manager], she comes and talks to me. It's well managed."
- Feedback from staff on the management of the service was positive. Staff told us they felt supported in their roles and were complimentary of the registered manager. One staff member told us, "The manager is excellent, she does everything by the book, which is how it should be. She has made lots of positive changes."
- The provider had some systems in place to encourage people's feedback on their care. One person told

us, "They have resident meetings every three months, I've been. I was advised that the next one is in March. There are minutes and they do action the points."

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; Continuous learning and improving care

- The provider had systems and processes in place to ensure incidents and accidents involving people were recorded, analysed and investigated. Action was taken to reduce the risk of reoccurrence.
- The registered manager and provider were open and honest with people and their relatives when things went wrong with people's care.

Working in partnership with others

- Staff and management promoted positive working relationships with community health and social care teams and professionals involved in people's care. Staff said they had effective support from GPs and other healthcare professionals. We saw evidence of communication from healthcare professionals put into place to support the health and wellbeing of people at the service. Additionally, 1 relative told us, "[Name of Person] needs access to a health clinic and the home have arranged for someone to visit him in the care home. The district nurses go into the home too. They are so good at organising everything."

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	Management of risk was not always effective, placing people at risk of harm.

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	Systems were not always robust enough to demonstrate effective monitoring of the quality of the service.