

## Joseph Rowntree Housing Trust

# The Oaks

### Inspection report

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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

The Oaks is a residential care home providing personal and nursing care to up to 43 people. The service provided support to people living with dementia, physical disabilities, sensory impairments and care for people over the age of 65. At the time of our inspection, there were 31 people using the service. The Oaks supports people in a purpose built building with all the rooms being en-suite. The premises were separated over two floors, with the first floor supporting people with nursing needs.

The Oaks also provided a domiciliary care agency to people living in bungalows adjacent to the residential care home. Not everyone who used this service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People were protected from the risk of abuse and neglect. People had risks to their safety and wellbeing assessed and managed. Systems were in place to review and monitor risks.

There were enough staff to meet people's needs. Staff who administered medication had the correct training, skills and knowledge to complete this safely.

Systems and processes were in place to manage the risk of infection transmission. If something went wrong, there were processes in place to review and learn from this to minimise future risk.

People's preferences and wishes were listened to and implemented to provide person-centred care. People gave consent to receive care and staff had a good level of training to provide safe and compassionate care.

People told us the food was good quality and people received enough food and drinks. Staff worked with other organisations, such as health and social care professionals to make sure people received the correct care.

The premises were being renovated but had been delayed due to the impact of COVID-19. People received support in different ways whilst renovations took place. People were treated with dignity, kindness and respect whereby people were involved in decisions about their care.

There was a strong management presence as the registered manager and provider had implemented significant improvements since the last inspection. There was a culture of continual improvement and development to provide a high standard of care.

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. There were different committees which involved people and represented the views of people

living at The Oaks.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 24 June 2019) and there were breaches of regulation. Since the last inspection, the service has a new provider. The new provider registered with CQC on 20 January 2020. 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 service was no longer in breach of regulations. At our last inspection we recommended that the provider support staff to improve their knowledge in relation to Deprivation of Liberty Safeguards. At this inspection, we found the provider had acted on this recommendation.

#### Why we inspected

This was a planned inspection as The Oaks had not been inspected under the current provider. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

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?

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.

# The Oaks

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was conducted by one inspector on day one. Two inspectors and an Expert by Experience conducted the second day of the inspection. 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

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

The Oaks is also a domiciliary care agency. It provides personal care to people living in their own bungalows.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with 10 people who used the service and five relatives about their experience of the care provided. We spoke with two members of two committees who represent the views of people using the service. We spoke with 13 members of staff including the provider, registered manager, deputy manager, clinical lead, catering manager, nurses, senior carers, carers, domestic staff and an administrator.

## After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, audits, menus, meeting minutes, staff memos, recruitment checks, staffing levels 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection, the previous provider had failed to consistently operate robust systems for the safe management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the current provider was no longer in breach of regulation 12.

- The management of medicines was safe.
- The provider used an electronic medication system which prompted staff if medication was given late. This reduced the risk of missed medication. The provider had oversight of this system which added additional checks to ensure that medication was given correctly.
- The registered manager and senior staff completed medication competency checks. This made sure staff who gave medication had the correct skills and knowledge.
- Medication, creams and ointments were stored, labelled and disposed of correctly. One member of staff told us, "The computer system shows us if there is any missed medication. It gives me clear instructions for each record."

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse or neglect. The provider had established systems and processes in place to monitor, detect and report signs of abuse or neglect.
- People told us they felt safe living at The Oaks. One person told us, "It's safe and friendly here. I have my button to press which is reassuring." Another person told us, "I am totally safe here."
- Staff felt confident in reporting poor practices and safeguarding concerns. One member of staff told us, "I would tell the deputy or manager straight away. I know they would sort it."
- The registered manager had correctly reported concerns to the local authority and CQC.

### Assessing risk, safety monitoring and management

- People lived in a safe environment where safety checks and risk assessments were completed.
- The provider completed routine checks of the environment such as equipment checks, fire drills and maintenance checks. The handyperson kept the premises in a good standard of repair.
- The registered manager completed spot checks to ensure people received a high quality of care.
- People had risk assessments in place to identify, monitor and manage risks. This reduced the risk of injury

or harm.

- High risk areas, such as first floor balconies, had safety measures in place and risk assessments to minimise the risk of falls.

#### Staffing and recruitment

- Staffing levels met people's needs and maintained their safety. The registered manager monitored and reviewed the support people needed to make sure there were enough staff.
- People and staff felt they could benefit from more staff. One person told us, "The demands on the staff mean they can't come straight away, but they come as soon as they can." Another person told us, "There is a shortage of staff, we definitely need more staff, but they all work very hard." The provider responded to this feedback. The registered manager advised they would discuss the staffing levels with people, relatives and staff to provide assurance that there are enough staff.
- Staff were recruited safely. Some staff did not have all the essential checks completed and the provider recognised this. The provider responded to this and updated its recruitment policy to ensure all mandatory safety checks are completed as part of the application process.

#### 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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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

- Visits were undertaken in line with current guidance.
- Relatives and healthcare professionals were able to visit the service. There were posters which ensured visitors were aware of best practice regarding PPE and hand sanitising.
- People could use a visitor's room on the ground floor and the activities coordinator hosted video calls, for relatives who chose not to enter the service.

#### Learning lessons when things go wrong

- People benefitted from a culture of lessons being learnt to minimise the risk of harm.
- The registered manager closely monitored accidents and incidents within the home. An investigation was completed, where required and a lessons' learnt review was completed. Staff involved with the incident were informed of the outcome. Staff were retrained to improve knowledge and skills, where required.
- The management team reviewed patterns and trends to monitor if additional measures could be used to minimise the risk of future incidents. The deputy manager told us, "I review each accident and incident and monitor for any patterns. That way, we can put things in place to minimise any future risk of injury."
- The provider monitored the progress of internal investigations and provided support to the registered manager.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

At the last inspection, we made a recommendation the provider took action to improve staff knowledge in relation to Deprivation of Liberty Safeguards. These improvements have been made and we were assured by the knowledge and skills of staff in this area.

- People were supported to maintain choice, control and independence over their lives.
- Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.
- The provider had appropriate policies and procedures in place to promote good practice. The provider maintained oversight of training and competency checks to ensure staff felt confident in this area. One person told us, "Yes staff are trained well and they use their knowledge well."
- The registered manager reviewed people's care plans to ensure they were person-centred. People gave informed consent and had choice over their care.

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

- People's views, needs and choices were at the centre of the care they received.
- Systems and processes ensured people's care plans and risk assessments were in place and up to date. The deputy manager and clinical lead worked with staff to promote good record keeping and improved knowledge amongst the staff team regarding best practices. One relative told us, "The staff ask my [person]

if they can shower them every time. The staff treat them with respect."

- People were involved in decisions about their care. People were consulted on the choice of menu, activities, care and the redecoration of the premises. One person told us, "The food is fine, and I am putting on weight." Another person told us, "The food is okay. I am vegetarian and I have had no bad experiences."

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to provide safe care.
- Staff told us they had a good induction which provided them with the required knowledge to care for people. Staff had a mixture of online and practical demonstrations where their competencies were checked. One staff member told us, "The induction was very good. I hadn't worked in care before, so I was very nervous. The induction gave me the confidence to do the job."
- Staff were also enrolled onto The Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The provider and registered manager monitored staff training to make sure this was current.
- Staff received regular supervisions and appraisals. This allowed the registered manager to monitor staff knowledge and tailor any further training, where needed.

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

- Staff supported people to have enough to eat and drink.
- The kitchen staff met with people to ensure people enjoyed the food on offer. The kitchen also strove to meet specific requests of food or snacks. The catering manager told us, "We meet with people regularly to make sure they are happy with the food. We always cater for specific diets. We're very proud of the home-made food we serve here."
- The menu was diverse and offered a wide selection of choices, including halal and vegetarian options.
- People who were at risk of weight loss had their weight monitored and food and fluid intake recorded and monitored. Staff took appropriate action to involve healthcare professionals where someone was losing weight.

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

- People had access to health and social care services to live a healthy life.
- Health and social care staff routinely visited The Oaks to provide people with specialist healthcare. Staff worked with these healthcare professionals to understand people's needs and when to seek support. One professional who regularly visits the service told us, "We have good communication with The Oaks. The registered manager works well with us and keeps us up to date."
- People's care plans reflected the healthcare they needed and how to work with partner organisations.
- A GP visited every two weeks to review people's health.

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

- The premises were undergoing a renovation.
- The communal areas and communal bathrooms were in the process of being renovated. The renovations had been delayed due to COVID-19.
- Systems were in place to make sure people received adequate personal care and access to communal spaces.
- People had been involved in the design and colour choices of the communal areas.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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; Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, respect and compassion.
- Staff had a good relationship with people. Since the last inspection, the registered manager and management team had worked with the staff team to enhance and build meaningful relationships with people. One person told us, "Are they caring? Oh yes, yes, yes most definitely."
- The registered manager promoted a culture of delivering high quality care, continuous improvement and putting people at the centre of decision making.
- People lived independent and dignified lives. One person told us, "I feel very well looked after. I like it here."

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

- There was a strong culture of people contributing to decisions.
- People using the service had a committee which met with the management team. There were different sub committees regarding food and care. People participated and were represented through these committees.
- Staff had a strong ethos of putting people at the centre of their care and decision making. One relative told us, "I am happy with the care [person] received. Anything I bring up, staff act upon this."
- The committees were involved in the development and improvement of the service to encourage meaningful change. The committees held the management team to account and challenged decision making. One member of the committee told us, "The care goes from strength to strength. People now appreciate very good care."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 personalised care and maintained control of their lives.
- Staff focused on ensuring people were fully involved in making their own decisions. People told us they were included and consulted in decisions about their lives. One person said, "I deal with my own care plan and it was reviewed five weeks ago. Staff always give me a choice about what I want to do or not."
- People and their relatives were involved in reviews and updates of care plans and assessments. Staff knew people well to provide person-centred tailored care. One relative told us, "I'm a healthcare professional and we put a care plan in place that I'm perfectly satisfied with."

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.

- Information was available in various formats to allow it to be accessible to people.
- Staff knew and used people's preferred communication styles to ensure people were included in activities and decision making.

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 were supported to live active independent lives.
- There were a wide variety of activities offered, from one to one activities, to group activities. People who were able to consent had access to the communal hub which had a restaurant, library, swimming pool and other recreation activities. One person told us, "We decorated iced buns yesterday and there are more activities planned."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and system to respond to concerns or complaints.
- The provider had responded to complaints in an appropriate and understanding manner which resolved people's concerns.

End of life care and support

- There were systems and established processes in place to make sure people receive a dignified,

comfortable and pain free death.

- At the time of inspection, people did not require end of life care, but staff had a good understanding of how to provide end of life care.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, the previous provider had failed to operate quality assurance systems and maintain accurate and complete records in relation to people's care. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People benefitted from a culture which was person-centred, inclusive and empowering.
- The registered manager and leadership team worked closely with people, their relatives, committees and the staff team to understand what care people expected from The Oaks.
- Since the last inspection, the registered manager has implemented improvements across all aspects of the service. People, their relatives, staff and committee members told us of the changes made under the current management. A committee member told us, "There was a serious problem at the last CQC inspection. Since the registered manager has been in place, the improvements have been dramatic."

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 registered manager acted within their duty of candour.
- The registered manager worked with people, their relatives and health and social care professionals to ensure the right care was provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had clear oversight the risk, changes in needs and quality of care at the service.
- The registered manager demonstrated commitment to make changes since the last CQC inspection and in a short time, the registered manager has demonstrated people have now received high-quality person-centred care. One person told us, "It's a very friendly atmosphere here. I do know the registered manager, but I don't need to speak with them as I don't have any problems." Whilst another person told us, "The registered manager is very approachable. You can have a giggle with them."
- The registered manager completed regular checks to make sure staff had the necessary skills to provide

safe care.

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

- People were fully engaged and involved with the development of the service.
- People could attend various 'residents meetings'. For example, meetings were held for updates from the provider or meeting with the kitchen staff to provide ideas for meal choices. There were also different committees in place regarding various subject matters. People were involved with these committees which had regular meetings with the leadership team at The Oaks. =

Continuous learning and improving care

- The registered manager promoted a culture of continuous learning and development.
- Since the last inspection, the registered manager had developed and worked within a service improvement plan in collaboration with people, their relatives and committees. The registered manager has brought about positive change which benefited people living at the service.

Working in partnership with others

- People benefitted from the service having close working relationships with partner organisations.
- The local GP visited the service every two weeks. Different health professionals, such as chiropody, physiotherapy and district nurses visited the service frequently as needed.
- The service had established close links with the local children's nursery where visits and concerts have taken place.