

Healthcare Homes (Spring) Limited

Oaktree 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Oaktree Care Home is registered to provide personal and nursing care for up to 78 people. The service is divided over two separate floors. The ground floor, called Bluebell is for those who require nursing care. The upper floor is dedicated to those people living with dementia and has two units called Primrose and Snowdrop. Snowdrop provides support to people living with dementia but do not need nursing care. There were 64 people living at Oaktree Care Home when we inspected.

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

Overall feedback, from relatives and people were positive about their experience of the care and support, especially how the staff and manager had managed the pandemic.

As seen at the last inspection, there remained a high use of agency staff, which was having an impact on the delivery of care and staff morale. There were occasions when the home was not staffed according to provider's staffing tool due to short notice sickness and the agency staff cancelling their shifts. We found a breach in regulation and served a requirement notice in respect of staffing to ensure there were sufficient numbers of suitable and competent and experienced staff.

We could not be assured people at risk were eating and drinking enough. This was because staff were not completing food and fluid charts for those people that had been assessed as being at risk of malnutrition or dehydration.

People's needs were assessed and planned for. The new provider had introduced their care planning tools. Not all care plans were kept up to date as people's needs changed. In part this was due to the lack of nurses in Bluebell and the reliance on agency staff.

People's medicines were managed safely. People had access to health and social care professionals who worked alongside nursing and care team at Oaktree. People were protected from the risk of cross infection and appropriate guidance was followed.

There was a program of activities that people could take part in. People were celebrating the festive season on the day of our visit with a party, including a buffet lunch. External entertainers and the local church had visited the service whilst following government guidance. People were supported to keep in contact with relatives throughout the pandemic such as video and telephone calls and visits.

People were protected against the risks of abuse. Staff had received training in this area and understood their role in reporting. Staff recruitment was safe and ensured people were protected. The registered manager was actively recruiting to the vacant posts.

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 systems in place to monitor the quality of the care and support. The provider regularly visited the service to drive improvements and support the manager and the staff. Improvements were required in respect of the audits improving practice in relation to meeting people's nutritional needs. This was a breach in regulation.

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 10 April 2019) for the previous provider. The service remains rated requires improvement.

Why we inspected

This was a planned inspection based on the previous rating and change of 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 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?

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 safe findings below.

Requires Improvement ●

Oaktree 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.

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

There was a team of three 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

Oaktree 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.

The service had a manager registered with the Care Quality Commission. 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

We reviewed information we had received about the service since a new provider took over the service. We sought feedback from the local authority and professionals who work with the service.

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. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and five relatives about their experience of the care provided. We spoke with 16 members of staff including the regional operations manager, regional director, registered manager, unit managers, nurses, care, activity and housekeeping 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 reviewed a range of records. This included eight people's care records, medication records and food and fluid monitoring charts. We looked at four staff files in relation to recruitment and staff supervision and a variety of records relating to the management and the monitoring 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. The registered manager contacted, 47 relatives and 51 staff to inform them about our inspection and shared our contact details to give them the opportunity to share their experience of the service with us. We received 16 responses in total, seven from relatives and nine from staff. These comments have been referred to throughout the report.

We provided verbal and written feedback on the 21 December 2021 to the registered manager, regional director and regional operations manager.

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 for this newly registered provider. This key question has been rated 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.

Recruitment and Staffing

- We could not be satisfied people were always cared for by enough staff and there was a potential risk for people to come to harm. The current staffing levels, competency, skill mix and how each shift was led required review.
- The registered manager told us on occasions where agency staff cancelled or there was staff sickness at short notice, they were not always able to cover shifts required. We were told this was at least two days per week with two or three staff short across the home.
- Staff felt there were not enough staff on Bluebell. Nurses reported being distracted during medication rounds to help staff support people, for example making comfortable to have their breakfast. All nine staff that contacted us after the inspection said the home was short staffed and how this was impacting on staff morale.
- When the home was short staffed, activity staff and unit managers helped people during mealtimes, however this did mean they were not fulfilling the roles they were specifically employed for. A unit manager was in the home on their day off. They said, "There is not enough hours in the day and this piece of work needed to be done".
- The registered manager told us they were using regular and familiar agency staff and were now block booking to ensure people were supported by consistent staff. Staff consistently told us this was having an impact on staff morale and some said they felt they were only delivering basic care.
- The registered manager told us there had been a period from January to July 2021 where there was zero agency usage. This had changed in recent months where approximately 600 hours per week were being used to cover Primrose, Bluebell and Snowdrop due to an increase in occupancy and staff retention.
- There was a shortfall in a head of housekeeping and domestic staff. In response, the registered manager was organising a block booking from an external contractor to ensure regular staff were completing these roles and supporting the existing team. Housekeeping staff felt they could only do the basic cleaning. No one raised concerns about the cleaning in the home, however given the enhanced cleaning required during the pandemic extra staff were key in further enhancing everyone's safety.
- A relative told us, "My mother has reported that at times staffing is short and she has to wait for the bathroom but not recently". One person told us, they normally had to wait for staff to respond when using their call bell. Our observations were that staff were responding to people when needed and the home was calm. Call bells were not ringing excessively.
- A staffing tool was in place to determine the staffing in each area of the home based on the needs of individuals and collectively. Staffing had been increased as occupancy in the home had increased. For example, on Bluebell there were now two nurses working throughout the day instead of one, and six care staff instead of five. As mentioned previously these levels were not always met.

People were not always protected from risk because the provider failed to deploy enough suitably qualified, competent and experienced staff. This was a breach of regulation 18 (Staffing) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

- Safe recruitment and selection processes were in place to make sure staff were safe and suitable to work with people living in Oaktree Care Home.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of abuse. Staff had received training about safeguarding adults. They understood their responsibility to report any allegations and suspicions of abuse without delay.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. Measures were put in place to ensure any further risks were mitigated.
- Relatives felt their loved ones were safe. Comments included, "We are very happy, she feels safe and it's homely", and "I have no concerns over her safety and care. The staff have always been professional in all aspects of their work".

Assessing risk, safety monitoring and management

- There was evidence to confirm people received a safe service because risks to their health and safety were well managed. However, improvements were needed in respect of meeting people's nutritional needs as reported in the effective section of this report.
- Risks which affected people's daily lives, such as mobility, communication, skin integrity, and continence were documented and known by staff. The management team had a good oversight of these risks and the actions being taken to reduce further risks to people.
- Routine health and safety checks were completed on moving handling equipment, equipment to keep people safe such as sensors, and specialist equipment for reducing pressure wounds.
- Routine checks were completed on the environment such as fire, gas and electrical appliances. These were completed by a designated member of staff and external contractors.

Using medicines safely

- Medicines were safely managed. There were systems for ordering, administering, and monitoring medicines. Where medicines errors had been made, these were quickly found and resolved to keep people safe.
- Medicines were secure, and records were appropriate. Monthly audits were completed to ensure people received their medicines safely.
- Only staff that had been trained and their competence checked would help people with their medicines. This was reviewed annually to ensure staff were competent.
- Nurses were concerned that medicines rounds took too long. As mentioned previously there were distractions during the rounds where staff required assistance. Equally nurses had to find a member a member of staff to help when a person needed repositioning due to choking risks when taking their medicines. We were told they made a note to ensure the length of the medicine rounds did not compromise those people who were receiving time sensitive medicines. These medicines had to be taken at a certain time, with an appropriate time given before the next dose.

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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accident and incident records were documented and showed appropriate actions to address concerns had been put in place.
- The registered manager and the provider's clinical lead reviewed all accidents for any themes or recurrence and to ensure appropriate action had been taken to minimise further risks to people.

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 provider. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent in meeting people's needs in respect of eating and drinking.

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

- We could not be assured people at risk were eating and drinking enough. Some people had been assessed as being at risk of weight loss and dehydration. One nurse told us about a person who had lost 10 kg over the last three months and they had requested staff commence a food and fluid intake monitoring chart. Staff were unable to locate these for this person. Staff had been given the instruction to action this, however six days had passed, and this had not been commenced.
- We looked at daily food and fluid intake charts for eight people from the period of 3 November to 8 December. None of the charts had been completed in full. The fluid charts had not been totalled over each 24-hour period. This meant staff would not be alerted if people had not had enough to drink and whether any enhanced care and monitoring was required. There were gaps on every chart indicating that some people had only been offered fluids three times over a 24-hour period. Records consistently indicated a poor fluid intake.
- Food charts had not been completed. Some charts indicated that people had received or offered only one meal a day. There were repeated entries stating, 'offered but refused'. There were no records to suggest staff had tried to encourage someone with food after they had declined. Charts consistently recorded a poor food intake where people had only eaten 3-4 mouthfuls of food over a 24-hour period.

Systems were either not in place or robust enough to demonstrate where people were at risk of malnutrition and dehydration their needs were being met. This placed people at potential risk of harm. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives were complimentary about the food. Comments included, ""We don't want for anything, the food is great" and "The food is good". People told us their preferences were met.
- Where people were at risk of poor nutrition professionals were involved when required. Care plans included what support people needed at mealtimes and any aids such as plate guards or adapted cutlery.

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

- People's needs were assessed before they moved to Oaktree Care Home, involving the person, their family where relevant and health and social care professionals.
- The new provider had introduced their own care planning documentation. The registered manager told us that everyone had been transferred to the new documentation. This was reviewed when people's needs changed, and more person-centred information was being added in relation to people's personal

preferences.

- The registered manager and the staff were working in line with government guidance in respect of the pandemic. Updates were given to people and staff as this was amended, such as visiting guidance in care homes.
- There were systems in place to ensure staff and visiting health and social care professionals had received their vaccinations in line with the recent change in legislation which came into force on 11 November 2021.

Staff support: induction, training, skills and experience

- Staff completed an induction before they supported people and worked in the home. This was a combination of on-line training and in small groups face to face within the home. New staff then shadowed more experienced staff.
- The provider's training department supported the registered manager in ensuring staff had completed relevant training and any updates that were required. They visited the home frequently to provide bespoke training and prompted staff to complete their mandatory training.
- Staff told us they had felt supported throughout the pandemic. Regular supervisions were taking place with staff and their line manager. This was monitored by the registered manager.
- Team meetings were taking place every three months with head of department meetings taking place daily. This ensured information was disseminated to the teams and enabled staff to make any suggestions for improvement.

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

- Staff worked with other agencies to ensure people received the support they needed. People were registered with a GP and referrals to other health and social care professionals were made as people's needs changed.
- A relative was very complimentary about the support that staff had given, which had led them to keeping well and healthy. They said, "They call me immediately if there are any medical problems or there has been a doctor visit". They praised the staff on monitoring and getting prompt treatment when unwell, such as a urinary tract infection, which they felt had prevented hospital admissions.

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

- Oaktree Care Home was a purpose-built care home arranged over two floors. There were three units. Each had their own dedicated teams and unit managers.
- Some areas of the home needed redecoration. The registered manager and the regional director told us, since the new provider had taken over the service, new boilers had been installed and some works had been needed to the air conditioning system. This had been completed and now they were focusing on the redecoration and refurbishment program of the home.
- Some areas of the home were being used as additional storage areas, such as the lounge on Primrose. The registered manager told us they were waiting for archived information to be removed and this area would return to being used as a second lounge for people living on Primrose.
- Some people's bedrooms were very personalised. There was signage and memory boxes in the dementia units to help orientate people.
- Each unit had access to a dining area, kitchenette and lounge. To help facilitate visits from relatives one of the ground floor lounges had been adapted to make a visitor's pod. There was also a garden house (heated), which had been used when visits into the home were not allowed. This was now being used for storage.
- There were clinic rooms for storage of medicines in Bluebell and Primrose. Snowdrop shared the clinic room with Primrose.

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 had received Mental Capacity training and understood their responsibilities around consent and mental capacity. We observed staff seeking consent from people before they supported them.
- Assessments had been completed when people lacked capacity and a best interest meeting was used to agree the decision. These included professionals and relatives to support this process. A relative confirmed they had been consulted about the recent vaccinations.
- There were systems in place to monitor any DOLS authorisations. Approvals were monitored to ensure any conditions on authorisations were being met.

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 provider. 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. 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 they were treated with kindness. Comments included, "The staff could not do any more, very caring, going the extra mile", "The staff are amazing, nothing is too much trouble", "Their nursing care and genuine compassion is superb", and "Fantastic they know dad really well and what he likes".
- We observed kind and caring interactions, where people were supported with dignity and respect. People appeared relaxed around staff and there was a friendly atmosphere.
- A relative told us, "Everyone is so caring from front of house to the catering, cleaners and general maintenance, never too busy to speak and always a smile". We observed staff at all levels speaking with people in a friendly manner. Domestic staff and the maintenance person were observed talking to people as they were going about their duties.
- Some staff told us that due to the high agency usage and on occasions when they were short staffed, they could only give basic care.

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

- People and their relatives, where relevant, were involved in developing their care plan. This included preferences in respect of how they wanted to be supported. People had a 'This is me' booklet, which included information about people so staff could get to know them, such as important people in their lives, previous employment and hobbies and interests.
- A survey had been utilised to gather feedback from people and their relatives in February 2021. This had been analysed and 96% said the care was excellent, very good or good with 100% saying the staff were caring.
- Monthly resident meetings took place as a means of encouraging people to express their views and opinions. These were organised by the activity co-ordinator. People were asked their views on living in the home, the cleanliness, staff conduct and activities.

Respecting and promoting people's privacy, dignity and independence

- We observed staff knocking on bedroom doors prior to entering and asking people if they needed support.
- People were supported to be independent with eating, drinking and personal care. Care records described what people could do and where they needed support.
- Adapted cutlery was in place to promote independence with eating such as plate guards and adapted

cutlery.

- A recommendation from an external assessor in September 2021 had recommended that where people were living with dementia, they should be offered two plates to enable them to make a choice. This was not consistently being completed and it was only when a person was struggling to make a choice an agency care staff plated up the two meal choices and the person confidently responded. No other person on the dementia unit had this opportunity enabling them to make an informed choice.
- The provider followed data protection law. The information we saw about people was either kept in locked offices or on password protected computers.

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 provider. This key question has been rated 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

- People had a plan of care that they and their relatives had been involved in describing how they needed to be supported.
- A nurse told us, "Some care needs for people had changed and although staff were made aware of these in handovers this might not be reflected in the care records". There was no evidence that a person had come to harm. However, if this continued there was a risk, especially with staff that may not be familiar with people's needs such as agency staff.
- Some care plans had not been reviewed monthly in line with the provider's expectations. We were told this in part had been due to the lack of a full nursing team and high agency usage. Moving forward two new nurses were planning to start the week after the inspection. This would help ensure care plans were updated and reviewed as needed.
- People and relatives spoke positively about the care and support that was in place. One relative told us, "The staff are amazing, nothing is too much trouble and they keep us fully updated of any news, changes etc". Another relative said staff encouraged their mum to get up and move around to prevent pressure wounds and encouraged her to eat well.

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.

- People's sensory and communication needs had been considered during the assessment process and formed part of the person's care. This included the use of glasses and hearing aids and different ways of expressing their needs.
- The notice board in Primrose was not up to date and therefore could be misleading to people in the home. This helps people familiarise themselves with the day of the week, activities and what meals were being prepared for the day. The menu of the day was not what people had received in this area of the home

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

- Two activity co-ordinators provided regular social events and activities for people living in Oaktree Care Home. This included church services, external entertainers, festive events, quizzes, arts and crafts and bingo sessions. People on Bluebell were having their Christmas Party, with a buffet lunch and a sing-along and another party was being organised later in the week for people living in Primrose and Snowdrop.

- People had been supported to go out for walks and to the local pub. During the summer people had made use of the garden for receiving visitors and external entertainers.
- People were supported to see their friends and loved ones in line with government guidance. This helped people to maintain important relationships and avoid social isolation.
- The home had taken part in a pilot organised by the Care Quality Commission on the visiting arrangements during the pandemic. We contacted 10 relatives by telephone. Feedback was extremely positive on how this was managed enabling them to keep in touch with loved ones either by phone, video calling and visits when this was permitted.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and encouraged feedback through surveys and meetings. This gave people opportunities to raise any issues or concerns.
- The provider had received four complaints in the last 12 months, three of these had been investigated and an apology had been given to the complainant and actions taken to address the concern. One was in the process of being resolved with a meeting arranged with the family.
- Relatives and people confirmed they knew how to complain. A relative told us, "The whole team at Oaktree have worked so hard especially during COVID. I have never had any complaints and any requests I have made have all been carried out".

End of life care and support

- People's care plans included information about any wishes they had about their care and support approaching the end of their life. This included whether people had decided to refuse resuscitation. The home had received many compliments from relatives for the ongoing support and end of life care to people.

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 provider. This key question has been rated 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.

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

- Staff morale was low because of the staffing levels and the effect this was having on the delivery of care. In contrast people and their relatives were positive about the care and support staff were given to their loved ones.
- Staff feedback was variable in respect of working at Oaktree Care Home. Three staff raised concerns about a bullying culture on Bluebell and the lack of respect shown to nurses and senior care staff. We have asked the registered manager/provider to investigate this further. Other staff, whilst happy working in the home, said the reliance on agency staff was having a significant affect upon morale.
- Relatives and staff were complimentary about the appointment of the new manager and provider. Comments included, "The manager runs a tight ship", and "Excellent communication from Oaktree and Healthcare Homes". Relatives that contacted us after the inspection said they would recommend Oaktree Care Home. Although one relative said it could be difficult to contact the home in the evenings and weekend when there was no reception staff.
- Relatives and staff were extremely positive about how the management had supported them since the start of the pandemic and keeping people safe.
- The registered manager had an open-door approach to management and completed daily walk arounds of the service. The registered manager was knowledgeable about the risks to the service including staffing, safe management of the pandemic and the needs of people. They were aware that improvements were required, and an action plan was in place.

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

- The registered manager and senior staff completed various audits to ensure the service was operating safely and effectively. When they identified shortfalls, an action plan was developed to ensure improvements were made. This was monitored by the provider. Although the provider and the registered manager had identified that food and fluid charts had not been completed fully in November 2021. No improvements had been made to address the shortfall.
- The service had been inspected by an external assessor in September 2021. An action plan had been implemented in response to the recommendations. The audit was line with the regulations and key lines of enquiry used by the Care Quality Commission. Improvements had been noted from the inspection that was completed the previous year such as staff training and supervisions. Although the recommendation for staff to show people two plates, which would support those people living with dementia to make a choice at

mealtimes had not been embedded into staff practice.

- Monthly checks were also completed by the provider's representatives to ensure a quality service was being provided to people living at Oaktree Care Home. This included identifying areas for improvement, which were followed up at subsequent months. Action plans had been drawn up by the registered manager and the staff team.
- Daily meetings were held with all head of departments. This was an opportunity to discuss the resident of the day, any risks such as staffing, wellbeing of individuals and any updates in change of guidance. Staff meetings were taking place every three months.
- Staff had daily handover meetings to communicate important changes and to ensure continuity of care for people. Staff were able to read the handovers enabling them to keep up to date in respect of the welfare of people.
- A member of staff said they had a handover sheet, but this did not include people's preferences such as how a person liked their drinks. We noted that this information was not captured on the handover record for Primrose, which focussed on mobility and how many staff supported each person. More detail would support a more person-centred approach especially for those staff that do not work regularly in the home.

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 provider understood their responsibility to report significant events to the Care Quality Commission and local authority safeguarding team to protect people.
- The provider understood the Duty of Candour which aims to ensure that they are open, honest and transparent with people, their relatives and others in relation to care and support. Complaints were followed up and an apology given with an explanation.

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

- Feedback from people and relatives was positive around the care and support provided to people. However, a relative said that communication could be improved. They told us, "It was very difficult to get through on the telephone in the evenings and at weekends when there was no reception staff and often the phone was not answered".
- A relative said, "A newsletter would be beneficial, knowing what activities the residents have done in the week would be good to talk about when I see her, so we have a shared understanding".
- People and their relatives views were sought via an annual survey. People were also encouraged to complete an external care home web page where they could provide feedback. The feedback was positive and monitored by the registered manager.

Continuous learning and improving care

- The registered manager told us they felt very supported by the new provider, which had been positive in driving improvements in areas such as recruitment and training.
- The registered manager told us there was an allocated member of the training team that visited the home regularly to ensure staff had received the necessary training. This had led to improvements in ensuring staff complete their training. The training matrix showed staff had completed both mandatory training and areas specific to supporting people such as diabetes and supporting a person living with dementia.
- Staff confirmed they had received updated training since the new provider had taken over Oaktree Care Home. One member of staff said, "There has been many opportunities for staff to participate in further education such as NVQs and other training".

Working in partnership with others

- The service had worked with health and social care professionals such as the GP, district nurses, social care professionals and the care home liaison team who routinely visited the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs Systems were either not in place or robust enough to demonstrate where people were at risk of malnutrition and dehydration their needs were being met. Regulation 14 (1) (4) (a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People were not always protected from risk because the provider failed to deploy enough suitably qualified, competent and experienced staff. Regulation 18 (1)