

## Partnerships in Care Limited

# Oak House

### Inspection report

10A Victoria Road  
Diss  
Norfolk  
IP22 4HE

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Website: [www.prioryadultcare.co.uk/find-a-location/oak-house/](http://www.prioryadultcare.co.uk/find-a-location/oak-house/)

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Oak House is a residential care home providing personal and nursing care to one person aged 18 and over at the time of the inspection. The service can support up to seven people. The service provides self-contained accommodation which includes a bedroom, lounge, bathroom and kitchenette. Accommodation is provided on both ground and first floor level and there is a shared garden, communal kitchen, laundry and shared areas. The service is situated in the heart of Diss.

### Services for people with learning disabilities and or autism are supported

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

At the last inspection which was the first inspection for this service we found wide spread failings and rated the service inadequate and placed it in special measures. We put a restriction on new admissions until the service made the improvements required. At our latest inspection the service was supporting one person. The previously registered manager had left the service and a temporary experienced manager had been registered to help ensure the service had some continuity. The deputy manager told us they were applying to be the registered manager and a new deputy manager would be appointed.

We were encouraged by the progress made by the management team since our last inspection. Staff told us they felt well supported. There was regular input by the senior management team. The provider had sent us a monthly action plan to show us month on month improvements being made. This included information about the management of risks, incidents and staff competency and training. However, these improvements need to be sustained, maintained and fully embedded in the service.

Although this was an improved service, we found some gaps in records and recording particularly in relation to staff recruitment and staff induction. We were however satisfied that recruitment was adequate.

The culture of the service had been a concern at the last inspection, and we found at this inspection some staff had left voluntarily, other staff had faced disciplinary actions. The current staff team had been supported to ensure they worked in a way which was appropriate to the setting and had the necessary training required. This included value-based training which centred on the needs of people using the service.

Staffing was appropriate and overstaffing gave the service flexibility to undertake staff training and other core activities associated with the regulated activity. Regular agency staff were being used to cover nights

and sleep ins. The service was actively recruiting staff and assured us they would not admit any further people unless they had the staffing in place.

Risks were appropriately documented showing what actions were being taken to reduce and mitigate risk. The environment was fit for purpose and regular auditing and checks on equipment helped ensure it was safe. Any incident was logged and showed actions taken by staff and whether it was appropriate or what if any lessons could be learnt.

Staff told us there was space to reflect on their practices and all staff had received training to help them deescalate any situations where people using the service were anxious or their behaviour challenged others. Staff told us training had provided them with more confidence and skills to manage these moments effectively and keep people safe. Incidents had significantly reduced and we discussed what additional training staff could receive to help them understand people's needs further.

Medicines were appropriately managed, and auditing was effective. Staff supported people to stay healthy and access the services they needed. People were supported with their meal preparation and diet.

Recruitment records on site were not fully complete but recruitment processes were robust and held centrally. We advised the service that they needed a full employment history on site and to ensure agency profiles were regularly updated to show agency workers had up to date training in line with the needs of the service.

Staff training had improved but we found induction records were not robust and records did not show that all staff had completed a sufficiently detailed induction covering all the key areas of practice. The provider assured us the care certificate, a nationally recognised induction course would be rolled out to all staff. All staff had received some observations of practice to assess if they had key competencies necessary for their role. They also had regular supervisions so gaps in their knowledge could be quickly identified.

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. People had autonomy to make their own decisions. The service ensured mental capacity assessments were completed and decisions were taken in people's best interest. However, we found these had been signed off by staff without showing the involvement and consultation of other relevant persons.

People's needs were met holistically. Care plans were robust and clearly showed people's preferences and routines. They set objectives to be achieved and progress towards these. We found for the existing person using the service their anxiety was lower and they were managing better within their environment.

There were mechanisms in place to gain feedback about the service from people using it, staff and relatives, but this could be extended to health care professionals to ensure a more balanced view of the service. The service had clear action plans and oversight to ensure the service was progressive, forward planned and met people's needs safely.

We asked for assurances of how any new admission to the service would be planned and saw the admission policy. We were told there was no urgency and new admissions would be carefully spaced out and due consideration given to staffing and compatibility with the existing service user.

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 Inadequate (published 14 August 2019)

The provider completed an action plan after the last inspection to show what they would do and by when to improve. This service has been in Special Measures since 7 June 2019. During our recent inspection of 12 March 2020, the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating.

We always ask the following five questions of services.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### 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 ●

# Oak House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Oak House 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

We gave less than 24 hours' notice to ensure managers would be present and to confirm that no one currently was showing signs or had a positive diagnosis of the coronavirus.

#### What we did before the inspection

Before the inspection we reviewed all the information we already held about this service. This included the previous inspection report, action plans and improvement plans, as well as the monthly updates from the provider. We reviewed any notifications which are important events the service is required to tell us about.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We met the person using the service, spoke to the two members of staff working, spoke to the deputy manager and two other staff from the management team. We looked at staff files, a care plan and other

records.

After the inspection

We contacted two relatives and the Local Authority for additional feedback.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

We inspected this service 7 June 2019 and rated safe as inadequate as we found the provider had failed to effectively assess and mitigate risks for people using the service. This was a breach of regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities,) Regulation 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Systems and processes to safeguard people from the risk of abuse

- Staff received training and regular updates to help them understand and recognise abuse and what actions they should take. Staff spoken with demonstrated a good knowledge and confidence that any concerns they raised would be dealt with. The deputy manager told us they would be completing enhanced safeguarding training. The service had reported concerns as appropriate and had completed adequate records.

Assessing risk, safety monitoring and management

- There were effective systems in place to ensure early identification of risk and actions taken to reduce them. There were daily recorded walkarounds, weekly management calls and monthly governance meetings.
- Regular audits and checks on the premises and equipment helped ensure the premises were safe and equipment fit for purpose. The deputy manager was unable to provide the asbestos report for the service and said this was being completed again.
- Individual risks to people using the service were reduced because staff had the necessary training. On shift there was always an allocated first aider and fire marshal and there were clear procedures around fire safety and fire evacuation. Care plans included an analysis and rating of risk associated with different activities and measures had been put in place to reduce the risk. There were regularly reviewed to ensure control measures remained effective.
- The service had introduced robust control measures to reduce the risk of the spread of the coronavirus.

Staffing and recruitment

- The service was actively recruiting staff in line with anticipated new admissions. The service currently was overstaffed but still using minimal agency to cover night shifts and sleep ins. We were assured that agency staff were vetted and inducted to site but were not as familiar with people's needs as regular staff.
- Staff recruitment was completed through a central office but complete records were not on site for all staff recruited. We asked the provider to ensure this was in place. We were provided evidence of induction, supervision and the necessary disclosure and barring checks.

Using medicines safely

- Practices around medicines administration were appropriate and people's medicines managed safely.

Staff were trained to give medicines and the service audited medicines to ensure they had been given as prescribed.

- We noted that the guidance around refusal of medicines was very clear but not being followed in practice by the service. Staff knew what to report to the GP but were not doing this in a sufficiently timely way. In discussion with the provider it was agreed that medicines protocols would clearly reflect the medicines policy.

#### Preventing and controlling infection

- The service had regular audits to ensure staff infection control practices were robust. People were supported to keep their accommodation clean and we observed good staff hygiene practices to reduce infection.

#### Learning lessons when things go wrong

- Incident records were completed, and the outcome shared with staff. Incidents were reviewed to ensure staff were following policies and putting their training into practice. Staff had opportunity to reflect on incidents and ensure actions taken were timely, appropriate and proportionate. The deputy manager told us they were supported by other managers and said the wider organisation kept managers up to date with incident management and lessons learnt.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

We inspected this service 7 June 2019 and found the provider had failed to adequately train and support staff to carry out the regulated activity in line with people's assessed needs and was in breach of regulation 18 (staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience

- Staff training was provided through an on-line academy. Some training was service specific, and some was face to face. Staff said they had time to do learning and embed it in practice. The deputy manager showed us competency assessments they had completed on the staff, which helped to ensure staff had understood their training and how to implement it in the workplace. Regular staff meetings meant staff had opportunity to meet and share ideas and new ways of working.
- Some of the training focused on person centred care and the promotion of values within adult social care to ensure people were treated with respect and dignity.
- Staff had received an induction, but we found due to many changes in the service induction records were incomplete and did not show all staff had covered key competencies. This was discussed and the leadership team told us that systems were now in place to improve this to ensure all the components of the 'care certificate' were included. This is a national induction programme. They planned to roll it out not only to new staff but to all existing staff to ensure they all had the same level of training and knowledge.

We inspected this service 7 June 2019 and found people were not supported in the least restrictive way and their capacity where in question for each area of need not assessed. This was a breach of Regulation 11 consent of The Health and Social Care Act 2008 (Regulated Activities) Regulations.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service supported people appropriately and we saw evidence that consent was sought, and people were involved in their care and treatment. A Deprivation of liberty safeguard had been applied for but not yet approved.
- Mental capacity assessments had established the level of support required and these were decision specific. Best interest decisions were clearly recorded but did not show who else had been involved in reaching the decision other than care staff.

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

- People's flats were set up to enable people to cook independently and included workspace and microwaves, but realistically people might need support and had access to a main kitchen. Care plans identified the level of support people required with meal preparation, shopping and cooking.
- Peoples dietary needs were monitored, and any risks associated with eating and drinking, and weights were monitored to ensure people were not losing unintentional weight.

Staff working with other agencies to provide consistent, effective, timely care

- There was evidence that the service referred to other agencies as required including the mental health team, local authority, police and primary health care services. This helped ensure people's needs were met as holistically as possible.

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

- The service has been carefully designed to enable people to live as independently as possible with self-contained flats but also had communal facilities. There was a joint laundry which was not ideal, in terms of promoting independent living. We however observed staff supporting people to use it.
- Accommodation was designed to be safe and we were assured with any new admission people's needs would be considered in terms of the design of their flat. For example, a medicines room might not be in line with people's individual needs, but we were assured a locked facility could be put in place for those able or wishing to manage their own medicines.
- Daily checks helped ensure the service was clean and well maintained as well as regular and routine planned maintenance and servicing.
- Concerns were raised about glass as this could be used as a weapon but the service assured us this was safety, reinforced glass.

Supporting people to live healthier lives, access healthcare services and support

- Records demonstrated a proactive approach to health care to ensure people's health care needs were monitored and addressed in line with their individual needs. Recent health care appointments and medicine reviews were recorded.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

Ensuring people are well treated and supported; respecting equality and diversity

- There was ongoing monitoring of staff's practice and staff told us they were supported to meet people's needs and able to contribute to the development of the service. They told us they felt valued.
- A staff member told us, "It's a really nice atmosphere here now when I first came it wasn't. Everyone works together as part of a team, we all want the same things- it's really good."
- Relatives commented on the improvements they had seen and concerns they had previously where they felt that not all staff worked effectively or treated people with respect and understanding. They told us some staff who they had concerns about had left and they now liked and trusted all the current staff.
- We observed staff supporting a person to make their own decisions and staff's approach was open and inclusive.
- Staff told us they worked well as a team but were comfortable to challenge each other and raise concerns if necessary.
- Staff supported people to maintain contact with families and kept them informed of things subject to the wishes of people being supported.

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

- We saw good consultation with people, their families and any involved health and social care professionals. Care plans were person centred and reviewed regularly taking in to account the persons wishes and preferences of care. Choices were offered and respected.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they supported people according to their wishes and hours funded for. They told us however they respected people's privacy and were essentially there to guide and encourage.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

We inspected the service on 7 June 2019 and found the service had failed to meet people's individual needs in line with their preferences. This was a breach of Regulation 9 (Person centred care) of The Health and Social Care Act 2008 (regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

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

- The service had been planned around people's needs and care plans made it clear what the person required support with, any known risk or health care needs and how these should be met. There was an emphasis on risk and how a person could be supported safely without stifling their independence. Any behaviour which challenged was carefully documented and staff reflected on their practice to ensure it was appropriate to need and risk.
- Relatives were more confident in the care and support provided and said previously some staff had missed 'triggers' of negative behaviour which meant behaviours sometimes escalated. The relatives said staff now had a much greater understanding of their families needs. The care plans gave clear information and profile of people's needs. The service was able to access the support of a specialist, internal behavioural support team who also had oversight of incidents and their review. They developed guidelines as appropriate. Training in autism and de-escalation training had only recently been rolled out.
- Staff received broad spectrum training to help them meet the individual and diverse needs of people with both a learning disability and mental health need.
- Care plans were regularly reviewed to ensure they remained appropriate and identified any changed or unmet need.
- The service had recently started to reflect clear outcomes in their documentation based on what people wanted to achieve, how they would be supported to achieve their goal and what would success look like.
- These were discussed with the person, but we found a record of one goal the person wished to achieve had been carried over from one month to the next without showing what actions had been taken to help the person achieve it.
- Staffing levels were appropriate to support people with what they wanted to do, and the service had its own transport should people want to go further afield. At our last inspection there was a staff member employed to oversee and coordinate activities, but they were not supporting the service at present due to numbers of people using the service. We found staff engaging with people but did not see much planned activity, what was planned was largely local and repetitive. Family members told us staff were always encouraging the person to go out, but this was subject to their family members rigid routines.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was clearly accessible and adapted according to need, including easy read. A communication plan was in place and this described clearly what support a person needed and any adaptations to facilitate effective communication.
- We observed staff communicating with the person and each other and communication was clear and respectable.

### Improving care quality in response to complaints or concerns

- The service had an established complaints procedure, but no complaints had been received since the last inspection.
- The service actively sought the views of people and their families but not of health care professionals which if sought would give a more rounded view of the service. The service agreed to do this. One to one reviews were held at regular intervals where people were asked if they were happy with the service. Advocacy services would be accessed if necessary.

### End of life care and support

- The service currently supported younger adults and staff had not had training in end of life, palliative care. The deputy said they would source this training as necessary.
- As part of forward planning staff had thought about and recorded people's wishes in terms of their preferences should they become ill and require further treatment. This information was reviewed regularly as people's needs changed.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved 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.

We inspected the service last 7 June 2019 and found wide spread failings and a number of regulatory breaches. This included a breach in regulation 12, safe care, regulation 11, consent, regulation 9, person centred care and regulation 17 good governance. The provider had failed to assess, monitor and improve the quality of the service and maintain appropriate and contemporaneous records and care plans. We put a restrictive condition in place to prevent the service admitting people to the service until improvements could be made. We also placed a positive condition on the service requiring them to provide us with some information in regard to the safety of the service, monitoring risk and ensuring staff had the necessary skills to carry out the regulated activity. Enough improvement had been made at this inspection and the provider was no longer in breach of any regulation.

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

- We were encouraged by the progress made by the service and did not identify any continued breaches of regulation. We had assurances that the improvements made could be sustained over time and felt the service was being managed more effectively. The service was confident they could manage new admissions safely and do this in a measured, considerate way.
- At the time of the last inspection, the service had been registered for eleven months and had three managers. One manager registered with CQC but subsequently left. The service appointed a new experienced manager who managed a dual site for the same provider. At the time of our inspection the deputy manager was leading the service and advised us the registered manager was at the other service. However they were in contact for support and guidance and this was working well.
- The deputy manager told us they were going to apply for registration and a new deputy manager would be appointed. They were studying for their level five management course as well as running the service and working a lot of hours. They told us they were well supported. Staff told us, the deputy manager were very good and provided a lot of support.
- We found the deputy manager had gained staff's confidence and they all felt they were approachable and inclusive. This had helped to stabilise the service and promote a better culture.
- Staff training was improving but we found gaps in records in terms of staff recruitment and induction. Employing new staff and supporting existing staff with the care certificate was still in progress to help further improve the service. The deputy manager told us they wanted to start to assess people with the view of new admissions as the quality of care and support had improved and continued to provide better outcomes for people using the service?

- Agency staff were being used and there was not much scope within the current staff team to pick up additional hours. We were assured however any new admission would be carefully managed and would need to be approved by the managing director who would oversee that everything was in place.
- The provider had written to us each month as required and provided us with up to date information and demonstrated that they were managing a safe, well planned service.

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

- At the last inspection we were concerned about the negative culture which had developed, and the service had not ensured that staff had transferable skills to work in this setting. At this inspection we saw that value based, person centred training had been rolled out and staff were aware of what was expected of them. The deputy manager modelled good practice and worked alongside staff as well as completing supervision sessions, appraisals and completed competency assessments.
- A staff member told us, "The direction of travel is really good, we are going in the right direction, there's a better atmosphere." We asked them about the deputy manager, they said, "He's ambitious, very open to suggestions and always asking us for our input. If something isn't working, they try something new and willing to try everyone's ideas." They told us staff had attended positive culture workshops and were encouraged to speak up.
- There were gaps from what we were told happened in practice and what the records told us. For example, the deputy said they supported new staff over a length of time and went through core competencies and policies over a number of weeks, but this was not reflected in the induction record we saw where everything was signed off on one day.
- We were concerned that staff were not adequately monitored in their probationary period and some staff did not have clear induction and probationary reviews. The provider assured us this was being addressed.
- We found records generally were good but there were some omissions either with policies being too generic and not service specific or staff practice not reflecting what was specified in the policy.

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 service had not had recent complaints and where things had gone wrong, they had communicated this to stakeholders and in particular the local authority, CQC and family members. Any communication included lessons learnt and incident details.

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

- The service considered people's needs and protected characteristics. Care plans reflected people's cultural and spiritual needs and their preferences particularly in relation to their privacy, dignity and preference of gender of carer.
- The service engaged with others within the community and health and social care professionals to ensure the service provided was holistic.

Continuous learning and improving care

- The service had a action plan which was regularly reviewed and showed timely actions to continually improve and develop the service and ensure staff had the necessary support to deliver the regulated activity.
- The provider had obtained accreditation from the British institute learning disability, (BILD) to teach its workforce strategies for Crisis Intervention and Prevention (SKIP.) This helped staff to safety support people with behaviours which might challenge.

