

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 responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

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 who do not need nursing care. There were 60 people living at Oaktree Care Home when we inspected.

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

At the previous inspection we found there was not enough staff. During this inspection we found there had been some improvements in relation to staffing. However, there was a heavy reliance on agency staff which continued to impact on the delivery of care.

Feedback from people and their relatives said the quality of the care was dependent on who was on duty and whether it was regular staff or agency staff.

People were spending considerable amounts of time in their bedrooms and the only interactions we observed was when staff were supporting people with their personal care or other tasks such as supporting with eating and drinking. Although activities were available daily. People's feedback was mixed and often people did not know the activities available to them.

There were a number of concerns in respect of the décor of the home including fixtures and fittings. This was shared with the management team. Some work had been completed by day two of the inspection and an action plan had been put in place. The environment in Primrose was not homely and many of the memory boxes outside people's bedrooms were empty. These are important as they help people living with dementia to orientate them to finding their bedroom as well as aid communication with people.

Some of the concerns in relation to the environment was a potential infection control risk. This was due to some areas not being able to be cleaned thoroughly due to surfaces being cracked and split.

Improvements had been made to ensure people at risk of malnutrition were eating and drinking enough. Staff were completing the appropriate records, and this was being monitored by the management team during the daily walk arounds.

People's medicines were managed safely. People had access to health and social care professionals who worked alongside nursing and care team at Oaktree. Feedback from two visiting health professionals was positive.

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 and was being supported by the provider's senior management team.

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 registered manager and the staff.

During our inspection we found improvements were required to the provider's quality assurance systems as we found concerns with the environment during our inspection.

Rating at last inspection and update

The last rating for this service was Requires improvement (published 12 January 2022).

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 to the previous breaches in regulation relating to meeting people's nutritional needs and staffing. The service remains requires improvement.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well led, which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remained requires improvement. This is based on the findings at this inspection.

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.

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

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

At this inspection, we have identified breaches in relation to the environment and the governance arrangements in respect of monitoring the décor and fixture and fittings.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards

of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service 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 well-led 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 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

There was a team of three inspectors and an Expert by Experience on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day was completed by one inspector.

Service and service type

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

Registered Manager

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

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

Notice of inspection

This inspection was unannounced on both days.

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. 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 ten people who used the service and six relatives about their experience of the care provided. We also spoke with 15 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 nine people's care records, medication records and food and fluid monitoring charts. We looked at three staff files in relation to recruitment and staff supervision and records relating to the management of the service, including quality assurance audits. After the inspection we sought clarification from the provider to validate our inspection findings.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the home required refurbishment.
- We found ensembles in Primrose had missing silicon around the sink, a toilet on the ground floor that had wooden casing which had split behind the toilet and a cracked toilet seat. This meant these areas would be difficult to clean.
- The sluice area on Bluebell had flooring that had split and was not secure. This meant it was difficult to clean.
- In addition, there was a broken clinical pedal bin and a rubbish bin with no lid in Bluebell's sluice area. There was a dirty bed bumper that was torn on Primrose. This meant it would be difficult to clean. These all posed an infection control risk. The provider's audits had not identified these risks to enable them to take remedial action. However, the bins and the bed bumper had been replaced by day two of the inspection in response to our findings.

Systems were not in place to ensure the home was in a good state of repair, to identify infection control risks ensuring areas could be cleaned thoroughly. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Visiting in care homes

- The provider was supporting relatives and friends to visit people safely. We saw relatives and friends were welcomed and could spend time with their relative either in the lounges or in the privacy of their bedrooms.

Staffing and recruitment

- At our last inspection the provider had failed to ensure suitable numbers of staff were working in the home. Improvements had been made since the last inspection and the home was no longer in breach of regulation. However, some improvements were still needed to reduce the number of agency staff working in the home.
- The registered manager used a staff dependency tool to determine safe staffing. They told us they kept this under review on a weekly basis. The regional manager confirmed although the home was not fully occupied they were exceeding the expected staffing levels and staffing the home as if it was fully occupied.
- As noted at the last inspection there continues to be a high agency usage within the home with approximately 700 care hours of agency staff being used on a weekly basis. The registered manager told us they block booked to ensure the agency staff were familiar to the home. Agency staff we spoke with confirmed they regularly worked in the home.
- The registered manager said there was ongoing recruitment for care staff, a head of housekeeping and a cook. A number of new recruits had been successful pending satisfactory recruitment checks. Each area of the home had a unit manager.
- There was management cover provided over seven days, which meant managers were in the building to help out where needed. Since the last inspection a clinical lead nurse had been appointed to support the registered manager.
- 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 from the risk of abuse. Relatives felt the home was safe. Comments included, "We do feel mum is safe. She had a fall, but they contacted the family and we were happy with the way it was dealt with". Another relative told us, "I sleep well because I know mum is safe".
- Staff had received training on safeguarding and staff we spoke with had a good understanding of their responsibility to report any concern to the shift leader/nurse and the registered manager.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- People's risks were identified and documented, which affected people's daily lives, such as mobility, communication, skin integrity, and continence. Staff knew people and these risks well. The management team had a good oversight of these risks including actions being taken to reduce further risks to people.
- Routine health and safety checks were completed. These included checks on moving handling equipment, equipment to keep people safe such as sensors, and specialist equipment for reducing pressure wounds.
- 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.
- Detailed Personal Emergency Evacuation Plans (PEEP's) were available to support people safely out of the home in an emergency.
- Staff participated in fire drills and received training in fire, health and safety and manual handling.

Using medicines safely

- People received their medicines safely. 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.

- People received medicine from staff who had received training. Staff had their competency checked annually.
- People were happy with how they received their medicines. One person told us, "I do have medication and it comes on time and is accurate I have it 5 to 6 times a day". Another person told us that they received their medicines early in the morning. They were not sure why it was so early as breakfast was often later as seen on the day of the inspection as the person was eating their breakfast at 10am. This was shared with the registered manager to enable them to review to ensure there was a person-centred approach for this person as they felt it was too early.

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.

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

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.
- There was a redecoration programme in place. Areas noted at the last inspection had been redecorated. However, on Primrose some of the bedrooms needed a complete refurbishment including ensuites. Two bedrooms had large areas of chipped paint on the walls and sealant around their sinks in their ensuites was missing. Two people had broken furniture. Curtains in people's bedrooms were poorly fitted and remained closed in the afternoon in many of the bedrooms in Primrose.
- Lounge areas throughout the home were not inviting and not being used by the people living in Bluebell and Primrose.
- Some people's bedrooms were very personalised. However, this was not apparent on Primrose where people with living with dementia. This area had been decorated during the Summer. The corridors looked clinical as there was no points of interest and pictures, which would enhance the homely feel to the home. There was signage and memory boxes but many of these were empty.
- An action plan had been developed by day two of the inspection covering all areas of the home, decoration had started in one of the bedrooms and the concerns with the curtains had been addressed.

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

- Improvements had been made to ensure people were eating and drinking sufficient and compliance had been achieved against the breach in regulation. People's fluid intake records were now being totalled up, which enabled the team to take action where people had not drunk sufficient fluids.
- Systems had been put in place to ensure staff completed people's food and fluid charts. This formed part of the senior managements daily walk around. Areas of improvement were shared with staff about the completion of these records.
- We saw that one person's food record had recorded 'soft diet' for their main meal rather than what they had eaten. We shared this with the registered manager who took action by our second day to ensure the record had been updated with a full description of what the person had eaten. The deputy manager said they had also provided some additional guidance and training for the agency staff who had completed the original entry.
- People's views were mixed about the quality of the food they received. For example, one person told us they liked a plain diet but often food was too spicy for them. Other people told us they had a choice of main meal but not the pudding. Comments included, "The food is never not nice", and "The food is okay it's not always my choice and the portion sizes are very generous and sometimes I struggle to eat it all". Another

person told us, "I have a cooked breakfast every morning".

- The registered manager and a person living in the home told us about how a small group of people were involved in the planning of the winter menu where the chef had organised a tasting session. People were asked what they would like to see on the menu. The registered manager told us they had recently changed their food supplier in respect of people's feedback, and they were continuing to monitor and improve people's mealtime experience.

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 service used nationally recognised tools to assess people's risks of developing pressure ulcers and a malnutrition screening tool. Where people were assessed as being at high risk staff had measures in place to reduce the risks such as pressure relieving mattresses or cushions and charts to monitor food and fluid and fortified diets.

Staff support: induction, training, skills and experience

- People were supported by staff who completed an induction and ongoing training.
- The registered manager was supported by a training department that supported with the monitoring and the delivery of training. They visited the home frequently to provide bespoke training and prompted staff to complete their mandatory training.
- Staff felt supported with regular supervisions from their line manager and had an annual appraisal. One member of staff told us, "Yes regularly supervisions at least every eight weeks with one of the nurses, I feel supported".

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

- 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.
- Feedback from visiting health professionals was positive. One visiting health professional told us, "Care staff have escalated their concerns to us appropriately, and requested visits as needed". Another health professional said, "The weekly ward rounds run well. Staff are knowledgeable about the needs of people".
- Daily staff handovers were used to keep staff updated about any changes to the support people may need.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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

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

- People were supported by staff who received Mental Capacity training. Staff had a good understanding of 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.
- There were systems in place to monitor any DOLS authorisations. Approvals were monitored to ensure any conditions on authorisations were being met. The registered manager told us there had been some delays with some applications being submitted but this had now been fully addressed.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

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

- Improvements were needed to support people to socialise and be part of life at Oaktree Care Home. People were not being supported to spend time in the lounge areas of the home. For example, we found people were spending long periods of time in their bedrooms. Only four people were supported to the dining room on Bluebell with the majority of people eating in their bedrooms. This meant people could become socially isolated due to spending long periods of time in their rooms.
- The service had three activity co-ordinators who provided a mixture of one to one activity and two group sessions per day. They organised regular social events and activities for people living in Oaktree Care Home over a seven-day period. This included church services, external entertainers, festive events, quizzes, arts and crafts, pamper and bingo sessions. People on Bluebell were having a coffee morning and then in the afternoon there was a volleyball being organised on Snowdrop.
- People had mixed views about their experience with activities. People told us they often did not know what was happening, or there was not enough staff to support them to attend. One person said they liked to read in their bedroom, but they were not aware of the visiting library as their relative brought their books in for them.
- 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.

End of life care and support

- People's care plans contained end-of-life wishes. Some care plans contained ReSPECT forms. These were used to gather people's wishes for end-of-life treatments. ReSPECT stands for Recommended Summary Plan for Emergency Care and Treatment. For some people these had been completed during a stay in hospital. These would benefit from a review involving the GP, the person and their representatives to ensure they remain current.
- The home had received many compliments from relatives for the ongoing support and end of life care to people.

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

- People received care that was based on their needs and preferences. Care plans were person centred, individualised and relevant to the person. Improvements had been made to ensure these had had been kept under review and updated as people's needs had changed.
- We observed staff interactions with people were generally in the main when completing care and support with people such as supporting with eating and drinking. When these interactions were taking place, they

were caring and responding to the needs of the person, but these interactions were short as staff then were needed to support other people.

- There were mixed views on how the staff were responding to people's care needs. Comments included, "Staff are very helpful and will do anything for me", "Staff do chat when doing things but they are always very busy and don't have time to stop" and "The time taken to answer the call bell can vary according to the time of day and how busy the staff are sometimes it's very quick other times there can be a long wait."
- Relatives feedback was mixed in respect of how their loved one was being supported with them recognising there was high agency usage throughout the home and how this was impacting on the care and support to people. One relative told us, "I have been waiting for up to an hour on occasions for help in the evenings to enable X to go to bed". They said they liked to ensure their loved was in bed before they left and was settled. They went on to say that the delays were usually when there was lots of agency staff working in the home.

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.

- 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.

Improving care quality in response to complaints or concerns

- The provider had a policy in place to deal with any concerns or complaints that were received. There were no current complaints ongoing at the time of the inspection.
- The registered manager told us they tried to resolve any minor concerns before they escalated into a complaint. We have recommended a record be maintained of the minor concerns which would enable them to monitor for any themes.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems and processes to ensure monitoring and oversight of the quality and safety of the service were not operating effectively. Audits and quality assurance checks did not identify the issues found on inspection such as décor of the home and the infection control risks in respect of the environment.
- This was the second consecutive inspection where the service had not achieved a rating of good overall.

The provider had failed to ensure effective systems were in place to monitor the quality and safety of the service and a contemporaneous record of care was in place. This a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- On the second day of the inspection the management team had completed a full environment audit and identified further areas for improvement and an action plan.
- Daily 'stand-up' meetings were held where the management team reviewed key issues such as any risks relating to staff, new incidents or accidents and any concerns regarding people's presentations. This was to ensure there was a whole home approach and the sharing of information to manage risks
- The registered manager and the deputy manager told us they undertook daily walkarounds to observe the care being provided and to maintain a strong presence within the home. Records were seen confirming these had taking place and included areas for improvement and follow up.
- An operations manager had recently been appointed and was working in the home full time to support the registered manager with the recruitment of staff. The registered manager said prior to the appointment the majority of their time had been taken up with recruitment. They told us that this now freed them up to complete other managerial tasks including spending more time in the home.

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

- People, relatives and staff spoke about the impact of the high agency usage was having on the delivery of care. People and their relatives told us that the care could vary depending on how many agency staff were on duty. People and their relatives gave examples where personal preferences were not always being met. Examples included, people not being supported with their personal drink preferences, wearing particular clothes to ensure a person's dignity was respected or turning the bathroom light off when it was not a regular member of staff.
- There were risks that people were socially isolated as they were spending significant times in their

bedrooms. Interactions between staff and people was in the main when tasks were being completed such as personal care or offering food and drinks. We observed staff walking down corridors not acknowledging people as they walked past their bedrooms. This did not demonstrate an inclusive atmosphere.

- Staff continued to speak highly of the registered manager and the changes that were being made. It was evident the registered manager had good oversight of the service and was driving improvements. The registered manager had an open-door approach.

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 understood the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things had gone wrong.
- Relatives gave examples where they were kept informed such as a fall or changes in their loved one's presentation. One relative said there had been a delay in reporting a fall, the unit manager apologised to the family and provided reassurance that this would not happen again.
- The latest CQC rating was on display at the home. The display of the rating is a legal requirement, to inform people and visitors to Oaktree Care Home of our judgements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager and operations manager told us they were organising a resident committee to help seek the views of people and make improvements within the home. A person confirmed they would be joining this.
- Surveys were completed to seek people's views and aid improvements. There was a suggestion box that staff, relatives and people could use to communicate anonymously with the management team. Resident and relative meetings were happening every three months. Although a recent meeting had to be cancelled due to an outbreak in the home.
- Meetings with staff were happening every three months. In response to our findings on the first day of our inspection, separate meetings had been held with the housekeeping team, activity co-ordinators, nurses and the maintenance team to help drive improvements and develop an action plan.
- The registered manager met monthly with registered managers from other homes operated by the provider. The provider had a daily huddle meeting with managers to discuss any risks or concerns so these could be shared and resolved. These meetings were used to share good practice and improve the services being provided.

Working in partnership with others

- The service had worked with health and social care professionals who routinely visited the service promoting positive outcomes for people. Feedback from these professionals was positive such as, "My experience is that all the staff at Oaktree care very much about the residents and X (name of registered manager) is around if needed".

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	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider failed to establish and operate governance systems to identify shortfalls in relation to the standard of décor of the home and risks in respect of infection control in respect of flooring and the broken bins.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People were at risk because systems were not in place to ensure the home was in a good state of repair. Areas of the home needed refurbishment and updating.</p>