

Red Oaks Care Ltd

# Red Oaks Care Ltd

## Inspection report

The Oaks  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Red Oaks Care Ltd is a residential care home providing personal care to up to 6 autistic people and people with a learning disability. At the time of our inspection there were 6 people using the service. Red Oaks is an adapted ground floor residential home. Each bedroom has an ensuite bathroom, and there are communal living areas, consisting of 2 lounge areas, dining area, kitchen, and garden.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

**Right Culture:** The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

The management team were visible in the service and had oversight of the service provided. However, governance systems and process required further development to ensure the service stayed up to date with best practice and drive improvement. A person-centred culture was encouraged and supported. Staff worked well with each other and people using the service. The management team were committed to developing the quality of the service.

**Right Support:** Model of Care and setting that maximises people's choice, control and independence

People lived in a pleasant and clean environment, they were supported to decorate their personal spaces how they wanted. The provider took responsive action to make changes to the environment to meet people's needs. There was a clear focus on independence and people were encouraged to achieve goals that supported this. People's health needs were supported and staff worked in collaboration with professionals. Individual risks to people and from the environment were assessed and responded to. 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.

Right Care: Care is person-centred and promotes people's dignity, privacy and human rights

People received person-centred care that met their needs and interests. They were supported to access activities of their choice and the local community. Staff were kind and caring. People's dignity was promoted. Systems were in place to ensure people and relatives could provide feedback on the care they received. Staff listened to this feedback and made changes when required.

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

This service was registered with us on 23 March 2020 and this is the first ratings inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Enforcement and Recommendations

We have recommended the provider review their governance systems to ensure they are robust and supporting the development of the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Red Oaks Care Ltd

## **Detailed findings**

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Red Oaks Care Ltd 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. Red Oaks Care Ltd is a care home without 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. The registered manager was also the nominated individual. The nominated individual is responsible for supervising the management of the

service on behalf of the provider.

#### Notice of inspection

This inspection was unannounced. The first visit of our inspection was unannounced. The second inspection visit was announced to enable us to return to the service at a time when people and staff were available and happy to speak with us.

Inspection activity started on 23 March 2023 and ended on 4 April 2023. We visited the location on 23 March 2023 and 3 April 2023.

#### What we did before the inspection

We reviewed information we had received about the service since they were registered. 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 3 people using the service and 6 relatives of people who use the service. We spoke with 10 staff, this included 2 senior support workers, 3 support workers, a bank support worker, the registered manager, the chief executive, and the chief operating officer. We spoke with 3 health and social care professionals working with the service.

We reviewed a range of records, these included the care records of 2 people using the service and the medicine records for 3 people using the service. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.



## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in adult safeguarding and information was provided on how to raise concerns, including externally.
- Staff had identified and responded appropriately to any potential safeguarding concerns. This included reporting to the correct external authorities.
- Several relatives commented on the comfortable and friendly atmosphere. One said, "Every time I go in there it feels comfortable to me. I don't sense unease between anybody."

Assessing risk, safety monitoring and management

- People were supported to stay safe. Risk to people both individually and from the environment had been assessed and responded to.
- Care plans provided staff with detailed guidance on how to manage identified risks.
- Relatives, professionals, and staff told us they felt people were safe using the service. One relative provided us with a good example of the attentiveness of staff to potential issues and how they had sought to work with them to understand this further.

Staffing and recruitment

- People were supported by enough staff. When additional cover was required, due to staff absence, either the provider's bank staff or members of the management team stepped in to cover. The provider also paid overtime to existing staff as an incentive to cover additional shifts when required.
- People were supported by a consistent small staff team. Relatives and staff told us they felt this benefited the people living in the service. One relative said, "We feel we know the [staff] that are working with [family member] and that is really important. They don't use agency staff, that enables them to have a really small group of staff who know [people using the service] really well."
- Staff had been recruited safely. Checks were made on their suitability through references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- Medicines were managed safely, this included storing them securely. People received their medicines as prescribed. Medicine records were completed accurately with no omissions.
- Prior to the inspection the management team had become aware of STOMP (stopping over-medication of people with a learning disability, autism or both) which is a national project involving different organisations helping to stop the overuse of psychotropic medicines. We identified evidence that showed the service was applying STOMP principles and decreasing the use of psychotropic medicines.
- Staff had received training in medicine administration and competency checks in this area were carried out.
- Guidance for staff on how to administer medicines, including as required medicines, was in place.

### Preventing and controlling infection

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

### Visiting in care homes

- There were no restrictions on visiting. People were supported to access the community freely and receive visits from relatives and friends at the service.

### Learning lessons when things go wrong

- There had been very few incidents within the service. A system was in place to report incidents and ensure the management team reviewed this.



## Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Nationally recognised assessment and support tools were used and followed, such as positive behaviour support plans when put in place by external professionals. This meant some people were not always supported with an embedded positive behaviour support approach if they did not have external professional support. The management team told us they would review this following our feedback.
- Health and social care professionals told us staff worked well with them, seeking support when needed and following their advice and recommendations.
- People's needs were assessed holistically in a wide range of areas. This included people's sexuality, their cultural and religious needs, and their social needs.
- Relatives and professionals told us staff were particularly good at working with them in supporting people's transition to the service. One professional said, "[Staff were] brilliant planning [the transition] with us. They were very careful, very person focused."

Staff support: induction, training, skills and experience

- We identified some further work was required to ensure the training met people's individual needs. For example, some people in the service used Makaton, which is a type of sign language, but staff had not received training in this area. Some care plans had agreed and approved restrictive elements but the training in place was not accredited by the restraint reduction network. We did not identify any negative impact on people using the service however, and the management team provided assurances that they would review these areas.
- Staff received a range of training in areas such as learning disability awareness, information governance, and equality and diversity. Learning was provided electronically and supported by regular quizzes and discussions on topics in staff meetings.
- New staff received an induction and told us they were supported to complete The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that

should form part of a robust induction programme.

- Staff told us they felt well supported and received regular supervisions. Records we reviewed confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- There was a strong emphasis on providing healthy home cooked meals. The service had its own chef who developed the menu considering people's individual needs and food preferences.
- People and relatives were very positive about the quality of the meals provided. One person told us they especially enjoyed the roast dinners. A relative said, "Chef will sit down and plan menus and it's geared up around what people will like. It's a big plus, those meals are freshly cooked from scratch, it is nice and seems to be quite varied."
- We observed the mealtime experience and saw this was a pleasant experience and people were well supported. Where needed adaptive cutlery was in place. Staff were encouraged to eat the same cooked meals and sit with people at the dining table. This gave a pleasant and homely atmosphere. A relative told us, "A really positive thing they do that it's like a family mealtime."
- People were supported to stay healthy. Their health needs were assessed, and people were supported to access healthcare services.

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

- People's bedrooms were individually decorated and personalised to their needs and interests. People told us they were happy with their bedrooms and the physical environment.
- The management team were supportive of ensuring people had control over their living spaces. They had recently discussed with people redecorating bedrooms and involving people in decisions around this. A relative told us, "It's a nice clean environment they seem to be constantly trying to improve it."
- The provider was responsive to changes needed to the environment and wanted to ensure it met people's needs. For example, a relative had raised concerns about people using the garden having access to suitable shade. As a result, the provider was in the process of building a patio and gazebo area with direct access from the building. This would allow people to use the garden in a range of weather conditions.

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.

- CCTV was in use in the service. Whilst consent had been sought when people first moved into the service this had not been kept under review. The management team told us they would review the use of CCTV in the service, including consent immediately.

- Staff were aware of the MCA and its requirements. People were supported with decision making. MCA assessments and best interest decisions were made when people lacked capacity to make decisions.
- Where decisions were complex, staff had involved appropriate professionals and sought advice and support.
- DoLS had been identified and applied for appropriately. A system was in place to provide management oversight



## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by kind and caring staff. People and relatives told us they felt staff treated people with kindness. One relative said, "I just felt [staff] cared about [family member] immediately." Another relative told us, "I feel staff do their best and do care about what they are doing."
- A number of relatives also commented particularly on the patience of staff when supporting their family members.
- Staff had received training in equality and diversity. Care plans took in to account people's needs in these specific areas.

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

- Staff listened to people and relatives. Relatives told us they felt involved and consulted in their family member's support. One said staff had, "Taken on board everything I've said."
- Systems were in place to provide people with formal opportunities to provide feedback. For example, through regular resident meetings, allocated key workers, and formal care plan reviews.

Respecting and promoting people's privacy, dignity and independence

- There was a clear emphasis on supporting people's independence and dignity. Staff told us they really valued seeing the people they supported develop and achieve goals. Relatives told us their family members were carrying out more tasks independently and this was well supported. One said, "[Registered manager] is such an advocate for promoting independence."
- Each person had goals identified which they worked with staff to help achieve. Some of these goals, where appropriate were around helping people develop more independence and support their dignity.
- People's privacy and dignity was supported. We observed staff interacted with people in a positive manner which supported their dignity and privacy. Records spoke about people in a positive person-centred manner.



## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised support which met their individual needs and preferences. Care plans contained a good level of information, so staff knew how best to deliver person-centred care.
- Relatives and other professionals told us staff were very flexible and responsive. Adapting the support to ensure it met people's needs. One relative told us, "They are very accommodating." Whilst another relative said, "[Staff] are always changing and adapting for residents."
- Staff knew people well and valued them as individuals. Relatives told us people benefited from a small consistent staff team. This helped to support the person-centred support provided. One relative said, "We feel very fortunate our [family member] has got a place with them. Its beneficial that it is a small setting. It enables them to really get to know their residents and for their residents to get to know the staff. We feel we know the staff that are working with [family member] and that is really important."

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 communication needs were assessed. Staff had not received formal training in some people's preferred communication methods. However, we found this did not hinder communication between people and staff significantly. Staff understood key signs that people used, and which supported their communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to engage in range of interests that were tailored to their needs and interests.

Regular activities within and outside of the service were in place for people.

- People told us they were happy with the activities on offer and there was enough for them to do. A relative said, "[Staff are] always really busy making sure they are all accessing the community."
- People were supported to maintain relationships that were important to them. Their friends and family were involved in their lives and saw them regularly. Relatives told us they received was a welcoming and friendly reception.

Improving care quality in response to complaints or concerns

- The service had not received any formal complaints. We found examples where relatives had raised issues or suggestions, these had been considered and acted on.
- Information on how to complain was provided. Relatives told us they felt comfortable raising any concerns they had with the management team and confident these would be listened to.

End of life care and support

- At the time of the inspection the service was not providing end of life care and support.
- People and relatives were supported to discuss end of life wishes and preferences when it was appropriate to do so.



## Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance systems within the service required further work. There was no clear audit process and framework for ensuring both registered manager and provider level oversight on the quality of the service provided.
- Whilst there was oversight of incidents and the use of restraint, further work was needed to implement a framework that analysed incidents, monitored the use of restraint, and helped drive improvements.
- Where actions had been identified these were not pulled into an action plan. This meant it was not always easy to see how actions had driven improvement in the service.
- The registered manager and other senior managers were very present and involved in the day to day running of the service. This had made it difficult for the provider to ensure they were identifying and applying some areas of best practice and continuing to develop the service.

Whilst we found there were areas for improvement these did not significantly impact on people using the service. However, we recommend the provider review their governance systems to ensure they are robust and supporting the development of the service.

- The management team were very visible within the service and understood the importance of regulatory requirements. They were keen to develop and deliver a high-quality service. They told us they would ensure they reviewed these systems and took action to develop them.
- Staff and relatives told us they felt the provider wanted to ensure the quality of the service was good and worked to support this. One relative said they were, "Very person-centred. Very keen to ensure [family member] has the highest quality of care."

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

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

- There was a strong person-centred culture within the service. The management team took an inclusive approach and relatives told us they felt they were listened to.
- Systems were in place to seek people, relatives, and professionals' views on the service via quality assurance questionnaires. Where issues had been raised in these the management team had worked to address them. No recent staff survey had been carried out but the registered manager told us this would be undertaken.
- There were regular meetings with staff and the meeting minutes showed staff were provided with an opportunity to discuss the service and people's support needs.
- Staff told us they felt the management team were approachable and supportive. The management team told us they understood the value of retaining good staff and talked about the actions they took to demonstrate this.

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 importance of being open and honest. Relatives told us they were kept well informed, and this included when things had gone wrong or incidents had occurred.
- The registered manager had submitted notifications to CQC and other bodies as required.

Working in partnership with others

- Staff worked in collaboration with relatives and professionals. Positive feedback was received in this area from professionals.
- The management team had explored and developed links to community resources for the benefit of people using the service. People were supported to be part of their local community and develop their own networks.