

Elder Care (North West) Ltd

Red Oak Care Home

Inspection report

196 St Annes Road
Blackpool
Lancashire
FY4 2EF

Tel: 01253349702

Date of inspection visit:
22 November 2018
23 November 2018
27 November 2018

Date of publication:
01 February 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

People's experience of using this service:

The service had deteriorated in some areas since our last inspection.

People's medicines were managed safely and properly. However, where people chose to look after and administer their own medicines, the provider had not carried out any risk assessment. The service had a system to record and analyse any accidents or incidents. However, we saw some recorded accidents and incidents lacked detail around the incident and what action had been taken. The provider had robust recruitment procedures, however, we saw full employment histories had not always been obtained and gaps in employment had not always been explored with candidates. The home was generally clean and tidy; however, the service did not always follow good infection prevention and control practices. The registered manager had not reviewed accidents and incidents to look for any emerging themes or trends, which could help to identify measures to be put into place to help lessen the risk of recurrence. People received personalised care that was responsive to their needs and preferences. However, we found care plans were not always accurate and up to date. The provider had auditing systems to ensure they met legal requirements. However, these had not identified the shortfalls we identified during our inspection

We received consistently positive feedback from people about Red Oak Care Home. People told us it was homely, safe and that staff were kind and treated people well. Staff understood the importance of providing person-centred care and treated everyone as individuals, respecting their abilities and promoting independence. There were enough staff on duty at the right time to enable people to receive care in a timely way. People had opportunity to access a range of activities including access to the local community. Staff had built positive caring relationships with people they supported and their families. Staff liaised with other health care professionals to ensure people's safety and meet their health needs. We received consistently positive feedback about how the service was managed.

More information is in the full report.

Rating at last inspection: Good (Report published 27 May 2017).

About the service: Red Oak Care Home is registered to provide care for up to 17 older people. It is situated in the south of Blackpool. The home is a large detached building with a large garden and decking areas at the rear, with ramps for people to use if required. The home has two lounges and a separate dining area. All bedrooms are en-suite with communal bathroom and toilet facilities also available each floor.

Why we inspected: This inspection was brought forward due to concerns raised by the police and local authority safeguarding team during investigation of an incident. This incident is subject to a criminal investigation and, as a result, this inspection did not examine the circumstances of the incident.

However, the information shared with the Care Quality Commission about the incident indicated potential concerns about the management of risk of falls and seeking medical treatment. This inspection examined those risks.

Follow up: The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

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 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 ●

Red Oak 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by two inspectors.

Service and service type: Red Oak Care Home is a care home. People in care homes receive accommodation and nursing or personal care. 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. A registered manager is a registered person. 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: The inspection was unannounced on the first day and announced on the following days.

What we did: Before the inspection we checked information that we already had about the service and completed our planning tool. We looked at notifications from the provider and sought feedback from the commissioning and safeguarding departments at the local authority. Notifications are specific events that the provider is required to tell us by law.

During the inspection we spoke with seven people who used the service and two people's relatives. We spoke with three care staff, the deputy manager and the registered manager. We reviewed five staff recruitment records, staff training records, six people's care records, medicines records and records related to the management of the service.

Details are in the key questions below.

The report includes evidence and information gathered by both inspectors and the Expert by Experience.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

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.

Assessing risk, safety monitoring and management

- The service assessed risks to people's safety and well-being. Plans were put in place to lessen risks. This included risks associated with health conditions, mobility and nutrition, for example.
- Staff were familiar with people's needs and plans to manage risk.
- Staff gave people information about risks to help them stay safe. For example, staff explained to people how they would reduce the risk of falling if they used their walking frame and slowed their pace.
- The service had a system to record and analyse any accidents or incidents. However, we saw some recorded accidents and incidents lacked detail around the incident and what action had been taken. The registered manager had identified this prior to our inspection and had introduced a new system whereby staff gave statements in relation to the incident when the record was completed. The registered manager referred people to external agencies for guidance and support when required.
- We recommend the provider follows best practice guidance in relation to the analysis of accidents and incidents in order to reduce the risk of recurrence.

Learning lessons when things go wrong

- The registered manager had not reviewed accidents and incidents to look for any emerging themes or trends, which could help to identify measures to be put into place to help lessen the risk of recurrence.
- We discussed this with the registered manager who told us they used to submit this information to the local authority, who produced an analysis of the trends. However, since the local authority stopped doing this, no regular overall analysis had taken place.
- However, we saw the registered manager and staff discussed accidents and incidents to see whether measures could be put in place to reduce risks and learn from any incidents that occurred. For example, during our inspection, the provider received a bed sensor and chair sensor that sounded an alarm if a person got up from their chair or out of bed. This was for a person who had recently had a number of unwitnessed falls, so staff could attend to them quickly if they fell.
- We recommend the provider seeks and implements best practice guidance in relation to the analysis of accidents and incidents.

Using medicines safely

- Staff were trained and administered medicines safely. Staff practice was observed to ensure they were competent.
- The provider had introduced checks on medicines to ensure they were managed safely and properly.
- Medicines records were accurately maintained.
- People could choose to manage their own medicines, if they were able, and were supported to do so.

However, the provider had not assessed the risks associated with someone managing their own medicines.

- We recommend the provider seeks out and follows best practice guidance in relation to self-administration of medicines.

Systems and processes

- The service had effective safeguarding policies in place. People were supported by staff who understood safeguarding, what to look for and how to report concerns.
- The registered manager was aware of their responsibility to report concerns to the relevant external agencies.

Staffing levels

- There were sufficient numbers of staff to meet people's needs. One person told us, "Yes there are enough staff."
- The provider based staffing on the number of people who lived at the home and flexed staffing levels according to people's needs. For example, if someone was receiving end of life care, extra staff would be brought on duty.
- Disclosure and Barring Service (DBS) checks been completed and references sought from previous employers. This helped to make sure staff were fit for the role. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.
- However, when we looked at staff recruitment records, we saw full employment histories had not always been obtained and gaps in employment had not always been explored with candidates. We discussed this with the registered manager who explained they had discussed people's employment histories at interview, but this had not always been recorded. They gave us assurances they would document these discussions for any staff recruited in future.

Preventing and controlling infection

- The service did not always follow good infection control practices.
- The provider had not recently carried out any audit in relation to infection prevention and control.
- Staff had not received training in infection prevention and control. However, staff were seen to practice some good infection control measures, such as using protective personal equipment, such as disposable gloves and aprons.
- We discussed staff training with the registered manager who told us they had arranged for staff to receive infection prevention and control training before the end of January 2019.
- The home was generally clean and tidy. However, we noted some issues such as a lack of soap and hand drying facilities at the point of care and waste bins without lids.
- We recommend the provider seeks and implements best practice guidance in relation to infection prevention and control.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People were supported by staff that knew the principles of The Mental Capacity Act 2005. They knew what they needed to do to make sure decisions were made in people's best interests. Staff told us how people's family members were involved, where appropriate.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People and their relatives told us they were involved in planning the care delivered to them and were in control of what care was provided. They told us staff always sought consent before care was provided.
- Where people were restricted, the registered manager worked with the local authority to seek authorisation for this to ensure it was lawful.

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

- People's needs were assessed before the service commenced supporting them. This assessment was used to form a written plan of care which was updated as the provider learnt more about the person.
- Care plans were person-centred. Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when their needs changed.

Staff skills, knowledge and experience

- People were supported by staff who had received training relevant to their roles. Staff told us they had access to a range of training which fully equipped them for their role.
- However, we reviewed the service's training matrix and found some gaps in training for staff on important topics such as, infection control, moving and handling, fire safety and first aid. We discussed this with the registered manager who told us these gaps in training were being addressed over the next few months.

- Staff told us they felt well-supported. They received regular supervision which included feedback about their performance and enabled them to discuss any concerns, training and development.

Supporting people to eat and drink enough with choice in a balanced diet

- We received consistently positive feedback about the meals provided by the service. Comments included, "I can eat as much as I want. Everything is nice to eat."
- People's dietary needs and preferences were recorded in their care plans. The menu was changed seasonally and to suit people's preferences. This was discussed with people who lived at the home before changes were made.
- People were supported by staff to maintain good nutrition and hydration.
- People's nutritional intake was monitored by staff and advice sought from external professionals as appropriate.

Staff providing consistent, effective, timely care within and across organisations

- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met.
- Where people required support from external healthcare professionals this was arranged, and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as hospitals.

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

- People were involved in decisions about the premises and environment; for example, the carpets and decoration of the home and supported to make their own room homely with their own belongings.
- The premises had sufficient amenities such as bathrooms and communal areas to ensure people were supported well. There were two lounges, and a dining room which people made use of. A large secure garden was available to the rear of the home, which people made use of in good weather.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- We received consistently positive feedback about the approach of staff and the care and support delivered to people. Comments we received included, "They are really special people that work here." And, "It's so relieving that [family member is happy here and well looked after."
- Each person had their life history recorded which staff used to get to know people and to build positive, caring relationships with them.
- People told us, and we observed, staff knew their preferences and used this knowledge to care for them in the way they liked.
- We observed staff treated people with kindness and respect. We witnessed many positive interactions between staff and people they supported.

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

- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence. People told us they were able to influence the care provided to them. One person told us, "They do listen. They're very patient." Another person said with regards to the care they received, "If I say anything, it's sorted."
- People said staff had taken time to get to know them well. People's communication needs had been assessed and staff supported people to make decisions where required.

Respecting and promoting people's privacy, dignity and independence

- The provider recognised people's diversity, they had policies which highlighted the importance of treating everyone as individuals. One person said, "They treat me like a grown-up, not like a baby."
- People's confidentiality was respected and people's care records were kept securely.
- Staff told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed before providing personal care.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- People were empowered to have as much control and independence as possible.
- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. For example, how people preferred to spend their time and whether they had a preferred name. One person said, "They're very, very good with me – anything I need, they sort out." Another person said, "They listen to what I want."
- However, we found care plans were not always accurate and up to date. For example, the registered manager described to us the steps staff took to keep one person safe whilst they were in bed. Other staff we spoke with were unaware of this and it was not documented in their written plan of care. It is important that records about people's care are kept up to date so that all staff have guidance about how to care for the person.
- We discussed this with the registered manager who gave us assurances they would address this through staff meetings and training on the importance of maintaining accurate records.
- We recommend the provider seeks and implements best practice guidance in relation to ensuring records are kept accurate and up to date.
- People told us they enjoyed the range of activities on offer which included opportunities to access the community.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. This included regular reviews of their care and monthly resident's meetings, along with day-to-day conversations between staff and people who lived at the home.
- People and their families knew how to make complaints. They felt confident that these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service. One person told us, "I'm sure if I had any concerns [registered manager] would speak with me."

End of life care and support

- People were supported to make decisions about their preferences for end of life care. Staff empowered people and relatives to develop care and treatment plans for end of life care.
- Staff were aware of good practice and guidance around end of life care and understood people's needs, including any religious beliefs and preferences.
- People were supported to remain at the service, in familiar surroundings, supported by staff who knew them well.
- External healthcare professionals were involved as appropriate and specialist equipment and medicines were made available to ensure people were comfortable and pain-free.

Is the service well-led?

Our findings

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Leadership and management

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The service was well-organised and there was a clear staffing structure.
- The provider had auditing systems to ensure they met legal requirements. However, these had not identified the shortfalls we identified during our inspection, such as care planning not always being up to date and accurate, a lack of risk assessments for self-administration of medicines and a lack of oversight of accidents and incidents.
- This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).
- Staff understood their roles and responsibilities and had confidence in the management team.
- There was good communication maintained between the management team and staff.
- Staff felt valued and well-supported by the management team.
- People spoke positively about how the service was managed. One person told us, "[Registered manager] is always approachable and listens."

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

Engaging and involving people using the service, the public and staff

- People and their relatives told us they were encouraged to comment on care plans and feedback to the management team through regular review meetings. People also told us they could simply speak with staff if there was anything they wished to discuss or change. One person told us, "I was involved at the start and we review it [care plan] regularly."
- The registered manager told us they used to use satisfaction surveys as a way of gaining people's feedback. However, they had found very few people or their relatives completed the surveys. As a result they were looking into how to gain this feedback, alongside other methods they used, such as review meetings and resident's meetings.

- Staff spoke positively about the support they received from the management team. They told us senior staff were approachable and available for advice and support.

Continuous learning and improving care

- The management team were keen to ensure a culture of continuous learning and improvement.
- The management team positively encouraged feedback and acted on it to continuously improve the service, for example by asking people about which activities they preferred, what foods they would like to see on the menu and how they would like the home to be decorated.

Working in partnership with others

- The service worked in partnership and collaboration with other key organisations to support care provision and joined-up care. This included people who used the service, their families and representatives, GPs, community nursing teams and other health professionals.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured their systems to assess, monitor and improve the quality and safety of the services provided were operated effectively.</p>