

Florence Care Homes Limited

The Oaks Residential Care Home

Inspection report

14 St Mary's Road, Aingers Green
Great Bentley
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Essex
CO7 8NN

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Oaks is a residential care home providing personal care for up to 30 people aged 65 and over including people living with dementia. At the time of the inspection 15 people were living in the service.

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

The provider had made improvements to the systems in place to monitor the safety and quality of the service. Relatives and staff spoke positively about the changes made under the current registered manager and the atmosphere in the home. The provider was continuing to implement a redecoration and improvement plan for the service.

Risks to people's safety had been assessed and environmental improvements had been made. The provider was in the process of updating their care planning system to improve how information was recorded.

The provider had introduced a system for monitoring staffing levels and relatives and staff told us there was enough staff available to meet people's needs. Staff had received training relevant to their role and the registered manager monitored this.

The provider had involved people, relatives and staff in giving feedback on the service. Staff told us they were able to raise concerns and felt listened to.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update): The last rating for this service was Requires Improvement (published 5 September 2019) and there was one breach of regulation.

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 and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 2 July 2019. A breach of legal requirements was found.

We undertook this focused inspection to check the provider 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 and Well-led which contain those requirements.

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.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Oaks Residential Care Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Oaks is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

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

During the inspection

We used observations to gather evidence of people's experience of care and we spoke with five relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager and care workers.

We reviewed a range of records including two people's care and medicines records. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals involved with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and reviewed regularly.
- People's care plans contained information about what the risks to people were; however, information was not always clearly recorded or easy to follow. The registered manager told us the service was in the process of transferring information to a new electronic care planning system to improve recording.
- People had personalised emergency evacuation plans (PEEPs) in place for staff to follow in case of a fire and there had been a recent visit from the local fire safety officer to review processes in place and ensure the service was compliant. Staff had received fire safety training and the registered manager monitored this to ensure it was kept up to date.
- The provider had implemented an improvement plan for the re-decoration of the service. Some communal areas had been re-painted and new furnishings had been purchased. Environmental safety checks were completed regularly by maintenance staff.

Staffing and recruitment

At our last inspection we recommended the provider reviews dependency scores for people to ensure staffing levels are appropriate. The provider had made improvements.

- The provider used a dependency tool to calculate staffing levels. At the time of the inspection, only 15 people were living in the service and the dependency tool showed how staffing levels had been calculated to meet people's needs.
- Relatives told us there was enough staff available. One relative said, "If you press a button, they come quickly, I've no worries." Another said "I speak to [person] regularly and they've not raised any concerns. They say staff are always popping in to see them and if they ask for something, staff will go and get it."
- Staff told us that the number on shift was adequate for the number of people living in the service. One member of staff said, "At the moment there is enough staff and we're managing but if more people moved in, we would need more staff."
- The provider completed the relevant recruitment checks prior to staff starting work in the service.
- Staff had received a blend of face to face and virtual training to support their knowledge and skills. An induction process was in place for new staff to follow. One member of staff told us, "I did three to four days shadowing at the start and my eLearning training."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Relatives told us they felt people were safe. One relative said, "I've no concerns about [person's] safety and

they're very good at keeping me informed if there are any concerns at all."

- Staff had received safeguarding training and told us they knew how to raise concerns. One member of staff said, "I would raise it with the manager straightaway. We have information displayed in the office about who to contact and there's whistleblowing information too."

Using medicines safely

- People received their medicines as prescribed. Medicines administration records were completed accurately, and staff kept a running balance of the medicines in stock.
- Staff had received medicines training and their competency to administer had been assessed and reviewed.
- The registered manager completed regular audits to ensure medicines were being administered safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were somewhat assured that the provider's infection prevention and control policy was up to date. Some information had not been updated to reflect the most recent government guidance. Following the inspection, the provider told us this had now been updated.

Learning lessons when things go wrong

- The registered manager kept a record of incidents and accidents and documented lessons learnt. Information was shared with staff to drive improvements in the service.
- The provider had looked at how they could improve the monitoring and recording of falls in the service through the local authority's PROSPER programme. PROSPER is an initiative aimed at improving safety and reducing the risk of harm to vulnerable people.
- Following on from the last inspection, the provider had implemented an improvement plan which they had reviewed and updated regularly.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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

At our last inspection the provider had failed to ensure effective quality assurance systems were in place and there had been a lack of action when risks were identified. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had implemented a range of audits to monitor the quality and safety of the service. Actions had been clearly identified where appropriate to ensure improvements were made.
- The service had a clear management structure in place and relatives and staff knew who to speak to if they needed to raise concerns. The registered manager spoke regularly with the provider to ensure they were kept up to date.
- Designated staff had been given different roles within the service. For example, several staff acted as infection control champions, accessing additional training and promoting good hygiene practices within the staff team.
- The registered manager had a clear oversight of staff training and development and monitored this to ensure staff knowledge and skills were updated. One member of staff said, "The manager makes sure we do our training, it wasn't so structured before they came into post, but now it is."

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

- Relatives spoke positively about the registered manager and the improvements in the service under the current management team. One relative told us, "The manager is very approachable and very on the ball. They're doing a great job." Another said, "I used to raise a lot of concerns but not anymore and if there is something small, I know I can raise it and feel reassured the manager will look into it."
- Staff spoke positively about the support they received from the management team. One member of staff said, "There has been a massive improvement since the manager and deputy manager started. It's such a nice atmosphere now, they're always open to suggestions and any concerns they're always there." Another said, "The managers really take the time to listen to you and they will help out with care too, they're really

approachable."

- The registered manager understood their responsibility to be honest with people when things had gone wrong. Incidents and complaints had been investigated and people were kept updated. One relative told us, "They are good at telling me what has happened, and they follow it up. They have kept me updated and I felt involved."

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

- People were involved in making decisions about their day to day care. Staff knew people well and engaged them in activities.
- The provider completed annual satisfaction surveys with people, relatives, staff and visiting professionals. The results of these were analysed to look at how the service could be improved.
- Staff were supported to feedback via regular supervisions and team meetings. One member of staff said, "I feel very supported and I feel like the manager listens and trusts my judgement when I tell them things."

Continuous learning and improving care; Working in partnership with others

- The provider had worked in partnership other health professionals in order to support people's healthcare needs. People's care plans evidenced referrals and involvement from healthcare professionals.
- The provider had used resources from the local authority to improve care. This included joining their PROSPER programme and using their training resources during the COVID-19 pandemic.
- The registered manager had connected with other managers in the area via virtual support and information sharing forums. The registered manager told us this had helped them to develop as a manager and share good practice.