

Bournemouth Care LLP

Great Oaks

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

The service is registered to accommodate up to 80 people and provides care, treatment and support for older people, some whom were living with dementia. The service is split over three floors which were all accessible by stairs or a lift. There were 60 people using the service at time of inspection.

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

The provider, registered manager, deputy manager and staff had worked to improve the service to ensure it was effectively managed, and people were protected from harm and abuse. There were improved systems in place to ensure safeguarding concerns were identified and reported. Keeping people safe was discussed daily and within every meeting held with staff. Staff understood how to recognise abuse and who to report it to.

The provider and registered manager's oversight of the service had improved since the last inspection, and systems had been established to ensure shortfalls were identified and actions taken where necessary. Staff told us they understood the importance of the monitoring systems and were confident it had improved within the home. Further improvements to these systems were planned.

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 December 2019) when we identified three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Following our last inspection, we served a warning notice on the provider and the registered manager. We required them to be compliant with Regulations 13 (Safeguarding) and 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 27 December 2019.

Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 13 and regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC are currently trialling targeted inspections, to measure their effectiveness in following up on a Warning Notice or other specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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?

The service was not always safe.

Details are in our safe findings below.

Inspected but not rated

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Inspected but not rated

Great Oaks

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the provider had met the requirements of the warning notice in relation to Regulation 13 (Safeguarding service users from abuse and improper treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Great Oaks is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven members of staff including the registered manager, deputy manager, registered nurses, care practitioner and senior health care assistant. We made observations of interactions between people

and staff to help us understand the experience of people who lived at Great Oaks. We reviewed records, processes and outcomes relating to safeguarding. We reviewed the provider's quality assurance systems and audits relating to care delivery and safe practices.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed the provider's action plan.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about. The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess all of the key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure people were protected from the risks of abuse. This was a breach of Regulation 13 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 13.

- The provider had made improvements to their processes for identifying, monitoring and recording safeguarding concerns. The registered manager told us they had been working closely with the local authority safeguarding team since the last inspection.
- The provider had introduced a 'weekly clinical resident concern meeting'. The registered manager told us they complete this with the deputy manager and support manager each week. They said it gave them a good oversight of the home. Records confirmed these were completed weekly and were detailed.
- Staff felt confident about safeguarding people from harm and abuse. They told us under what circumstances they would report concerns and who to both within and outside of the home.
- The registered manager told us that safeguarding was discussed daily during a meeting with senior staff from all departments. Records of staff meetings showed that safeguarding and individual concerns were discussed at each meeting held within the home.
- Safeguarding records showed concerns had been alerted to the local authority and CQC as appropriate.
- Improvements within the home meant every member of staff felt involved in keeping people safe. A member of staff told us, "There is more flow between us and the management now. We receive feedback if we raise something, we get to know the outcome".
- The registered manager and deputy manager told us they were confident that the home's processes had improved, and the systems introduced by the provider meant that everybody was involved in keeping people safe from harm or abuse.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about. The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess all of the key question at the next comprehensive inspection of the service.

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

At our last inspection the provider had failed to ensure their quality assurance systems and governance of the service was effective. 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.

- Improvements had been made to the quality assurance systems within the home. The registered manager told us their oversight had improved and said, "I feel confident I know what is going on in the home".
- The provider had introduced a 'Daily room monitoring checklist'. This was completed by staff on each shift and monitored and checked by the senior staff on duty. This monitored the completion of room documentation such as food and fluid charts, personal care and repositioning charts.
- Each floor of the home had a daily meeting called a 'care huddle'. This meant that all staff came together to discuss each person and any concerns. Records showed these meetings were detailed and regular.
- The home completed various audits including; care plans, infection control and nutrition. They were completed regularly with action plans created where required. Records showed these had been worked through. The provider had made improvements to the care plan audit by including people's room documentation.
- The provider had recently had a whole home audit carried out by an external professional. The registered manager told us they were waiting for the report and they would be working with the home to continue to improve the auditing and oversight systems.
- Staff told us they felt more confident with the improvements to the monitoring of the home. One staff member said, "Everything is checked now, and management have a better understanding of what is going on".