

Bournemouth Care LLP

Great Oaks

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Great Oaks is a purpose-built home in a residential area of Bournemouth. It is registered to provide care, treatment, and support for up to 80 older people some who were living with dementia. The home is split over three floors which are accessible by stairs or a lift. There were 61 people living at Great Oaks at the time of inspection.

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

Developments and changes to the leadership of the home had strengthened oversight. This meant the service was safe. Improvements had been made in various areas of the home but specifically with auditing, monitoring, provider oversight and recruitment processes. Since our last inspection the home had improved in areas such as, infection prevention and control, medicines management, staff morale and team working. The registered manager continued to work with the service and external health and social care professionals on communication channels.

Improvements to the assessment of mental capacity meant people were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

At our last inspection we made a recommendation about recruitment procedures. There had been enough improvement and recruitment practices were safe. There were enough staff on duty and recruitment was ongoing.

People told us they were happy living at Great Oaks. Staff understood how to recognise and raise concerns. There was confidence in the management of the home to follow up concerns and make the necessary referrals to keep people safe. People had risk assessments in place for all their care and support needs. Utilities and equipment safety checks were in place to ensure people lived in a safe environment, this included robust fire safety procedures. Accidents and incidents were recorded and analysed to identify trends and themes with a view to preventing reoccurrence.

People had access to medical services as needed and the home worked with external professionals. People and their relatives were involved and felt able to raise their concerns if needed. People's needs and abilities were assessed before they moved into the home to ensure staff could meet them.

Staff felt supported and the management teams focus was to continually improve staff morale and team working. Staff were proud to work at Great Oaks and improvements to the home overall were clear during this inspection.

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 4 July 2022) and there was a breach of regulation about the management oversight of the home. We also made a recommendation about the providers recruitment processes. 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 regulation and had acted on the recommendation made.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 9, 10 and 11 May 2022. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the management oversight and governance processes.

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 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 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 Great Oaks on our website at www.cqc.org.uk.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Great Oaks

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 3 inspectors and a specialist pharmacist who looked at medicines management within the home.

Service and service type

Great Oaks 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. Great Oaks 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.

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, clinical commissioning group and the safeguarding team. 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 7 people and relatives about their experience of the care provided. We spoke with and received feedback from 16 members of staff. This included, but not limited to, the nominated individual, deputy manager, clinical lead, operations manager, maintenance officer, nurses, care practitioners, and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 looked at 6 people's care records, 3 recruitment files and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we recommended the provider follows their procedure for the employment of all staff to ensure robust checks are made on the suitability of staff to work with people who require care and support. The provider had made improvements.

- The provider had undertaken a whole service audit of recruitment documents and developed a robust process. This meant staff were recruited safely and had the necessary skills to work with people.
- Staff files contained appropriate checks, such as references and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff on duty and the provider had a system to work out safe staffing numbers against the needs of people living at the home. A member of staff said, "Staffing has improved since last year. Induction and training have also improved a lot."

Using medicines safely

- Improvements had been made since our previous inspection and people received their medicines as prescribed.
- Medicines administration records were clear and showed that people received their medicines safely, in the way prescribed for them.
- Guidance was now in place for staff applying creams and other external items, and it was recorded when these were applied.
- Further improvements were being made to the way medicines prescribed to be given 'when required' were managed. Updated protocols giving person-centred guidance for staff as to when these might be needed had been introduced.
- There were suitable arrangements for storage, recording and disposal of medicines. This included those needing extra security. Improved records showed that medicines were stored at suitable temperatures.
- Regular medicines audits were completed, and we saw that areas for improvement were identified and actions recorded. Any errors or incidents were reported and investigated, to try to prevent them reoccurring.
- Staff who gave medicines had updated training and competency checks to make sure they gave medicine safely

Preventing and controlling infection

- Improvements meant we were assured that the provider was preventing visitors from catching and

spreading infections. Staff were wearing the necessary personal protective equipment (PPE) when supporting people.

- 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.
- The provider was supporting visiting to the home.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks people faced in their daily life had been assessed. Risk assessments were detailed, and person centred. Staff knew people well and described ways in which they supported people to keep safe.
- An electronic care planning system meant that changes could be made instantly, this meant staff were working with the most up to date information. Various daily handovers ensured important messages were communicated with the staff team. This all contributed to the safety of the service.
- People had personal emergency evacuation plans (PEEP) in place. These detailed the support a person needed to leave the home in an emergency. The PEEP considered people's needs such as mobility and equipment used to support them.
- The provider had robust systems in place to manage and monitor the safety of equipment and the environment.
- The environment was tidy and clear of clutter. The management team and maintenance staff completed a daily walk around of the premises to identify any safety concerns. The maintenance staff acted promptly to rectify any issues found.
- The maintenance staff used an electronic system to schedule, monitor and record when safety checks and servicing were due and completed.
- Accidents and incidents were recorded and analysed monthly to identify themes and trends. The purpose was to reduce or prevent reoccurrence of the incident to contribute to safety.
- Lessons learned were identified where possible and shared within team handovers, meetings, and messaging within the home.

Systems and processes to safeguard people from the risk of abuse

- People and staff told us Great Oaks was a safe place to be. We observed people and staff interacting together and there was a fun, vibrant atmosphere in the home. We received positive feedback about the home. Some of the comments were: "Staff are friendly and helpful. We have a laugh", "It's okay here. No problems", "It's peace of mind when we can't be here."
- Staff told us they knew how to recognise the signs that someone may be at risk of harm or abuse. They knew who to report their concerns to both within the service and outside.
- There were clear communication channels for raising concerns within the home. Documentation confirmed the necessary referrals had been made to the local authority safeguarding team where appropriate.
- Staff had received training in safeguarding and were confident any concerns they raised would be taken seriously and acted upon by the deputy manager, registered manager, or clinical lead.

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. At this inspection the rating has changed to good. This meant 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 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.

- Significant and sustained improvement had been made in assessing mental capacity and ensuring the home was working in accordance with the MCA.
- The home was working lawfully to ensure people were safe living at Great Oaks. DoLS authorisations were closely monitored to ensure they did not expire. The home looked to support people with the least restrictive practices, and these were reviewed.
- People were treated with respect. Staff had received training in the MCA and understood the importance of receiving consent from people before providing any care. A staff member told us, "Consent is key, no tasks should be actioned without consent, unless it is a best interest decision and I'd expect the correct paperwork would be in place as well as a care plan to support this."

Staff support: induction, training, skills and experience

- Staff who were selected to work at Great Oaks had a face-to-face interview which focused on their values, experience, and training. They had been assessed through their application, interview, and references.
- Staff told us they received enough training to enable them to carry out their role effectively. Staff told us they are trained well and have a common goal. One member of staff said, "The overall team has high expectations for the residents, and we all aim for them to be safe and happy."
- Improvements had been noted since our last inspection and staff induction was comprehensive and

included a programme of both online learning and face to face practical sessions. During induction, staff had training in subjects such as safeguarding, infection control, health and safety as well as completing shadow shifts. Staff new to care undertook, 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.

- Developments within the management of the home meant staff felt supported, they had received supervision sessions with senior staff and records showed these were two-way. Opportunities were given for staff to receive feedback on their performance and request development if they needed. Some staff were starting national diplomas in health and social care. A member of staff said, "Everything is well planned, and we all support each other. Therefore, I feel confident the care we provide for the residents is that of the standard it should be."

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

- People's needs were assessed before they moved into the home. This information formed the basis of their care plan. The provider used an electronic care planning system which meant information was changed and updated immediately.

- People's outcomes were identified during the care planning process; guidance for staff on how to meet these were detailed in the plans. Staff training and knowledge about medical health and moving and handling demonstrated the plans had been created with evidence-based practices in mind.

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

- People had enough to eat and drink. People were given a choice of meals and there were alternatives and lighter meals available for them.

- People were given the opportunity to discuss their likes and dislikes. The chef told us they would prepare meals at any time for people, this included lighter meals off menu. People and staff confirmed there was access to food from the main kitchen and in the smaller kitchens.

- Great Oaks has a coffee bar and biscuits on the ground floor for people and visitors to help themselves and smaller kitchenettes on each floor.

- People's preferences and dietary needs were recorded in their care plans, in the kitchen and discussed with the chef. Input from specialists was included where required such as if a person required a softer diet. Dietary needs were assessed, recorded and specialist input given as required which included, cultural, intolerances, weight loss/gain and where there may be a risk of choking.

- We observed the mealtime to be a relaxed social occasion with people having various discussions between themselves and with staff. Where people were supported to eat, this was carried out in a respectful way.

- People were able to contribute their views regarding the food. Feedback was sought through meetings and individually with the person.

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

- People were supported to receive health care services when they needed them. Referrals were made from the home to a variety of professionals, such as doctors, falls specialists and therapists.

- The deputy manager and clinical lead said they worked well with all professionals and were comfortable seeking their input when needed.

- People had a summary of care needs and risks on the electronic system. People's essential needs were listed in an 'at a glance' folder. This was used for staff handovers, supported temporary staff, and gave a snapshot view of people's essential needs, such as pressure care and nutritional support.

- Instructions from medical professionals were recorded in people's care plans and records, these were communicated to staff through the electronic system. This meant that people were receiving the most up to date support to meet their health needs.
- Health and social care professionals were positive about how care was sought for people in a timely manner. A health and social care professional told us, "When I have visited, I have mostly spoken to the deputy manager [name] and clinical lead [name] who had a good understanding of the person we were speaking about and how their needs were being met. They were available at the times we had arranged to meet and had information available regarding the person in question. They are always professional and approachable and will call our team too with any queries."

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

- Improvements had been made to the appearance of the home. Decoration and colourful displays were in place which created a homely feel.
- People were supported to orientate themselves to their bedrooms by their personal effects and treasures displayed in memory cabinets outside their room.
- Signage was displayed around the home, supporting people to find their way to key areas such as bathrooms and lounges. People were encouraged to bring in some of their personal belongings to their room.
- The home was accessible by stairs and a lift. There was level access to the secure gardens and outdoor spaces, balconies, and patios. We noted the improved use of outdoor space especially balconies where potted flowers were in bloom and tomatoes were growing for people to enjoy.

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 has changed 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; Continuous learning and improving care

At our last inspection the provider had failed to ensure governance systems were established and operating effectively to ensure oversight was robust, procedures were followed, and the service improved. 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.

- Significant and sustained improvements had been made to the oversight of the home. The provider had strengthened the governance systems and they were now robust.
- Leadership was visible in the home. The registered manager was supported by a team of senior staff to ensure the home operated safely. A range of audits monitored the home, these included medicines, care plans, call bells and dining experience.
- Management was multi-layered, the provider undertook audits and regular checks of the home. Electronic care planning systems meant that they had oversight of the home remotely as well as when visits to the home were made.
- Actions from audits were channelled into an overall improvement plan and were used to drive improvements within the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Improvements had been made and people and staff felt involved in the home. The management team were keen to ensure the home moved forward together. A recent staff survey had returned positive results.
- Great Oaks worked with external health and social care professionals. However, we received mixed feedback about communication. The nominated individual told us they would continue to engage with external professionals and resolve any concerns. One health professional told us about the staff working at Great Oaks and said, "There is a good relationship and my team have visited the care home on a number of occasions. Staff have been polite and helpful and have followed up on any queries raised."
- People and relatives surveys had been sent and responses arranged into, "You said, we did." These detailed clear actions taken to address some concerns raised. The provider was considering the ways they gain feedback from people and their loved ones to ensure it was always effective.

- Regular meetings were held for staff and people living at Great Oaks. Minutes detailed requests and actions taken. A staff member told us about the improvements and said, "Staff meetings used to happen in the afternoons, which were not night staff friendly, but are now doing night team meetings at 7pm, and we have one coming up next week which is a positive thing."

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

- Staff morale had improved within the home. A staff member told us, "I feel appreciated and praised from the management and from the residents. In the last six months, there have been great improvement in every department."

- Staff were proud to work at Great Oaks, their comments included: "I feel very proud to work at Great Oaks because it's a very good environment to work at and I love to look after the residents. I love my Great Oaks family", "I think this home is a lovely friendly place to work and a great home for the residents", "I do feel proud, and I give my all to the home and to the individuals in our care", "I love my job at Great Oaks and enjoy making a positive difference to our residents lives."

- People, their relatives, professionals and staff were complimentary about the leadership of Great Oaks. Some of their comments included: The registered manager [name], deputy manager [name] and clinical lead [name] are always there to hear any concerns we may have. They are very friendly and polite. They also appreciate the hard work that we do", "The registered manager's [name] door is always open if you need to talk to them", "The management team [names] have been fully committed", "The registered manager [name] has always been supportive and a great manager", "I do think they are the best management team."

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 duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.

- The home had made all statutory notifications as required by law. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.