

HC-One Limited

The Oakes Care Centre

Inspection report

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Ratings

Overall rating for this service

Good 

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?

Good 

Summary of findings

Overall summary

About the service

The Oakes Care Centre accommodates a maximum of 60 people; there are accommodation and communal areas located on both the ground and first floor. The home provides care and support to people who are assessed as having personal care and support needs. The first floor provides accommodation specifically for people living with dementia. There were 46 people living at the home at the time of the inspection.

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

The management of people's medication was not consistently safe. We have made a recommendation about the management of stock and varied strengths of medicines. Body maps to show where people's patches for pain relief should be positioned were not in place. One person had missed medication doses which had not been identified. However, most people received their medicines as prescribed from staff who were assessed as competent.

Daily walkarounds were not consistently happening, but this was being addressed. Systems of governance were in place and found to be effective. People, relatives and staff were engaged in the running of the home and we saw the provider took action in response to their feedback.

People told us they felt safe living at this home. Staff were familiar with safeguarding procedures and felt confident managers would take appropriate action if they reported concerns. Staff were familiar with risks to people and how to reduce risk levels.

There were sufficient numbers of safely recruited staff to meet people's needs. The registered manager asked people for feedback about staffing levels and no concerns were raised.

Adaptations had been made to the premises to make spaces dementia friendly. The home and equipment used had been well maintained.

Staff received formal support and told us they felt engaged and valued. The interactions between people and staff were seen to be positive. Activities were taking place inside and outside the home.

Clinical risks were understood and discussed at different meetings. Care plans were sufficiently detailed. Referrals had been made to healthcare professionals where this was needed. Two health professionals who visited the home on the day of our inspection provided positive feedback about staff knowledge of people and their needs.

Complaints were suitably managed by the provider who responded to concerns raised with them. We saw where lessons were learned from previous events to help ensure continuous improvement of the service.

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.

People had a positive mealtime experience and their nutritional needs were being met.

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

Rating at last inspection

The last rating for the service under the previous provider was good, published on 10 June 2021.

Why we inspected

The inspection was prompted in part due to concerns received about the management of accidents and incidents, infection control standards and communication within the home. A decision was made for us to inspect and examine those risks.

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.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our safe findings below.

Good ●

The Oakes Care Centre

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

This inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Oakes Care Centre 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. The Oakes Care Centre 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 it first registered. We sought feedback from the local authority and professionals who work with the service, including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 10 people who received a service and 3 relatives. We also spoke with 4 care workers, 2 senior care workers, the cook, the handy person, the registered manager, the area director and the regional director. We reviewed a range of records. This included 2 people's care records in full and other care plans for specific information, as well as medication records. We looked at the recruitment of 2 staff members as well as records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further quality assurance records.

Is the service safe?

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 requires improvement. This meant 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.

Using medicines safely

- Medication was not consistently managed safely.
- One person ran out of 1 of their medicines as this had not been identified by a senior member of staff. The same person had received wrong doses of another medicine they were prescribed. These issues have since been resolved and the person did not come to harm. The registered manager was arranging supervision support for staff involved.

We recommend the provider reviews best practice national guidance to ensure systems are robust in identifying the risk of medicines running out and varied strengths of medicines are well managed.

- Other medication records we looked at showed people received their medicines as prescribed.
- We looked at the management of controlled drugs and saw these were appropriately recorded in the register. However, staff were not recording where patches used to provide pain relief were being applied. The positioning of these medicines needs to be rotated to avoid the risk of irritation. Following our inspection, body charts have been introduced to record this information.
- Staff had been assessed as competent in the administration of medicines and the storage of medicines was found to be safe.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to protect people from the risk of abuse.
- People told us they felt safe living at this home. One person said, "I am happy here and I feel safe." Where 1 person said they didn't feel safe, we explored this with the provider and were assured this person was not at risk of harm.
- Safeguarding incidents were reported to the relevant authorities.
- Staff we spoke with were familiar with safeguarding procedures and knew who to report to within the home and external to the provider.

Assessing risk, safety monitoring and management

- Risks to people's health were safely assessed, monitored and managed.
- People had risk assessments and care plans in place. With 1 exception which was rectified during our inspection, these records were up to date and reflective of people's individual needs and risks. One relative said, "(Name) has had a couple of falls in the night and they (staff) always ring to tell me. They have now put a (crash mat) down." We found people who were assessed as needing sensory equipment around their risk of falls had this in place.

- Staff knew people well and were knowledgeable regarding people's care needs and risks.
- Health and safety checks were taking place and certificates needed to demonstrate a regular maintenance schedule was followed were up-to-date. Since our inspection, the provider has conducted additional fire drills as not all staff had experienced this.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs.
- We spoke with the management team about 2 issues relating to delayed responses to call bells. The registered manager followed these up and provided assurances. They also met with a group of people to openly discuss staffing levels in the home. The minutes of this discussion did not show anyone had concerns about staff response times to call bells.
- Overall, we observed staff were visible in communal areas and continually chatting with people. One person told us, "There is always someone available and this applies through the night as well. I have a button I press and when I press it a (staff member) will appear." A relative told us, "They (staff) have worked hard to settle (person) in. The staff are good and there is a good consistency of the same staff."
- We saw staff had been safely recruited to ensure they were suitable to work with vulnerable adults.

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

- Flexible visiting arrangements were in place enabling people to receive visits from friends and relatives.

Learning lessons when things go wrong

- Lessons were learned in response to unwanted events.
- Accidents and incidents were monitored by the management team. Lessons learned were shared with staff and used to improve the service. Staff told us a new lessons learned meeting had started shortly before our inspection. Areas for improvement were openly discussed.
- The provider had taken learning from events which had occurred in the home and demonstrated improvements had been made as a result.

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.

This is the first inspection of 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.

Staff support: induction, training, skills and experience

- Staff received ongoing formal support to help them in their roles.
- Staff were recorded as having a supervision in September 2022. The registered manager had provided supervision support to staff in small group sessions. They said they wanted to focus on more individualised meetings for staff. The registered manager had completed most of the staff appraisals.
- We looked at staff training completion rates. Whilst some gaps were identified, the registered manager and area director had already identified this and were taking action.

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

- People were supported to maintain a balanced diet.
- We observed the mealtime experience and found this was positive. People were given a choice and the food looked appetising. One person told us they enjoyed their food and got plenty to eat. They said, "I have a good appetite, so it's okay for me."
- Feedback about food from people living in the home had been acted on. For example, people asked for more baked potatoes which had since been provided. The area director responded to a request for more soft food snacks to ensure these were provided.
- Meetings between the registered manager and area director addressed people at risk of losing weight and ensured plans were in place to address this. Kitchen staff showed a good understanding of dietary standards and people's nutritional needs in the home.
- Food and fluid charts showed good levels of recording. A tea trolley went around the home in the morning and afternoon with snacks.

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

- People were supported to access healthcare services when they needed this support.
- One person told us, "I have (medical condition), so I have a nurse coming in twice a day."
- We saw evidence of the home working with healthcare professionals, which was seen through care records and meeting notes. 'Flash' meetings between department heads showed people's health was covered where concerns had been identified.
- During our inspection, we spoke with 2 healthcare professionals who were complimentary about staff following their guidance between them visiting the home. They also confirmed staff were familiar with people's care needs when they spoke about their care and treatment.

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

- The premises had been appropriately adapted to meet people's needs.
- The home was modern in appearance and had wide open spaces which were well lit, which is important for dementia care.
- The home had a pleasant secure garden area which contained a summer house, red telephone box, a bar area and outdoor seating
- Inside the home a village store had been created. This was stocked as a shop which people could buy small items from. People enjoyed coffee mornings in this space.

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). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- Care plans we looked at contained relevant mental capacity assessments with accompanying best interests decisions. Staff received training in the mental capacity act and understood their responsibilities.
- Where people were being deprived of their liberty, this had been done lawfully and with authorisation from the local authority. Consent to care and agreement was recorded.
- People told us they were in control of their day-to-day routines and we saw people being given choices around their care.

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

- Needs and choices were being assessed.
- Before moving into the home, people's needs were assessed to help ensure the service was able to meet their care and support needs.

Is the service caring?

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 of 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 well treated and equality was upheld.
- Names and photographs of people living on the dementia floor of the home were mostly missing from bedroom doors. We discussed this with the management team who noted these may have been pulled down, but have confirmed this has been dealt with since our inspection.
- With the exception of 1 person, everyone spoke positively about the support they received from staff. One person told us, "They (staff) look after me here." Another person said, "I am well looked after and I am not complaining."
- We overheard staff helping to calm 1 person who was becoming increasingly anxious and talked about wanting to go home. Staff responded well to this person's needs and amongst other things tried, they took this person out on a minibus journey. On returning to the home, we saw they were more relaxed and had enjoyed their trip out.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their privacy, dignity and independence.
- Throughout our inspection, we saw everyone was treated with dignity and respect. We observed a staff member gently wake 1 person up and encouraged them to have a 'stop off' at the toilet on the way to lunch. This was done to protect the person's dignity and the interaction was warm with caring qualities displayed.
- Staff encouraged another person to stand using their mobility aid. Staff were on hand to guide this person, but did not take over the task. This meant the person was assisted to maintain their independence with appropriate levels of staff support.
- At lunchtime, staff were providing meals for people in their bedroom, where this was either through choice or care need. We saw staff knocking on people's doors before entering.
- We spoke with a visiting health professional who told us, "Person goes and makes their own drink. They (staff) encourage (person's) independence."

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

- Staff supported people and their representatives to be partners in the planning of their care.
- We observed 1 person's relative arrived to visit. As the person they came to see wanted to spend time with them at lunchtime, staff enabled the visit to go ahead in the dining room where they were able to eat together.
- Where possible, people and their relatives were encouraged to be part of care planning and reviews of the care provided.
- People and their representatives were invited to provide feedback about the care they received at meetings

and through satisfaction surveys.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. At this inspection the rating has remained 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

- Care plans were sufficiently detailed to meet people's needs.
- One person's care plan needed to be updated to show 2 staff were assisting this person due to staff personal safety risks. However, staff we spoke with were aware of this need.
- Care plans we looked at contained the views of the person they were written for and described their preferences.
- Records showed care plans had been reviewed to ensure they contained up-to-date information.

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.

- The accessible information standard was being met
- Care records contained information about people's communication needs.
- We observed a staff member communicating with 1 person who had a sensory need due to sight loss. The staff member was caring and respectful in their approach and showed an awareness of the need to approach the person in a way not to surprise them.

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 avoid the risk of social isolation.
- On the day of our inspection, a singer visited the home to provide entertainment for people, which they joined in with and enjoyed.
- The home had a minibus which they used to take people out on trips, as we saw on the day of our inspection.
- Daily flash meeting notes showed activities were regularly taking place in the home.

Improving care quality in response to complaints or concerns

- Complaints were used to make improvements to the care people received.
- One relative told us they found that improvements were not sustained when they had complained. We

shared this feedback with the management team.

- Before this inspection, we saw responses to complaints and found these were appropriately managed. The issues making up the complaint were each responded to in a timely way. If people were not satisfied with the response they received, they were able to escalate their concerns with senior managers.

End of life care and support

- End of life care needs were being met.
- Where they or their representatives wanted to discuss this aspect of their care, people had advanced care plans in place.
- A change had been made to the monitoring of one element of end of life care which meant staff had better oversight of this need.

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.

This is the first inspection of 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

- Managers understood their roles and risk were understood.
- The area director identified that not all actions from audits had been moved to the home improvement plan, but this was being dealt with. Daily walkarounds were not always being completed which the provider had already recognised and acted on.
- We looked at the overview of accidents and incidents in 'organisational learning meetings' between the registered manager and area director. This showed a good awareness around clinical risks to people and what action was required and where input from external professionals was needed. Daily records in the home, such as food and fluid charts and repositioning records were being completed.
- Flash meeting minutes showed these records were well completed and provided a position from the perspective of department heads and what they needed to do to meet people's needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff were engaged in the running of the home.
- We looked at meetings for people living in the home and their representatives which had taken place in August and November 2022. A relatives meeting had been arranged for the evening to enable family members to attend. We saw these were open discussions and feedback was acted on. An all staff meeting was held in October 2022 and was used to pass on key messages and invite feedback.
- Satisfaction surveys had gone out earlier in the year. Feedback was given about the meals provided and we saw action had been taken in response to this. Feedback was found to be positive overall.
- Staff we spoke with worked well as a team and told us they felt well supported and valued by the management team.
- People were empowered by staff to have choice and control in aspects of their daily living. For example, people were given 'show plates' to help them visualise and smell the food on offer.

Working in partnership with others

- The provider worked with partners effectively to meet people's care needs.
- We saw evidence of staff working with a wide range of healthcare professionals. We also saw that where there was an identified need, referrals had been made to agencies such as the community mental health team and the falls team.

- The registered manager was looking to invite local college art students to do some volunteering and to get some experience of the home.

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; Continuous learning and improving care

- The provider was fulfilling their duty of candour and looked to continuously improve the service.
- Relatives we spoke with told us that when incidents occurred involving their loved ones, staff contacted them to make them aware.
- Staff were able to describe the learning they had gone through in response to specific concerns the provider responded to. A lessons learned meeting was a recent initiative set up by the provider.
- The provider was fulfilling their responsibility to report notifiable incidents to the Care Quality Commission.