

Hill Care 3 Limited

The Oaks Care Home

Inspection report

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Date of inspection visit:
28 February 2023
01 March 2023

Date of publication:
31 March 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Oaks is a residential care home providing personal and nursing care to up to 45 older people, including people who may live with a dementia. At the time of inspection there were 36 people using the service.

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

The home did not have a registered manager at the time of inspection. The provider was in the process of recruiting a new manager. The home was being overseen by the regional manager with the support of the nurse.

Improvements were required to records to ensure people received safe and effective care. Risks were not always assessed and mitigated to keep people safe. People's medicines were not always well-managed.

We have made a recommendation that people's care records should contain information about their food likes/dislikes and dietary preferences.

An infection control system was in place. However, not all areas of the home were well-maintained and there were signs of wear and tear.

The home was not equipped with sufficient furniture for people's comfort and well-being. The programme of refurbishment needed to continue in a timely manner, ensuring the environment is appropriately designed to meet all people's needs.

There was a relaxed, welcoming atmosphere at the service. People and relatives were positive about staff and said they were "caring and friendly." There were sufficient staff to support people. Staff recruitment was carried out safely and effectively. There was evidence of collaborative working and communication with other professionals to help meet people's needs.

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.

A quality assurance system was in place, but it needed to become more robust to assess the standards of care in the service. We identified shortfalls with medicines management, care records, the environment and infection control. These shortfalls had not all been identified or actioned in a timely manner by the provider's governance system.

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 good (published 16 July 2019).

Why we inspected

We received concerns in relation to the management of medicines and people's nursing care needs. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. 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 good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

We have approached the provider and requested immediate assurances around their improvement plan. As a result of this an action plan has been produced detailing how they would address the shortfalls identified and work to complete this had begun.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, premises and equipment and good governance at this inspection. We have made a recommendation about ensuring records contain information, about people's dietary likes and dislikes, in order to promote their nutrition.

Please see the action we have told the provider to take at the end of this report.

Follow up

We have requested an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Oaks 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 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 1 inspector, 1 medicines inspector and 2 Experts 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 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. The Oaks is a care home with 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 not a registered manager in post. The previous registered manager had just left and a new one had been appointed, but had not yet started.

Notice of inspection

This inspection was unannounced.

During the inspection

During the inspection we communicated with 16 people who used the service and 8 relatives about their experience of the care provided. Not everyone who used the service communicated verbally or wished to speak, therefore they gave us permission to speak with their relatives on the telephone. We spoke with 13 members of staff including the regional manager, 6 care workers, 1 senior care worker, 1 agency care worker, 1 chef, 2 domestic members of staff and 1 activities coordinator. We received feedback from 2 health and social care professionals.

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 reviewed a range of records. This included 7 people's care records and multiple medicines records. We looked at 5 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training information and 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 good. At this inspection the rating has changed to 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.

Assessing risk, safety monitoring and management

- People were at risk of unsafe care as systems were not in place to ensure people were kept safe from the risk of avoidable harm.
- Some information was available for staff detailing action needed to mitigate the risk to people's health and safety. However, not all risks had been identified to highlight risk. Where risk had been identified, effective, concise guidance was not always available for staff to ensure people's well-being and safety. Action was being taken by the provider to address this.
- Care plans contained some explanations of the measures for staff to follow to keep people safe, however, they did not contain guidance for staff about how to de-escalate a situation and reassure a person if they became upset, with guidance to help manage people's distress and agitation and when to use 'when required' medicines, where prescribed, as a last resort
- The living environment posed a risk to some people's safety, where incidents had occurred, action had not been taken to minimise the risk to the person and the same incident re-occurred.

Robust systems were not in place to assess and monitor risk to people's safety. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not managed safely.
- Improvements were needed to records, to ensure they accurately reflected people's care treatment needs. Thickening agents used to thicken food or fluids were not always well managed. Some records contained contradictory information and we could not be assured thickeners were given as prescribed with people receiving the correct amount.
- Care plans and associated documentation did not always contain up-to-date information. Medicines care plans did not contain prescribed medicines as per their MAR chart.
- Where people's hydration required monitoring fluid targets were not always in place, and where they were in place, the person's total intake was not recorded.
- For one person who received medicines via percutaneous endoscopic gastrostomy (PEG). There were no consistent records available to demonstrate that staff were cleaning the PEG on a regular basis.
- A system was not in place, with guidance, for when topical medicines were applied by care workers as they carried out people's personal care.

The provider failed to manage the risks to the health and safety for people. This was a breach of Regulation

12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- An infection control system was in place. However, not all areas of the home were clean and there was a malodour.
- Some furniture and carpets were marked and unclean. A relative told us, "I complained about the cleanliness of [Name]'s room and they started to vacuum daily" and "The toilet facilities are not very good. They rarely have hand-washing stuff in the toilet. I am not impressed. First day [Name] went in there, no paper towels or soap in their room, which has a sink."

The provider created an action plan detailing how they would address the shortfalls identified and were working to complete this.

- Staff had received training in infection control practices and used personal protective equipment (PPE) appropriately.

Visiting in care homes

- There were no restrictions to visiting at the time of inspection. One relative told us, "You can go in anytime you like."

Learning lessons when things go wrong

- The provider had a system for monitoring accidents and incidents. However, there were some repeated incidents reported that showed they continued to reoccur.
- Staff recognised incidents and reported them appropriately, they were investigated with lessons learned.
- Incidents and near misses were analysed so that trends could be identified, and appropriate action taken to minimise any future risk.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse. The service worked with other agencies to do so.
- Staff were trained on how to safeguard people.
- Safeguarding concerns were reported and investigated with some action taken to minimise any future risk of abuse.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. Due to recent staff changes agency staff were being used. The regional manager was working to recruit to vacant posts.
- People and relatives said there were enough staff. One relative told us, "There are enough staff, whenever I go there are lots around. I see the same staff all the time and know them really well."
- Staff were recruited in a safe way. The provider had an effective recruitment and selection policy and procedure in place which included all appropriate checks.

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 good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were assessed prior to using the service and regularly reviewed. However, improvements were required to records to ensure they accurately reflected people's care and support needs.
- Care plans were not all in place for each identified care need so staff had guidance in care records on how to meet those needs. Care plans that were in place, although person-centred, did not provide concise guidance for staff about how to deliver people's support requirements.

The provider had failed to ensure records were in place that accurately reflected people's care and support requirements. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Records were not all in place to ensure people received person-centred care when they accessed other services.
- Some limited information was sent with the person about their medical needs, if they needed to go to hospital. However, where people were not escorted to hospital, and they did not communicate verbally, a hospital passport was not in place, with some person-centred information about how the person communicated and how they wished and needed to be supported.

Systems were not in place to ensure person-centred information was available about a person, when they needed to access other agencies to ensure they received consistent and effective care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The building was showing signs of wear and tear. Hallways, bedrooms and communal areas were in need of decoration. A relative told us, "I told staff [Name] needed their door left open. The catch on the door was broken and staff wedged it open with a commode."
- There was insufficient furniture around the home. There were not enough tables and chairs in the top floor dining room, to accommodate people. There was insufficient seating around the home. Bedrooms were basically furnished, and some did not provide adequate furniture to keep people safe and comfortable. We were informed refurbishment had stalled because of the pandemic, however, the provider had not resumed the programme as a matter of urgency, after the pandemic, to ensure people's safety and well-being.

- People's rooms were not personalised in the manner of their choosing, including any personal items from home. Bedding in some bedrooms was worn.

The provider had failed to ensure the environment was appropriately equipped and maintained for the safety and comfort of people who lived at the service. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed with the regional manager that the premises should remain "enabling" to promote people's independence, and involvement. With visual and sensory stimulation to help maintain the involvement and orientation of people who lived with a dementia as they moved around.

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

- Improvements were needed to ensure some people received adequate nutrition and hydration, where they were at risk of weight loss. A relative commented, "I had to ask for a jug of water in [Name]'s room."
- Care plans included specialist advice and guidance, that had been obtained where some people had difficulties with nutrition. Where people had lost weight, this was regularly monitored. We discussed for one person obtaining specialist advice about the person's irregular dietary intake to ensure their well-being.
- Care plans and risk assessments were in place if people had nutritional support needs. However, there was contradictory information in some records. We advised people's care records should include information about people's food likes/dislikes and preferences in order to provide effective and personalised care. A relative told us, "[Name] is a fussy eater and I told staff what they like. I shop for [Name] as they won't eat what staff gives them. Every week I buy lots of food, what they like, and it's delivered every week."

We have made a recommendation about ensuring records contain information, for the guidance of staff, about people's dietary likes and dislikes, in order to promote their nutrition.

Staff support: induction, training, skills and experience

- Staff completed training to make sure they had the correct skills and knowledge to support people. Most training was either up to date or underway. One staff member said, "We do a lot of training."
- Staff completed an induction at the start of their employment. This included completion of 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
- Staff were supported in their roles through supervisions and appraisals.

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.

- Records showed mental capacity assessments and best interest decisions were appropriately made and documented.
- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

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 good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 service was not always well-led.
- A quality assurance process was in place. Audits were completed to monitor service provision. However, the audit and governance processes had either failed to identify or they had not been actioned in a timely way. The deficits identified at inspection included: the management of risk, medicines management, good governance, care records, nutrition, infection control and the environment.

The provider did not have effective systems in place to effectively monitor and improve the quality of the service to ensure positive outcomes for people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A new manager had been appointed but they had not yet started employment at the service
- The provider understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong.

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

- People were listened to and engaged with to help promote positive outcomes for people.
- There was a camaraderie and jovial interaction between people and staff as they engaged with people. A relative told us, "People come in, there is plenty going on. They send photographs so you see what is going on."
- People and relatives were positive about staff kindness and support. A relative commented, "Staff sit and chat with [Name], they are friendly with them. All the staff are friendly and know your name, they get to know the family as well as the resident."

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

- People, relatives and staff were asked for their feedback to allow the provider find ways to improve the level of support provided to people. A relative commented, "I get a questionnaire every 6 months and I fill it in. They ask you what you want to change, what you think about staff, if any problems."
- Staff and relatives told us communication was effective to ensure they were kept up-to date about

people's changing needs and any changes being introduced into the home. A relative commented, "They [staff] phone me if [Name] is not well, and they consulted me about changing GP."

Continuous learning and improving care; Working in partnership with others

- There was a programme of staff training to ensure staff were skilled and competent. A relative told us, "Staff have been reassuring and always share their knowledge about dementia so I think staff are knowledgeable."
- Staff communicated with a range of professionals to ensure that people's needs were considered and understood so that they could access the support they needed.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to assess the risks to the health and safety of people and do all that is reasonably practicable to mitigate any risks. Regulation 12 (1)(a)(b)(d)(g)(h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	The provider had failed to ensure the premises were suitable for the purpose for which they are being used. Regulation 15(1)(c)(e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	People were not protected from the risk of inappropriate care and treatment due to a lack of information or failure to maintain accurate records. Robust systems were not in place to monitor the quality of care provided. Regulation 17(1)(2)(a)(b)(c)(d)(e)(f)