

Caldwell & Beling Ltd

# The Oaks Care Home

## Inspection report

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Date of inspection visit:  
19 April 2023

Date of publication:  
11 May 2023

### 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

The Oaks Care Home is a residential care home providing personal care and accommodation in one adapted building for up to 33 people. At the time of our inspection there were 20 people using the service, all of whom were over the age of 65 and some of which were living with dementia.

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

Since the last inspection there had been a number of improvements made to the service. These improvements had resulted in safer care being provided to people living at The Oaks Care Home.

People and relatives told us they felt safe and were happy with the care. They confirmed staff were kind and caring, and we observed positive interactions between staff and people.

People's care plans and risk assessments contained consistent and detailed information in relation to people's needs and how these should be managed. People's health needs and wellbeing were monitored in line with the information highlighted in their care plans and risk assessments.

People were protected from avoidable harm and individual, environmental and infection control risks were managed appropriately. People received their prescribed medicines as required. There were safe arrangements in place for obtaining, storing and disposing of medicines.

Recruitment practices were effective, and people and relatives told us there were enough staff to meet the needs of the people living at the home.

Although we identified actions had been taken to help ensure the service was working within the principles of the MCA, we noted some work was still required. However, we were assured 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 were supported to access appropriate healthcare services when required. Health and social care professionals commented on the improvements in the service over the last two months. They spoke positively about the services ability to manage people's health needs and request support in a timely way.

Staff had received appropriate training and support to enable them to carry out their role safely. They felt well supported by the management team.

The service worked in partnership with other agencies to aid joined up, person centred care provision. Effective and robust quality assurance systems had been developed and implemented to continually assess, monitor and improve the quality of care people received.

The management team were open, approachable and supportive. Everyone was confident they would take actions to address any concerns promptly.

People, relatives and staff were positive about the service and the support they received from the management team and providers. People and staff felt there had been improvements in all aspects of the service since the last inspection.

The management team were open and transparent. They understood their regulatory responsibilities. There were effective governance systems in place to identify concerns in the service and drive improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (published 9 December 2022) and there were multiple breaches of regulations identified. The service was placed in special measures and the provider was issued warning notices telling them they must make improvements and send us an action plan stating how this would be achieved within our timescales.

During this inspection the provider demonstrated that improvements had been made and no breach of regulations were identified. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We undertook this focused inspection and reviewed the key questions of safe, effective and well-led only. This inspection was completed to ensure that the Warning Notices we previously served to the service in relation to, Regulation 13 (safeguarding), Regulation 12 (safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, had been met.

No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Oaks Care Home on our website at [www.cqc.org.uk](http://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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# 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 team comprised of 3 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 Oaks Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### 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.

Inspection activity started on 19 April 2023 and ended on 26 April 2023. We visited the service on 19 April 2023.

#### What we did before the inspection

We reviewed the information we held about the service, including the previous inspection reports and the warning notices that were served following the last inspection. We also reviewed any notifications we had received about the service. Notifications are information about specific important events the service is legally required to send to us.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

#### During the inspection

We spoke with 7 people who used the service about their experience of the care provided and 4 relatives. We also spoke with 11 members of staff including the provider who was also the nominated individual, registered manager, deputy manager, a housekeeper, 6 care staff and the chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We observed the care provided and also 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, including 5 people's care records in detail, and specific areas of 7 other people's records. Three staff files were reviewed in relation to recruitment. A variety of records relating to the management of the service, including audits, training, staff rotas and policies and procedures were also reviewed. We received feedback from 2 healthcare professionals and 2 social care professionals.

# 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 inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we identified the provider had failed to report concerns and follow systems and procedures to keep people safe and protect them from abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was no longer in breach of regulation 13.

- All the people and relatives we spoke with told us they felt safe care was received at The Oaks Care Home. A person said, "I feel very safe." Relatives' comments included, "[Person] is very safe and secure" and "I can go home, and not worry."
- The management team and staff knew what constituted safeguarding, understood their safeguarding responsibilities, and knew how to report concerns.
- There were appropriate policies and procedures in place, which had been developed in line with national and local legislation to protect people from abuse.
- There were processes in place for investigating any safeguarding incidents. We saw records which confirmed where abuse was suspected, investigations were completed and effective actions taken, where required.

Assessing risk, safety monitoring and management

At our last inspection we identified the provider had failed to ensure people were provided with safe care and treatment. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was no longer in breach of regulation 12.

- Risks to people were managed and mitigated effectively.
- Staff understood when people required support to reduce the risk of avoidable harm.
- Assessment tools had been completed to establish specific risks to people. These tools provided a 'score' which indicated the level of risk to people in relation to, specific areas such as skin integrity, constipation and choking. Where these tools deemed a person was at high risk, detailed care plans and risk assessments were in place which provided appropriate guidance to staff to help them prevent and mitigate risks to people.

- Where people required equipment to support them to move safely, the type, size and setup of the equipment was detailed within their individual care records.
- Environmental risks were monitored and managed. There were effective fire safety arrangements in place and fire risk assessments had been completed by a suitably qualified professional. Additionally, gas and electrical safety certificates were up to date and the service took appropriate action to reduce potential risks relating to Legionella disease. Equipment, including, hoists and lifts were serviced and checked regularly.
- Environmental risk assessments, general audit checks and health and safety audits were completed. Actions had been taken where highlighted, to help ensure the safety of the environment.

## Staffing and recruitment

At our last inspection we identified the provider had failed to ensure safe and appropriate recruitment practices were followed. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was no longer in breach of regulation 19.

- Safe and effective recruitment practices and processes were followed. We checked the recruitment records of 3 staff and found that all the required pre-employment checks had been completed prior to staff commencing their employment. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigation of any gaps in employment. This helped to ensure only suitable staff were employed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Since the last inspection the provider had facilitated a recruitment drive, which had resulted in several new regular staff being employed and a reduction in the use of agency staff. This meant people received care from a consistent staff team who understood people's needs, views, and wishes.
- Staffing levels were determined by the number of people using the service and the level of care they required. The registered manager kept staffing levels under review and used a formal assessment tool to determine the numbers of staff required to meet people's needs.
- People and relatives were positive about the staffing levels in the home and made comment on how this area had improved over the last few months. Comments included, "There are enough staff to care for me now", "Call bells really work here, they [staff] come quickly if I press my bell", "Things are better and easier now that we have more staff", "There's plenty of staff now to watch [person], there wasn't a while ago" and "It's such an improvement now we have some new staff."
- Although people and relatives were positive about the staffing levels, we received mixed views in relation to this from staff. We asked 6 staff members about the staffing levels at the home. 50% of the staff we spoke to told us they felt there was not enough staff on shift to provide people with social support and interaction. One of these staff members said, "It's not unsafe, but we just don't get the time to spend with the people."
- During the inspection we observed staff responded to people's needs and requests for support in a calm and unhurried way. However, we witnessed limited staff interactions with people in relation to meaningful engagement. Staff were not always available to people when people were in communal areas and moving around independently. This was discussed with the registered manager who agreed to review staffing levels and staff deployment.

## Using medicines safely

- People and relatives confirmed medicines were received safely.
- The home used an electronic medicines management system. On review of this system, we identified people received their medicine appropriately and as prescribed.



- Individualised medicine administration records were in place which provided information for staff on how people liked to take their medicines and important information about the risks or side effects associated with their medicines.
- There were systems in place to ensure that medicines were securely stored, ordered, and disposed of correctly and safely. There were safe systems in place in relation to the use of prescribed topical creams and ointments. These systems helped to ensure these were applied appropriately and remained safe to use.
- Medicines that have legal controls, 'Controlled drugs' were appropriately and safely managed and monitored.

#### 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

- The provider was facilitating visits for people living in the home and there were no restrictions.

#### Learning lessons when things go wrong

- There was a process in place to monitor incidents, accidents and near misses. Action to address any issues, was taken when needed.
- Audits of all incidents and accidents were completed. This helped to ensure any trends or themes identified could be acted upon, to help mitigate risk and prevent reoccurrence.

# 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

At our last inspection we identified the provider had failed to fully assess people's capacity as required and have regard of the Mental Capacity Act. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was no longer in breach of regulation 11.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- During the inspection although we identified actions had been taken to help ensure the service was working within the principles of the MCA, we noted some work was still required. For example, in some instances consent forms had not been signed by people or others legally authorised to sign on their behalf. MCA assessments were in place which were detailed; however, these were not always decision specific, and staff were not always aware of DoLS conditions in place for people. Although these concerns were identified, we were assured 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.
- We discussed the above issues with the management team. They were able to provide evidence which showed they were already aware of these shortfalls and had plans in place to address these.
- During our visit we saw staff respected people's choices and staff were observed asking people for consent throughout the day.
- Where necessary applications had been made to the relevant authority and nobody was being unlawfully

deprived of their liberty. There were systems in place to ensure that renewal applications were submitted in a timely way prior to existing DoLS becoming out of date.

Staff support: induction, training, skills and experience

At our last inspection we identified the provider had failed to ensure staff received appropriate training. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was no longer in breach of regulation 18.

- There was an induction programme in place, which new staff were required to complete before working on their own. This included completing essential training for their role and shadowing an experienced member of staff. Staff spoken with, confirmed they had completed the induction programme and training when they started working at The Oaks Care Home and found it helpful.
- Staff completed training which included safeguarding, infection control, moving and handling and medicines. Additional training was also provided in relation to specific needs, such as pressure area care, diabetes, and behaviour management. A staff member told us, "Access to training is definitely better than it was, if I ask for more training, I get it."
- There was a process in place to monitor the training staff had received and ensure training was updated in a timely way.
- Although regular one to one supervision sessions between staff members and a member of the management team had not yet been fully embedded in practice, all staff spoken with were very positively about the support, they received from the management team. Staff comments included, "They [registered and deputy manager] have been very supportive", "They [registered and deputy manager] are really supportive, they are approachable and will always help and listen" and "The managers are so approachable, they will listen, and their door is always open."

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

- People's needs were assessed before moving into The Oaks Care Home. This included their physical, social and emotional support needs, as well as some needs associated with protected equality characteristics. For example, religion, disability and relationship status.
- A range of well-known tools were used to monitor people's health and wellbeing, in line with best practice guidance. For example, staff used nationally recognised tools to assess people's oral health and to monitor people's weight.
- We identified information had been sought from people and professionals involved in their care, when required. Information from these assessments had been used to develop a plan of care.

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

- People were supported to eat a varied and nutritious diet based on their individual preferences.
- Each person had a nutritional assessment to identify their dietary needs. Where needed, people received appropriate support to eat and were encouraged to drink often. We observed people had access to drinks and snacks throughout the day.
- Staff monitored people's dietary needs and risks, such as those related to choking, malnutrition, or dehydration. If there were concerns about people's nutrition and hydration, they were referred to relevant professionals.
- Mealtimes were a relaxing and sociable experience for people. People and relatives were complementary about the food and told us they had choice, had enough to eat and drink and could request alternatives if

required.

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

- People told us they were supported to access appropriate healthcare services when required. A person said, "If I'm not well, they [staff] will get the doctor." A social care professional told us, "I am reassured that staff at The Oaks would escalate any medical concerns to the appropriate professional in a timely manner, and if guidance was provided this would be acted upon."
- Information relating to people's health needs and how these should be managed was clearly documented within people's care plans.
- The management team worked collaboratively with other services to meet people's needs. Staff worked in cooperation with a variety of specialist professionals including, community nurses, speech and language therapists and mental health professionals. During the inspection we heard staff actively seeking support from healthcare professionals to help ensure people's physical and psychological needs were met effectively.
- The service ensured that people received consistent and coordinated care if they were required to move between services, such as requiring a hospital stay. Detailed person specific documentation was in place to support this.

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

- The home was clean and well maintained.
- Bedrooms and communal areas were homely and personalised to people's interests and preferences.
- Communal areas were open plan which included a spacious lounge and dining area. Additionally, a quiet lounge was also available, which allowed people the choice and freedom of where to spend their time.
- Areas of the home were well sign posted, including signs outside bedrooms to help people identify their own rooms and clear signs on toilet and bathroom doors.

# 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 as inadequate. 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

At our last inspection we identified the provider had failed to operate effective systems to assess, monitor and ensure the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

At this inspection we found the provider was no longer in breach of regulation 17.

- Since the last inspection the provider had been proactive in ensuring positive improvements were made to the service to help ensure people received safe, effective and person-centred care. A new management team had been employed and a rolling action plan had been developed to help ensure improvements required were identified and acted upon.
- Effective quality assurance systems had been developed and implemented. These demonstrated systems were in place to continually assess, monitor and improve the quality of care people received. This included checks and audits covering all key areas of the service. Where required improvements had been identified, action had been taken in a timely way.
- During the inspection although we identified some areas which required further work including, ensuring accurate records in relation to the mental capacity act were completed and reviewing staffing levels. When this was discussed with the management team, they were already aware of these issues and were in the process of making the required improvements.
- All people, relatives, staff and professionals spoken with, commented on the positive impact the new management team had and the improvements in the service. A professional told us, "There has been a big change in the atmosphere in the last couple of months. The manager seems incredibly supportive and understanding, whilst also being able to manage the home well. They have clear goals for the improvement." A relative said, "The new manager has made a big difference in running this home." Staff members comments included, "It's like a different home now, the managers are so approachable, they listen, and I feel respected by them" and "Everything is better; care plans, risk assessments, training; everything."
- The previous performance rating was prominently displayed in the reception area and on the providers website.

At the last inspection we identified the provider failed to notify the CQC of reportable incidents. This was a

breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

At this inspection we found the provider was no longer in breach of regulation 18.

- The management team had submitted notifications of reportable incidents to the CQC as required. 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 management team were aware of their responsibilities under the duty of candour, which is a requirement of providers to be open and transparent if things go wrong with people's care and treatment.
- The management team demonstrated an open culture in the service and were responsive to comments and suggestions.

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

- Throughout the inspection we observed staff treating people in a kind and caring way. People and relatives were complimentary of the care received and spoke positively about the staff and management.
- People, relatives and professionals all described improvements in the culture of the service. A person said, "I have nothing but good to say, if I need something I just need to ask. They [staff] never make me feel too much trouble and I'm very happy." A professional told us, "The whole atmosphere of the home feels happier and friendlier with staff engaging more with visitors."
- Staff were positive about the registered manager and described positive changes they had made in the running of the service. Staff also told us they felt valued by the management team. Comments from staff included, "It's so much better, the improvement was almost immediate [when the new management team were employed]. Staff morale is so much better, I enjoy working here now and much more confident in the management team", "I don't feel like just a number anymore" and "[Name of registered manager] is a very good leader, she knows what she wants, and it's done properly. The staff respect her because she is fair and very passionate about her job."
- Since working at the home, the management team have taken active steps to become more accessible to people, visitors and staff by changing the location of their office. This has had a positive impact by enabling engagement with others and improved management oversight.
- Throughout the inspection it was evident people and relatives felt able to approach the management team and staff and discuss any issues they had.
- Relatives told us they were fully engaged in the care of people and kept up to date of any changes in their needs.
- The management team were open and transparent throughout our inspection. They were clearly committed to providing good quality care that would continue to evolve and develop, by engaging with everyone using the service and stakeholders.

Continuous learning and improving care

- There was an emphasis on continuous improvement to ensure people were provided with safe, effective and person-centred care.
- Systems had been implemented to help ensure the management team were proactive in identifying issues or concerns to allow action to be taken and to prevent a recurrence. All aspects of the service were monitored frequently including, complaints, accidents, incidents and near misses.
- The provider had an action plan in place which was updated and reviewed regularly. This was used to enhance service provision.

- Staff performance was closely monitored by the management team. All learning was shared with staff during staff meetings, handovers and supervision.

#### Working in partnership with others

- The service worked in collaboration with relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision.
- External health and social care professionals were positive about their interactions with the management team and staff. Their comments included, "They [management team] are really keen to engage", "On a recent visit to look at contracture care, I found the [registered] manager to be responsive and she implemented what was suggested straight away" and "The [registered] manager is very knowledgeable and well supported by her deputy. They have been very proactive in getting any support they need."