

Oak House (Exeter) Ltd

Oak House

Inspection report

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Exeter
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Date of inspection visit:
16 March 2023
20 March 2023

Date of publication:
08 June 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

Oak House is a 'care home' that provides care and support for a maximum of 26 older people, some of whom may be living with a dementia and/or physical frailty. At the time of the inspection 25 people were living at the service.

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

Although people and relatives were positive about the support provided at Oak House, we found improvements were needed to ensure the safety and quality of the service.

The systems for ensuring medicines were administered safely were ineffective. People did not always receive their 'as required' medicines and the necessary protocols were not always in place for staff to follow. Staff did not consistently record when topical medicines had been applied.

Systems and processes to safeguard people were not always effective. Some staff told us they did not feel confident to whistle blow about bullying and poor practice. They had been told they would be reported to safeguarding and lose their jobs if they did so. They told us when they had raised concerns about people's safety, they had not been acted on. The management team did not always recognise or respond appropriately to incidents of abuse. Safeguarding concerns had not always been raised with the local authority when required.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The provider had failed to submit notifications in line with legal requirements. This included notifying CQC of safeguarding concerns, a serious injury, or when DoLS applications had been authorised.

Quality assurance tools were not effective because they did not identify the concerns we found during this inspection.

A new manager was appointed during the inspection. We discussed our concerns with them and the provider, and they advised us of their plans to address them as a matter of urgency.

Risks to people's health and well-being were assessed and reviewed appropriately. There was clear guidance in place for staff to follow. Staff worked closely with a range of external health professionals to meet people's needs. Measures were in place to prevent the spread of infection, and safety checks on the environment were in place. Incidents and accidents were appropriately recorded and analysed for patterns and trends.

A dynamic and developing activities programme was co-ordinated by committed and passionate staff 7 days a week. This was extremely person centred and tailored to meet people's individual needs.

Staff received the training and support they needed to do their jobs effectively. They knew people well and were kind and caring. One person told us, "They have so much compassion. The staff are lovely."

Staff were recruited and selected safely. We saw there were sufficient numbers of staff deployed to meet the needs of the people at the service. We observed, and relatives confirmed, that they were quick to respond when people needed support or were becoming distressed.

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 this service was requires improvement (published 1 July 2022). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

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Why we inspected

We undertook this focused inspection to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well Led. For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service remains requires improvement. This is based on the findings 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.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well Led sections of this full report.

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

Enforcement and Recommendations

We have identified breaches in relation to medicines management; safeguarding; consent; governance and notification of incidents.

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

Follow up

We will request 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.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Oak House

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 one inspector 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

Oak House 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. Oak House 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 not a registered manager in post. A new manager had just been recruited and was due to start working at the service.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (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.

During the inspection

We spoke with 3 people who used the service and 4 relatives about their experience of the care provided. We spoke with or had feedback from 15 members of staff including the assistant manager, cook, provider and activity co-ordinator. We reviewed a range of records. This included multiple care plans, accident and incident records; medicine administration records; and staff recruitment records. 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 received feedback from three professionals who visited the service.

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 remained the same. 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

- The systems for ensuring medicines were administered safely were ineffective.
- People did not always receive their 'when required' medicines as prescribed, and the necessary protocols were not in place. This meant one person was not given their pain-relieving medication prior to being hoisted, which caused them pain.
- Staff did not consistently record when topical medications had been applied. This meant it was not possible to determine whether people had received these medications as prescribed, or whether they were effective.
- The provider carried out regular checks and audits to make sure safe medicine practices were followed. These were not effective because they did not identify the issues we found.

Systems to ensure the safe management of medicines were not effective. This was a breach of regulation 12, Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed our concerns with the provider and newly appointed manager following the inspection. They had begun to take action to address them to ensure people received their medicines safely.
- A new medication administration training programme was being introduced, alongside an ongoing assessment of staff competency.
- Group staff supervisions had been arranged to discuss issues such as the recording of topical medicines, check understanding, and identify any further actions or learning required.
- The manager planned to introduce a more effective system of checks and audits to continually review the quality and safety of medicines administration processes.

Systems and processes to safeguard people from the risk of abuse.

- People were at risk because the systems and processes to safeguard them were not effective.
- During the inspection staff expressed concerns about people's safety and care. They told us they had raised their concerns with the management team many times, but they had not been acted on.
- The management team did not always recognise or respond appropriately to incidents of abuse. Safeguarding concerns had not always been raised with the local authority when required.

Systems to safeguard people were not effective. 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.

- We discussed our concerns with the provider and newly appointed manager after the inspection. They took immediate action to safeguard people, investigating the concerns. They told staff they were supporting very vulnerable people and reassured them any concerns would be listened to and acted on.
- People and their relatives told us staff were kind and caring and they felt safe at the service. One person said, "They have so much compassion. The staff are lovely."

Assessing risk, safety monitoring and management

- Relatives were positive about the quality of the support provided to their family member. One relative told us, "The care is very, very good, staff are excellent".
- Staff had a good understanding of people's needs and risks. For example, we observed, and relatives confirmed, that they were quick to respond when people needed support or were becoming distressed. Staff told us, "We receive regular training on risk management and health and safety, which helps us to identify and address potential hazards."
- Detailed risk assessments were in place, and care plans gave clear guidance about how to manage risks. For example, there was clear information about what triggered one person's agitation, and guidance about how to keep the person and others safe.
- There were information sharing/handover systems in place to ensure staff were kept up to date with any changes in people's needs. Staff told us, "We have a very detailed handover every morning and evening and each and all changes for the residents are discussed. If there are any updates, we are informed. Before starting a shift, every staff member gets all the relevant information with regards to every resident. For example, if there are any changes in their mobility."
- There were systems in place to review accidents and incidents to ensure they had been followed up and identify where further action might be needed to prevent reoccurrence.
- The environment was safe. Routine safety checks were completed to ensure the premises and equipment were safe and well maintained. Emergency plans were in place.
- Records showed the service worked in partnership with external professionals, such as social care professionals, community nurses and GPs to support and maintain people's long-term health and well-being.

Staffing and recruitment

- There were enough suitably trained and qualified staff to meet people's needs in a timely way. We observed sufficient staffing levels throughout the home with lots of engagement with people. One to one support was in place to keep people safe if required.
- People and relatives told us staff reacted quickly to call bells and if pressure mats were activated at night.
- People received support from a consistent and long-standing staff team. This meant people were able to build trusting relationships with staff who knew their needs. Relatives commented that they "saw the same faces" and that the staff were "very familiar" and "absolutely lovely".
- There were effective recruitment and selection processes in place. Pre-employment checks had been undertaken, which included references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- Measures were in place to reduce the risk of infection. Government guidance was followed.
- 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

● People were supported to see visitors in line with current UK Government guidance. The provider had no restrictions on people visiting their loved ones other than taking their temperature when they arrived and signing in. We observed visitors to the service coming and going freely throughout the inspection.

Learning lessons when things go wrong.

● Accidents and incidents were documented. The provider had a system to review, investigate and prevent them from re-occurring. This included looking for trends and identifying any learning to reduce the risk of an incident happening again.

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.

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.

- People were not always supported in line with The Mental Capacity Act 2005.
- Although best interest decisions were documented on the computerised care planning system, there was no evidence of an individual decision-making process at the time it was needed in line with MCA 2005. Two best interest decisions relating to medicines administration and the use of a sensor mat were documented for all people without capacity to make decisions about their care. All medicines administration best interest decisions included the use of covert medications, even though they were not required.
- On the first day of the inspection we observed a person, at risk of falls, restrained in a tipped back chair with their legs elevated, trying to get out. There was no appropriate legal authorisation in place to ensure the person's human rights were protected.
- People were not always given choice or asked for their consent, with some tasks done when staff determined they needed to do them. For example, staff told us they were instructed to begin getting people up prior to finishing the night shift, which could be as early as 5am.

People were not always supported in line with The Mental Capacity Act 2005. This was a breach of regulation 11, Need for consent, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed our concerns with the provider and newly appointed manager following the inspection. They undertook to review compliance with the MCA 2005 and take the necessary action to ensure people's rights were protected. Legal authorisations were applied for where required.

- Relatives told us they were kept informed about the welfare of their family member and supported them in decision making when necessary.
- People were supported to make informed choices, for example they were shown photographs of the meal options. People we spoke to and their relatives told us their independence was promoted and they could choose how they wanted to spend their time.

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

- Prior to people moving into the service the provider carried out an assessment of their needs with them, their advocates where appropriate and other relevant professionals. This enabled the service to determine the level of support the person needed, and whether their needs and preferences could be met. The service was unable to meet the needs of people with complex mental health issues.
- Risk assessments and individual emergency evacuation plans were completed within the first 24 hours of a person's arrival at the service. Care plans were developed with people, and their advocates where appropriate, within the first 2 weeks.

Staff support: induction, training, skills and experience

- People and relatives told us staff had the knowledge and skills to support them safely. One person said they felt safe when being helped to transfer telling us, "They all know their jobs. I can't find any fault whatsoever."
- Staff told us they received the induction and training they needed to do their jobs effectively. In addition to the providers mandatory training, they took part in training organised by the NHS, including dysphagia and training to help staff recognise and take action when a person was at risk of physical deterioration. Three staff were qualified trainers in moving and handling and could work on site with staff to meet people's individual needs.
- Staff received 3 monthly supervisions with the provider and an annual appraisal.

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

- People and their relatives spoke highly of the food and told us it was "lovely."
- People could choose from a range of options on a daily basis. Specialist diets were catered for.
- People's nutrition and hydration needs were met and monitored by staff. They were weighed monthly, or more frequently if weight loss was an issue. Any concerns were referred appropriately to relevant professionals, for example the dietician or speech and language therapist (SALT). Their guidance was incorporated into care plans and followed by staff. This included reducing a person's risk of choking by ensuring they were fully alert and upright when being supported with eating, not rushing them, and giving small amounts of food at a time.

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

- The service worked in partnership with external health and social care professionals. They met weekly with representatives from local GP practices to discuss the health needs of the people living at Oak House.
- A relative told us staff were good at contacting health professionals if his family member needed them and keeping him informed.
- Feedback from health professionals was positive. One health professional told us, "They are very good at contacting us if there is a mark on someone that might indicate pressure issues. They always contact our team to make sure we are coming in if someone else has made the referral."

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

- People's care and support was provided in a safe, clean, well and well-maintained environment.

- The environment promoted the independence of people living with dementia. There was clear pictorial signage throughout. This enabled people to retain their independence, without being reliant on others to find their way around the home.

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 stayed the same. 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

- Quality assurance tools were not effective, and the providers oversight of the service did not ensure people's needs were met safely.
- The provider carried out a range of audits looking at all aspects of the service. These were delegated to different members of the staff team and included environmental audits; falls; medicines; equipment and care plans. However, they had not identified failings in management; medication administration and safeguarding, or that people's human rights had not always been protected in line with MCA 2005.

The provider failed to ensure governance systems operated effectively. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed our concerns with the provider and newly appointed manager following the inspection, and they advised us of their plans to address them as a matter of urgency.
- The new manager was due to take over all aspects of the management of the service. This included the implementation of a new quality assurance and governance system, to ensure effective oversight.
- The provider had failed to submit notifications in line with legal requirements. This included notifying CQC of safeguarding concerns, a serious injury, or when DoLS applications had been authorised.

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

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

- There was a culture at Oak House which impacted negatively on some people and staff.
- Some staff told us they felt confident to raise concerns, however others said us they did not feel confident to whistle blow about bullying and poor practice, to the provider or external agencies. They had been told they would be reported to safeguarding and lose their jobs if they did so.
- Some staff felt improvements were needed to communication, and their ability to express their views and be heard. They told us they could not question decisions made about people's care which they felt were unsafe, for fear of retribution.

The provider failed to effectively monitor and mitigate risks to people living at Oak House. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed our concerns with the provider and newly appointed manager, and how they would be addressed.
- The provider planned to carry out staff appraisals in a neutral setting and encourage staff to speak openly about any issues or concerns without fear of retribution.

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

- There were no formal staff meetings in place at the time of the inspection. The manager planned to introduce meetings for staff to express their views, and any issues could be discussed with the staff team.
- At the time of the inspection there were no formal relatives or residents' meetings. There had been a cream tea for everybody the previous year and a coronation celebration was planned. This was an opportunity for the provider to gather informal feedback about the service.
- Relatives were asked for their views via a quality assurance questionnaire, although the provider advised us there had been little response. They told us much of their communication and feedback from relatives was by individual emails. This was confirmed by relatives who told us they were kept well informed about the welfare of their family member, and the provider was 'very approachable' and 'responsive'.
- There was a focus on people's social needs and mental health. A dynamic and developing activities programme was co-ordinated by committed and passionate staff 7 days a week. This was extremely person centred and tailored to meet people's individual needs.

Continuous learning and improving care; Working in partnership with others

- The provider told us they encouraged career progression amongst the staff. Members of the staff team were already well qualified, for example as nurses and a pharmacist. They were keen to continue their professional development and were supported to access additional vocational training in addition to the providers mandatory training.
- The service worked in partnership with external agencies to meet people's needs. The provider liaised with a named person at the primary care network for referrals to external health professionals such as occupational therapists or speech and language therapists. This person confirmed, "We hold a weekly Ward Round whereby we discuss approximately 6 different residents each week. Further to this both the Manager and Deputy manager regularly contact me throughout the week."

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	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The provider had failed to submit notifications in line with legal requirements</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>People were not always supported in line with The Mental Capacity Act 2005</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems to ensure the safe management of medicines were not effective.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Systems to safeguard people from abuse were not effective</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure governance systems operated effectively.</p>

The provider failed to effectively monitor and mitigate risks to people