

Unityone Ltd

Oakwood Rest Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Oakwood Rest Home is a residential care home providing personal care and accommodation for a maximum of 30 people. People who live there were older people, most of whom had a diagnosis of dementia. At the time of the inspection, 27 people were residing at the home.

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

A number of areas for improvement had been identified on inspection which the provider's current audits had not identified. The registered manager had introduced additional quality audits, with the aim of improving service delivery, but acknowledged it was a work in progress. The registered manager felt supported in her role and was working alongside the provider and a consultant, to bring improvements to the service. People, staff and relatives were happy with the service and considered it to be well led. The service worked alongside other professionals to ensure people's health care needs were met.

People received their medicines as prescribed. Protocols for 'as required' medicines required more detail. Accidents and incidents were responded to and acted on but were not always brought to the attention of the registered manager.

Staff followed the latest infection control guidance and had access to supplies of personal protective equipment. Systems were in place to ensure infection control measures were adhered to, which ensured the safety of service users and staff.

People were supported by a group of staff who knew them well and how to keep them safe from harm. Staff were aware of the risks to people and were kept up to date with any changes in people's care needs.

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

Rating at last inspection

was good (published 31 January 2020).

The last rating for this service

Why we inspected

We received information of concern in relation to the support people received at the service and staff's ability to keep people safe from harm. As a result, we undertook a focused inspection to review the key questions of safe and well led only.

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 coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. 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.

The overall rating for the service has remained the same. This is based on the findings at this inspection.

Please see the safe 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 Oakwood Rest Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Good ●

Is the service well-led?

The service was not always well led.

Requires Improvement ●

Oakwood Rest 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 Care Act 2014.

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 assistant inspector.

Service and service type

Oakwood Rest 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We informed the service of the inspection shortly before entering the building because of the risks associated with COVID19. This meant that we could discuss how to ensure everyone remained safe during the inspection.

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 prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service. We spoke with six members of staff including the provider, registered manager, deputy, care workers and the chef. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with two relatives over the phone. We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures, minutes of meetings, quality assurance records and action plans.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff spoken with were aware of the types of abuse people may be at risk of, and their responsibilities to report and act on any concerns they may have. One member of staff told us, "I would tell the senior in charge or report to the managers and we would have to write it down."
- Systems were in place to monitor the safety of the service. Where safeguarding concerns had been raised, acted on and the appropriate authorities informed.

Assessing risk, safety monitoring and management

- People told us they felt safe and we observed people appeared comfortable in the company of staff who supported them.
- From our conversations with staff, it was clear they knew people well and how to support them safely. For example, one member of staff described how they supported a person who frequently declined personal care. They told us, "Sometimes [person] can decline care; you just need to go back later and see if you can get them in the right mood. If they constantly decline, then I would report it to the team leader."
- Care plans and risk assessments in place identified the risks to people and provided staff with the information required to reduce those risks. We saw they were regularly reviewed and staff confirmed they were kept up to date with any changes in people's care needs.
- Staff told us they were kept up to date with changes in people's care needs and felt well trained and supported in their role. One member of staff told us, "We have handover morning and afternoon and that's how we are kept up to date and if anything happened in the night it gets passed on." Relatives spoken with were complimentary of the staff who supported their loved ones. One relative said, "[Person] is absolutely safe there. Carers are brilliant and so friendly" and another said, "Care staff work extremely hard."

Staffing and recruitment

- People told us staff responded to their needs in a timely manner and we observed this. One person told us, "When I pull the buzzer, staff come quickly" and another said, "Yes, there are enough staff to come quickly." Staff spoken with told us they considered there were enough staff present on each shift to meet people's needs. The provider used a dependency tool which ensured staffing levels were based on people's needs.
- We looked at two staff recruitment files and saw the provider had completed employment checks on staff before they started work in the home to make sure they were suitable to work with people. One member of staff told us, "I had an induction over two to three days and they have made me feel welcome from the start. Any questions and I can ask the manager or the deputy." Another member of staff said, "They [management] asked me if I was comfortable after induction and shadowing and I had manual handling training and meds training as well."

Using medicines safely

- Staff spoken with were aware of the circumstances in which 'as required' medicines would be administered. However, we saw some protocols for these medicines lacked some of this detailed information. This lack of detail could place people at risk of receiving this medication inconsistently. We were advised this would be addressed immediately.
- Systems were in place to ensure medication was stored correctly and disposed of safely. People told us they had no concerns regarding their medication.
- The service was in the process of implementing a new, electronic medication system. The deputy told us, "It's a better system and working well." Medication audits were taking place following each administration of medication which meant any medication errors would be picked up quickly and acted upon.

Preventing and controlling infection

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

Risk assessments in relation to COVID-19 had been put in place but were not person centred. We noted there was a lack of prominent signage around the building alerting people to what actions they should take to reduce the risk of the spread of infection. Risk assessments for staff who were considered to be at higher risk of infection had not been put in place. We received assurances that this work would be completed as a priority during the inspection.

People told us staff wore masks and they understood why. Staff told us they felt people were safe at the service. One member of staff told us, "We have PPE trolley on each floor and in the staff room. Some people ask about masks and we explain to them and they accept it."

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed. Individual actions were taken following each event to reduce the risk of a similar incidents occurring again.
- These events were analysed to identify any trends and actions to be taken. The registered manager was able to describe a number of incidents regarding one particular service user and the actions taken in response to this to mitigate risk to the service user.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained 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.

Continuous learning and improving care

- At our last inspection it had been identified that processes and monitoring systems required improvement at the service. At the time of this inspection, the registered manager had been in post approximately five months and was working alongside the provider and a consultant to improve service delivery. Although some improvements had been made, the provider's audits had failed to identify a number of areas that came to light on inspection.
- Audits had failed to identify there was a lack of information held on some people's medication records regarding the circumstances in which 'as required' medicines should be administered. For example, one record held incorrect and out of date information regarding the need for the medication. Staff and the service user confirmed the correct reason for the medication, but records failed to reflect this. Following the inspection, the registered manager obtained written confirmation from the person's GP regarding the correct use of the medication and records were updated.
- We found a small number of incidents in the daily recordings which had been dealt with but had not been brought to the attention of the registered manager. For example, staff contacting healthcare professionals for advice and support when people became unwell. This inconsistency in information sharing meant the registered manager could not be confident they had full oversight of the service and were assured appropriate action was taken following these events. We saw care plan audits had also identified this as an issue and additional training was taking place regarding staff's roles and responsibilities in order to address this. Following the inspection, the registered manager introduced changes to their handover system to address this issue.
- The registered manager had introduced a change in shift patterns which meant night staff worked a number of day shifts. This gave them the opportunity to get to know service users, receive mentoring support from colleagues and get up to date with their training. This also provided the registered manager with the opportunity to observe all staff's performance and competency levels and provide assurances that service users were receiving consistent levels of care in line with their identified care needs.
- There was an action plan in place which identified areas for improvement and those responsible for this work. This included additional staff training and support, the introduction of a visiting pod for visitors when restrictions allowed and improvements to the living environment.
- Since being in post the registered manager had introduced a number of systems to improve service delivery. This included changes to daily recordings to ensure the information recorded on each shift was held in one place, providing a full picture of the previous 24 hours. Staff spoke positively about this improvement. One said, "It used to be shifts recorded 8am to 8pm and night staff records were separated.

[Registered manager's name] has changed that so that it's all in one place and it flows."

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

- We spoke with two relatives regarding the service and both spoke positively about the new registered manager. One relative told us, "[Registered manager's name] is very nice and seems a lot more with it" and another said, "I'm happy with [registered manager's name] and the girls [care staff]."
- Staff told us they felt supported and listened to and said the new manager had had a positive impact on the service and how it was run. One member of staff told us, "[Registered manager's name] has made changes for the better of the residents, it's a nice friendly home. I like working here."
- Staff were aware of the registered manager's vision for the service. One member of staff told us, "There's been a lot of changes since [registered manager's name] has been here; the way she is with the staff is really good, really kind. She listens and we are all willing to help each other. I think things are better now as she is putting paperwork in place and she's teaching me as well."

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

- Relatives told us they were kept informed regarding their loved one's wellbeing. One relative told us, "My relative had a small scratch on their back and the staff rang and told me about it."
- Staff, the provider and the registered manager were open in their approach during the inspection and took on board the areas for improvement that were identified.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was aware of her responsibility to notify the appropriate authorities of any safeguarding concerns or accidents and incidents that occurred at the service.
- Staff spoken to were clear regarding their roles and responsibilities and told us they felt supported. On the day of the inspection, additional training for new team leaders was taking place, explaining roles and responsibilities. Staff spoke positively about the service and the support they received. One member of staff told us, "Everyone gets on and has a laugh and trusts everyone. I feel we have a really good strong team."
- The registered manager felt supported in their role by the provider. They told us, "it's the most support I've had in 30 years working in care really. The provider chases me for audits and is supportive."

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

- Staff told us they felt listened to and their views considered regarding the service. A member of staff told us, "[Registered manager's name] has introduced a lot, and if things don't work, we can tell her and she will listen to us. She has done a lot more training and introduced supervision, which I hadn't had previously."
- A relative told us they were in regular contact with the registered manager and feedback on the service had been sought.
- We observed staff engaging in conversation with people and routinely asking if they were happy with their care and support that was provided at that moment. We saw staff respect people's choices and support them to take part in activities that were of interest to them.

Working in partnership with others

- The registered manager worked in partnership with other organisations, including people's GPs and other healthcare professionals.

