

Elder Care (North West) Ltd

Red Oak Care Home

Inspection report

196 St Annes Road
Blackpool
Lancashire
FY4 2EF

Tel: 01253349702

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13 January 2022

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Red Oak Care Home is a residential care home providing personal and nursing care to 13 people aged 65 and over at the time of the inspection. The service can support up to 17 people.

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

People could not be assured all equipment was suitable for their needs. Audits did not always drive improvement.

People told us they felt safe and they were supported by staff who helped them quickly if they needed this. Staff gave conflicting information regarding the staffing arrangements. We have made a recommendation about the staffing at the home.

Checks were completed to help ensure prospective staff were suitable to work with vulnerable people. Risk assessments were carried out to help minimise the risk of avoidable harm and staff knew the help and support people needed. Medicines were managed safely.

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 cared for in a clean and homely environment by staff who were caring, competent and knowledgeable about people's needs.

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 good (published 10 February 2021).

Why we inspected

The inspection was prompted in part by notification of a specific incident. Following which a person using the service was injured. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident. The information CQC received about the incident indicated concerns about the management of falls from height. This inspection examined those risks. We undertook a focused inspection to review the key questions of safe and well-led only.

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 changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

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

The provider took action to minimise the risk to people who used the service. We revisited the service and saw actions had been completed.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safety and security of some equipment at the home. Audits did not always drive improvement.

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 for 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 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 not always safe.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Red Oak 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 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 an inspection manager on the first day and an inspector on the second and third day.

Service and service type

Red Oak 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.

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 gave the service 14 hours' notice of the inspection. This was because we needed to be sure the registered manager was available to support the inspection.

What we did before the inspection

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. We reviewed information we had received about the service since the last inspection.

During the inspection we spoke with two people who used the service and three relatives shared their views of the service. We spoke with six members of staff, the deputy manager and the registered manager. During the inspection we reviewed multiple medicine administration records, medicines stocks and storage and observed medicines administration. We looked at four records linked to people's care. We reviewed two staff files in relation to recruitment and supervisions and looked at records relating to the management of the service.

After the inspection

We continued to communicate with the deputy manager and registered manager to corroborate information gathered during the inspection.

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 deteriorated 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

- The provider had failed to ensure all accessible windows had adequate window restrictors in place. Thirteen private rooms were fitted with restrictors which did not comply with the Health and Safety Executive Guidance 'Falls from windows or balconies in health and social care.' Three communal rooms did not comply with this guidance also. This placed people at risk from avoidable harm from falls at height as restrictors were not tamperproof and windows could be opened to more than 100mm.

This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the third day of the inspection the registered manager told us tamperproof window restrictors which limited window opening to 100mm had been fitted to windows requiring this equipment. We checked a sample of rooms and found this had been done.

Staffing and recruitment

- The registered manager ensured sufficient staff were deployed to support people. People spoken with raised no concerns regarding the availability of staff to help them and said if they asked for help, this was provided.
- Some staff who worked at the home told us that they were happy with the staffing arrangements, others told us more staff were required at weekends.

We recommend the provider seeks and implements best practice information regarding the way in which staffing arrangements are calculated.

- The provider followed procedures to help ensure prospective employees were suitable to work with people who may be vulnerable. References and criminal record checks were carried out prior to prospective employees starting to work at the home and interview records were kept to help assess prospective employees' suitability to work at the service.

Using medicines safely

- Staff administered medicines to people when they needed them.
- Arrangements were in place to ensure medicines that required refrigeration were stored safely.
- People were supported to take their medicines in a person-centred way.
- Staff consulted with people to ensure they were ready to receive their medicines.

- The provider ensured staff received training and their competency to administer medicines was assessed.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date. The policy in place contained information regarding the practices and processes at the home. National information was available with the policy.
- 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 preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- Staff told us they were trained in safeguarding. Staff we spoke with could explain examples of abuse and said they would raise any concerns with the registered manager or the local safeguarding authority to ensure people were protected.
- People's rights were protected. If restrictions were needed to maintain people's safety, legal process was followed to ensure this was lawful.
- People told us they felt safe and they trusted staff. People said they felt comfortable at the home and they would speak to staff or the management team if they wanted to do so.

Learning lessons when things go wrong

- Staff told us accidents and incidents were reviewed and if changes were needed to minimise the risk of reoccurrence, this was shared with them. A relative shared the number of falls a loved one had experienced had decreased "dramatically." Equipment had been introduced to support the person's safety and this had been successful.

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 good. At this inspection this key question has now deteriorated 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.

- The provider had not ensured an effective audit system was in place that drove improvement. The audit system had not identified the window restrictors did not meet HSE guidance.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and staff told us they were confident in the registered manager and they could approach them to discuss any concerns. One person shared how the staff had supported them in managing their healthcare and accessing specialist advice. They said this had been helpful to them.
- The management team said they would investigate any concerns brought to their attention.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service engaged with people and others acting on their behalf to enable them to influence the service provided. Documentation showed people and relatives were involved in decision making about the care provided. For example, meetings were held with people who used the service to gain their views.
- The registered manager said they worked with other agencies to help people achieve good outcomes.
- The provider supported people to maintain relationships with those who were important to them. A letter from a relative thanked the registered for helping a person at the home write to them.

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 15 HSCA RA Regulations 2014 Premises and equipment The provider had not ensured window restrictors protected people from the risk of falls from height. Regulation 15 (1) (b) (c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Audits and checks did not consistently identify shortfalls within the service. 17 (1) (2) (a) (b) (f)