

Conquest Care Homes (Norfolk) Limited

The Oaks & Woodcroft

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

The Oaks & Woodcroft is a residential care home for younger adults with a learning disability, physical disability and, or autism. It is registered for 12 people but at the time of our inspection there were 10 people using the service. Accommodation is provided in two separate bungalows on the one site accommodating six people each.

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

The service had not completed advanced care plans which would consider people's wishes, preferences and priorities for their long-term care needs and end of life care. This is particularly important as some people are unable to verbalise their preferences, and this would need to be discussed with staff most familiar with them as well as family members and other professionals. Advance care planning would improve the outcomes of people with learning disabilities at the end of their lives to allow them to die with dignity and choice. We have made a recommendation about this.

Information about people's life history and goals and aspirations for the future were also poorly developed and if in place would help to demonstrate greater personalisation. We have made a recommendation about this.

The Operations Director had met with the commissioning manager to discuss people's needs and had asked for a whole service review. Increase in night staffing was being considered to better support people's changing needs. We observed staff regularly engaging with people and staff told us there were enough staff to meet people's needs. Agency staff were used most days and the registered manager tried to block book them to help ensure better consistency.

Staff recruitment processes had improved to ensure only suitable staff were employed, and staff were supported through induction, training and supervision of their practice. Annual appraisals recorded staff development and training and there was up to date guidance.

The service had a dedicated maintenance person and we saw improvements both in the environment and the health and safety records. The recent fire risk assessment identified a number of remedial actions but we were assured of the actions the registered manager has taken.

Some improvement was required to the homes infection control procedures and these were implemented immediately. Staff understood how to reduce the spread of infection and risk assessments had been completed to allow safe visiting.

People received their medicines as intended by staff who were trained. Daily checks on medicines helped ensure any errors were quickly identified and rectified and any potential harm to people was identified. Medicines guidance was robust and included how people liked to take their medicines, and any potential

side effects. Communication plans indicated how people might state if they were in pain

Both care plans and risk assessments for people were clearly written and reviewed in line with changing need and risk. Although a key worker system meant all staff had responsibility to oversee people's care, most of the documentation had been written by the deputy manager. Not all the documentation demonstrated a collaborative approach or showed who had been involved in collating information or who was involved in best interest decisions.

The registered manager was strengthening relationships with the local surgery and everyone's health needs had been recently reviewed which was addressing previously unmet health care needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The service had improved since the last inspection and were no longer in breach of any regulation. Some people had additional funding for one to one support and these hours were accounted for. During the pandemic people's usual activities were suspended and although some people were going out this was limited in scope. Daily activities were taking place, but this could be extended further to ensure they were in line with people's individual needs and reflected their interests and developed their skills.

The culture, values, attitudes and behaviours of leaders and care staff helped ensure people had meaningful lives and poor practice within the service was quickly identified and managed. Staff had opportunity to contribute to the overall development of the service and relatives felt well informed.

Since the last inspection a manager had been appointed to work solely at this location whereas previously one manager oversaw two separate locations. There were good overarching governance processes and the registered manager was well supported. Audits helped to identify any areas for development and there was a robust action and development plan in place. There was oversight of accidents, incidents, safeguarding and near misses. These were reported and analysed to help identify actions taken at the time and to ensure these were appropriate so lessons could be learnt. The outcome of which were shared with staff.

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

Rating at last inspection and update.

The last rating for this service was Requires Improvement (26 February 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations. We inspected three key questions as we did not have any concerns raised about the other questions. Although the rating has changed for two out of the three individual questions, we were unable to change the overall rating

Why we inspected

Concerns were received about this service which meant we brought the inspection forward and looked at three key questions where we had previously identified breaches of regulation. 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 not changed and remains as Requires improvement.

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 have found evidence that the provider needs to make some improvements.

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

Follow Up. We will keep the service under review 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 safe and had effective processes in place to ensure risks were assessed and reduced as far as reasonably possible.

Good ●

Is the service responsive?

The service was not fully responsive to people's needs as there was poor long-term planning and external review of people's needs.

Requires Improvement ●

Is the service well-led?

The service was well led with strong and effective management

Good ●

The Oaks & Woodcroft

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 team was made up of one inspector.

Service and service type

The Oaks & Woodcroft 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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed any information we already had about this service which included notifications which are important events the

service is required to tell us about; safeguarding concerns, whistleblowing concerns and information shared with us by the public. We spoke with the Local Authority to establish their current view of the quality of care being delivered.

During the inspection

We limited the amount of time we spent on site due to the current pandemic. We met all the people and had a general conversation with them, and we carried out observations of the interaction between people and staff throughout the morning. We reviewed several medication records and reviewed two people's care plans on site. We looked at the environment, completed a review of infection control processes and looked at staff recruitment records. We spoke with the deputy manager, the registered manager, the operations director and a member of staff.

After the inspection

We continued to seek clarification and received records requested three working days after the inspection. We made contact with four members of staff. We spoke with four relatives and seven health care professionals. We gave feedback to the registered manager, deputy manager, operations director and the director of quality and governance.

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 Requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider did not have an adequate overview of risk or ensure people were not put at risk by unsafe care. We also had concerns about safe administration of people's medicines in line with their needs. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found improvements had been made and the provider was no longer in breach of regulation.

- There was good oversight and management of risk. We found however that at least one person had regularly refused blood tests due to high anxiety levels. This was now being addressed through a desensitization programme but previous barriers to accessing health care had not been addressed in a timely way.
- Risk assessments gave detailed information about any risks associated with people's care and what actions were necessary to reduce risk. Information was accessible and there was a brief snapshot for each person which meant new staff and agency staff could see immediately what they needed to consider when supporting each person.
- Staff confirmed that care plans were up to date and regularly reviewed and there were processes in place to review incidents to ensure lessons were learnt. We reviewed two care plans on site and a further three remotely. They were detailed, and cross referenced with other key documentation to ensure staff referred to all essential information when providing care.
- Staff knew what action to take in the event of a fire, and fire exits were clearly marked to aid an evacuation if needed. Staff understood who would take responsibility in the event of a fire. Individual fire risk assessments were in place outlining what support people might require in the event of a fire. A risk assessment in relation to fire safety had been completed in September 2020. This highlighted several actions were required to ensure the service could deal with this risk appropriately. We were assured by actions taken by the provider.
- The service had a designated person to oversee health, safety and maintenance. The records we reviewed showed appropriate checks had been made, for example equipment such as fire alarm systems had been serviced in line with regulations. The bungalows were well maintained, and plans were in place to improve the garden next year.
- Medicines were safely managed and administered by competent staff. Medicines were kept in people's rooms and kept securely, protected by key codes.
- People had their medicines reviewed by the GP but the home had asked if they could be more actively involved in this so they could share information and work more collaboratively.
- Each person had a pen picture which stated what medicines they were taking, what they were for, when they should be taken and any known side effects.

- Medicines were well organised and administered from the original packaging. Daily, weekly and monthly audits were completed, and any medication error was subject to review and lessons learnt.
- A staff member told us, "I am trained to give medication. You have to complete training and pass three competencies; team leaders and managers assessed my competency. For medication errors we have to report it to the team leader then call 111 and take their advice."

Staffing and recruitment

At our last inspection the provider did not have enough staff to ensure people were safe and well supported. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found improvements had been made and the provider was no longer in breach of regulation.

- Staff recruitment processes were robust and helped ensure only suitable staff were employed. Staff performance issues were addressed by the registered manager. The processes associated with monitoring staff performance had improved since the last inspection.
- Recruitment records were in situ for all staff but were difficult to follow. Some staff files had an index which made it clear when references, disclosure and barring checks had been received. Proof of identity and interview notes were kept showing that gaps or known concerns with the application form and employment history had been explored.
- There was evidence of induction and training, but this was not sufficiently robust or demonstrate all staff had completed mandatory training within their induction period. Staff completed on-line training and told us they were encouraged to do this in a timely way.
- Staffing levels were provided in line with people's needs. Some people had shared support which meant one to one activity was limited. Two staff had been given responsibility to organise, facilitate and evaluate activities and this had improved people's opportunities.
- The registered manager told us staffing had been challenging. Some staff had left the service and therefore, agency staff had been used to provide cover. A relative raised a concern about the use of agency staff and said the ideal would be to have a stable workforce. They told us due to the nonverbal communication of their family member it took time for staff to build and establish relationships and they as a family had not always had confidence in the service. A staff member told us, "A lot of staff have left over the last year and we have used a lot of agency, but we are starting to get more permanent staff."

Preventing and controlling infection

- The provider managed infection control well and protected people using the service, staff and visitors from cross infections. Infection control policies and procedures were robust.
- Only essential visitors were permitted and there were processes in place to protect people from the risk of infection.
- Daily cleaning schedules were not seen although requested, so we could not ascertain if frequently touched items such as door handles were cleaned regularly or if enhanced cleaning schedules were in place. We saw memos advising staff to increase the frequency of cleaning and risk assessments referred to continuous cleaning. Staff told us they routinely cleaned the service and assured us toilets and bathrooms were cleaned following use. Staff when arriving on site changed their clothes to reduce the risk of cross contamination. Staff however changed in a staff toilet which was a confined space with no evidence it was cleaned between use by different staff. Immediately following the inspection, a daily cleaning schedule was put in place and the registered manager said they would review the changing facilities for staff. Options were limited due to available space.
- Staff continuously wore face masks and there were frequent hand washing schedules and available personal protective equipment such as gloves and aprons changed between each contact with people using the service.

- Risk assessments were being completed for anyone identified as being particularly vulnerable and the registered manager confirmed they would request copies of agency staff risk assessments. All staff were tested weekly and most people were tested monthly although a few had refused. Their risks of contracting the virus were significantly reduced because of the actions taken by staff in terms of wearing PPE and accessing regular testing.
- Staff received infection control training which meant they knew how to reduce the risk of infection and cross infection. Staff knew what to do if there was a positive test and when to isolate. Staff spoken with were comfortable with the infection control processes and said there was ample guidance and they were clear about actions they should take.

Systems and processes to safeguard people from the risk of abuse: Lessons learnt

- The service had processes in place to help ensure people were protected from abuse. Staff received regular training to help them identify potential or actual abuse. We had received several safeguarding concerns for this service, but appropriate actions had been taken to safeguard people.
- Governance meetings were held to discuss any significant incidents and lessons learnt were shared across the staff team. Debriefs took place with staff following an incident at the service. This helped to focus on what went well or what could be improved upon.
- Staff confirmed they received safeguarding training and were confident in raising concerns, what to raise and felt confident that actions would be taken. Staff were aware of whistle blowing procedures and how to raise concerns to external agencies.
- A staff member told us safeguarding and concerns were a standard agenda item which were discussed in supervisions/ and 'safety hurdles' were held immediately after an event for example where a medicine had been administered to support a person who was experiencing anxious behaviour.
- The registered manager reported incidents to senior management who signed off actions taken by management.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we found the service was not sufficiently planned around people's individual needs and care records were difficult to navigate and did not sufficiently take into account people's changing needs. We also found activities were limited and not reflective of people's needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found improvements had been made and the provider was no longer in breach of regulation.

- Despite improvements further consideration could be given to how best to meet people's individual needs. Care plans needed to be developed further to demonstrate what actions were needed. For example, one care plan said the person did not like a change in routine and would benefit from knowing what was happening the next day but did not say how this would be achieved.
- Information was regularly reviewed. Keyworkers had been identified for each person, they were responsible for having oversight of the person's needs and taking actions forward. They held monthly reviews and although outcomes were agreed these lacked details. For example, it did not say how objectives were agreed, how they would be taken forward, by when or by who.
- Documentation although robust did not always consider the views and guidance of others demonstrating collaborative working. For example, records of best interest decisions did not all demonstrate who else had been asked for their input.
- A health care professional told us the service had not always considered what was important to people or taken into account their history and another said the service had not always been sufficiently personalised.

We recommend the provider consider how person-centred practices could be improved and ensure outcomes set for people were appropriate and linked to people's preferences and goals.

- Documentation had improved which helped ensure all staff were familiar with people's needs and any risk associated with the person's care. Documentation was cross referenced to ensure staff read all parts of the relevant care plan and risk assessment. A shorter one- page profile acted as a quick guide for agency and new staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Improvements were noted at this inspection in terms of how people experienced the service and were occupied across the day. During the pandemic people's usual routines have been suspended and although

people had been supported to go out for a drive or walk, activities were mostly confined to indoors. The staff reported no adverse effects from this, and people appeared calm and were observed engaging in different activities.

- At the last inspection we were concerned about the lack of meaningful activity for people. A relative told us at this inspection. "The service went through a bleak period where our relative sat in a chair this is being addressed and there is more opportunity."

- Several staff oversaw people's activities and there was a weekly, flexible planner. Activities were evaluated and considered people's physical and sensory needs. A staff member told us, "We have a new sensory room which helps with the service users different sensory needs. They can watch films and listen to music. Use the ball pit, have a bubble tube and fibre optic lights and sensory items." Further plans were being made to create a sensory garden.

- The staff member providing activities was very enthusiastic with good ideas and recognised activities needed to be developed further in line with people's needs. We spoke about developing life story work and supporting people to maintain contact with family. Currently no one had access to the internet, and people were not supported to use modern technology although one person had a tablet. This could enhance people's lives and help them keep in touch with family and friends.

End of life care and support.

- Whilst we recognise that most people living at this service were under 65, we were concerned that advance care planning was not in place to consider people's wishes as they grew older, and should they become unwell or face death. People were supported by staff who knew them well and could anticipate their needs and some people had regular contact with family. We found however, some people had no family or older relatives and the turn-over of staff meant newer staff would not necessarily know people's preferences in this area.

- There was only one recorded discussion about the use of do not resuscitate decisions, (DNAR) should someone become unwell or be clinically vulnerable. The service had not considered this in line with other people's needs or had a discussion with medical professionals or family members.

- Staff training in end of life care was available and could be accessed by staff should the need arise but the lack of forward planning meant we were not assured staff would have the necessary skills to pre-empt changes in people's needs, and be able to access the right level of support and services.

We recommend the provider follow best practice in terms of advance care planning.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- A relative told us, "My family member seems much happier now. He comes out of his room much more. Communication has improved, I call at the weekend and the keyworker rings regularly to let me know what he's been doing. They didn't use to."

- People had communication plans which detailed how they communicated their needs including non-verbal gestures and actions, for example where people might point at things to indicate their choice.

- Information was made accessible to people through pictorial documentation. 'Your voice meetings' were held regularly with people using the service and gave them the opportunity to have a say on what they would like to do and to raise any issues they might have. For example, as a group there was a discussion about the pandemic and how people could keep themselves and others safe. A family member was not aware if there was a newsletter, but others confirmed there was and said they got photographs of activities

their family member had participated in.

Improving care quality in response to complaints or concerns.

- The registered manager told us they had not received any formal complaints.
- Family members told us they found the registered manager responsive to their feedback and the wider organisation asked for family members, staff and residents for their feedback on a regular basis.

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 now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

At our last inspection we found the providers' governance systems were not sufficiently robust to identify where improvements were needed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also identified that the provider was not notifying CQC of incidents as required. This was a breach of Regulation 18: Notifications of other incidents Care Quality Commission (Registration) Regulations 2009. At this inspection enough progress had been made and the provider was no longer in breach of these regulations.

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

- There was day to day oversight from the registered manager, an experienced deputy manager and two team leaders. They shared the out of hours on call telephone so they could ensure any emergencies or queries were dealt with efficiently. Staffs' practices were overseen by senior staff and there was clear record keeping which helped to ensure information was captured and disseminated to all staff.
- A relative told us, "We have a good rapport with new manager. They keep in touch around Covid and our interactions have been really positive, they know residents well. We don't feel like they are playing lip service." They said they had some concerns in the past but that things had improved. A staff member told us "The new manager is amazing, and she is getting people engaged. For example, getting activities organised and changing the culture within the service."
- Several health care professionals said they had seen an improvement over time with one stating, "We have no concerns at the moment, communication is improving."
- Arrangements for maintenance had improved as the service now had their own designated maintenance staff rather than the previous arrangement where there was shared maintenance.
 - The environment had improved and was more homely and stimulating. It was clean with no obvious defects.
 - Audits helped ensure policies were being followed and regular checks were carried out to ensure the environment remained safe and free from hazards. We sampled some health and safety records, and these were in order.
 - Regular governance meetings were held which included senior management and staff from the service. Actions from this meeting were agreed and helped to focus on current risks and needs of the service. At a more local level staff had regular meetings as a team and my voice meetings with people using the service to plan for their day to day needs.
 - Monthly key worker updates helped to reflect on the care and support people received and if it remained appropriate to people's needs. There was daily monitoring of people's needs and this was properly

recorded.

- There was provider oversight of any event adversely affecting people in terms of their health and safety and this was reviewed, and actions taken considered to ensure they were appropriate.
- The services current registration did not reflect the fact that people over 65 did live at the service.

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

- At the last inspection the service was overstretched with one manager covering two services, a new regional manager in post and changes to the core staff team some of whom were working extra hours to support people using the service. This meant people did not always receive a well-planned and consistent service. At this inspection there was a new experienced manager in post, the regional manager had left but continuity of support was being provided by senior management.
- The atmosphere within the home felt positive and staff were consulted and asked to contribute their ideas. Poor staff practice was addressed which helped to safeguard people.
- A relative told us, "We really liked it, (the home) particularly the sensory room and equipment, its homely with a nice ambiance where staff were supportive and patient."
- Care documentation had improved, and the service took into account how people communicated and how they could contribute to the delivery of the service.
- Access to good health care services had been improved recently with the registered manager setting up a meeting with the GP practice to help ensure improved working relationships and effective communication which put people at the centre.

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.

- A staff member told us, "I feel that the manager has settled in well in her role. She's approachable and appears to be fair." Relatives told us, "She listens to us, and acts."
- The service was being run in the interest of people and improvements in record keeping helped in terms of accountability and the management of incidents. Relatives felt the service was more responsive. There was a lot of support for the registered manager and an open culture which supported managers to discuss concerns openly and staff were supported to do this also.

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

- People's profiles considered their needs as holistically as possible in terms of their gender, disability, preferences and any religious and cultural considerations. People's choices were known so could be acted on. People were supported by a diverse staff team.
- The wider organisation had set up networks of support for managers and deputy managers and were extending it to team leaders so they could support and learn from each other across services.
- A now and next board indicated how feedback was acted on and what priorities had been identified for the service which people, their relatives and staff could have an input into.
- Staff who responded to us told us they enjoyed working for the provider. One staff said, "I am proud to work with some amazing service users... I fill my job role to my full potential." We observed staff respectfully engaging with people using the service.

Continuous learning and improving care

- We were confident the service was improving and the previous breaches from the last inspection had been addressed. The service had appointed a new registered manager who assured us they were working hard to improve the service. This view was echoed by relatives one of whom told us the communication had

improved and they were told about what their family member had been doing and supported to stay in touch.

- The provider was receptive to feedback and there is ongoing work to improve the service and support staff to develop themselves within the service through continuous learning and development, further courses and other learning resources. The service were advised to contact the local authority for further advice and guidance on external courses and support networks.

Working in partnership with others.

- The organisation had resources to support the service and regular meetings were held remotely to ensure all managers were up to date with relevant guidance and changing practices in relation to Covid-19.

Managers were then expected to cascade this down to staff and we saw evidence of how they did this.

- From people's records we saw the service were accessing services on people's behalf and had regular consultation with the GP. During our inspection several people were going to the dentist and we saw guidance was available from other health care professionals