

Oaks Care Limited

Oakwood House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Oakwood House is a residential care home providing care and accommodation to 10 people with mental health needs. At the time of the inspection, there were 9 people using the service.

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

People and their relatives were positive about the service and the way staff treated the people they supported. Staff treated people in a caring way and showed dignity and respect when they provided support. They promoted people's independence and maintained their privacy and gave them choices in how they wanted their care provided.

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. The management team worked closely with other health professionals to help ensure people had access to the services they required to maintain their health.

People had their care needs assessed before they began to use the service. They received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. There were systems to ensure people received their medicines at the correct time. Risks associated with people's care were identified, and there was guidance for staff about how to keep people safe.

There were systems to safeguard people from abuse and these were being appropriately used. People were provided with information on how to make a complaint. Complaints made were investigated and responded to. The provider had arrangements to monitor and improve quality of the service provided. People's right to confidentiality was protected.

People and staff felt there was a good atmosphere and an open culture in the service. There were enough staff available to meet people's needs. Staff received training to ensure they had the skills and knowledge to support people appropriately. The provider had a thorough recruitment and selection process in place for new staff. Staff had completed a structured induction.

Rating at last inspection

The last rating for this service was good (published 1 February 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Oakwood 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.

Service and service type

Oakwood 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The registered manager was given one-hour notice because the service is a care home for younger adults who are often out during the day. We needed to be sure that members of the management team were available to assist us with 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also reviewed notifications that the registered provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records. This included 3 people's care plans and risk assessments, 3 staff files, staff rotas, staff training, health and safety audits, medicine administration records (MARs) and a variety of records relating to the management of the service, including policies and procedures.

We spoke with the registered manager, 4 people and 3 members of staff. Following the inspection, we continued to seek clarification from the provider to validate evidence found, such as policies and action plans. We spoke with 2 relatives to obtain their views of 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were processes to ensure people were protected from the risk of abuse.
- People told us they felt safe at the service. People did not raise any concerns on the way staff cared for them. One person said, "It is a safe place."
- Staff had received training in how to safeguard people from the risk of abuse. This subject was also discussed during one to one meeting and team meetings.
- Staff were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. One member of staff told us, "I will report any kind of abuse to the manager."
- The provider also had a whistleblowing policy and procedure which staff were aware of. Staff told us they would report any concerns to the registered manager and were also aware they could approach other organisation if their concerns were not acted upon.
- The registered manager was aware of their responsibilities on how to protect people from abuse. We noted they had reported safeguarding concerns to the local authority, and, these were investigated.

Assessing risk, safety monitoring and management

- Potential risks about people's safety were assessed to ensure they were supported to remain as safe as possible.
- We found the risk assessments gave staff clear guidance on how best to support people in different situations, for example, the management of falls. This helped to ensure care and support was delivered in a safe way.
- Risks to people were reviewed to ensure people remain as safe as possible.
- The provider had a system to ensure all equipment was maintained and serviced. We saw fire safety checks were undertaken on a regular basis and the hot water temperatures were monitored to ensure people were not at risk of scalding.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs and staff recruitment processes were robust.
- People and their relatives told us there were enough staff working at the service. One person said, "There are enough staff on duty." One member of staff told us, "We do have enough staff working."
- We looked at the staffing rota for the past four weeks and found sufficient numbers of staff available to support people with their care needs. People were supported by the same staff team to help with continuity of care.
- The provider had a thorough recruitment and selection process for new staff. This helped to ensure

people were protected from the risk of receiving care from unsuitable staff.

- We looked at staff recruitment files and found relevant checks had been carried out before staff started to work for the service. These included obtaining written references, proof of identity, and a criminal record check.

Using medicines safely

- The service had suitable arrangements to protect people using the service against risks associated with the unsafe management of medicines.
- People told us they were happy with the way staff administered their medicines to them. One person told us, "The staff help me with my medicines."
- Details about what medicines people were prescribed were within their care records. Staff who helped people take their medicines, had been trained to do so.
- Medicines administration records (MAR) we looked at, were all signed appropriately and there were no gaps in signatures.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Accidents and incidents were recorded in detail and were investigated by the registered manager to prevent them from happening again. This helped to ensure people remained as safe as possible and where necessary, measures were put in place to avoid any repeat events.
- There was an on-call system where a member of the management team was available to advise staff in the event of an emergency.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service.
- Before a person started using the service, an assessment was undertaken to identify their needs. This was done with the involvement of the person and, if applicable their relatives would contribute too.
- The assessment was carried out using a holistic approach which covered all aspects of a person's needs, including physical, social, psychological and spiritual.

Staff support: induction, training, skills and experience

- People were supported by staff who had received appropriate and relevant training.
- Staff had attended various training programmes related to their roles, such as safeguarding adults, medicine management, infection control, moving and handling, first aid, and, health and safety." A person told us, "The staff help me, they are trained." One member of staff told us, "The training is very informative."
- New staff received an induction, which covered their familiarisation with the service, the people who used it and the policies and procedures of the provider. Staff were also given opportunities to shadow more experienced staff until such a time they felt confident to work on their own. One member of staff told us, "I did one week shadowing."
- Staff were given appropriate support which helped to ensure they were able to provide effective care. We saw staff had regular one to one meeting with the registered manager where a number of areas were discussed such as their training needs and people's care needs.

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

- People's needs were met by the adaptation of the environment and appropriate use of equipment.
- There were different aids available to ensure people's needs were being met. For example, we noted there was a standing hoist for people who needed to use one.

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

- We found the management team as well as the staff working for the service understood their responsibilities under the MCA.
- People told us staff sought their permission before they carried out any tasks. One person told us, "They [staff] do ask me before they do anything."
- Staff received training on the MCA and there were policies and procedures for them to follow.

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

- People were supported to eat and drink enough to meet their needs. One person told us, "I like the food." Another person said, "I can choose what I would like to eat."
- People were given choices about their food and drink. Staff knew what people's likes and dislikes were or if they had any special dietary requirements due to their medical condition.

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

- The management team worked closely with other health professionals to help ensure people had access to the services they required to maintain their health.
- We saw people being referred to other health care professionals such as GPs, when they were not well.
- Each person had the contact details of their GP recorded in their care plans. This helped to ensure staff could also contact their doctors if they had concerns about a person's health.
- Staff accompanied people to their health appointments as needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives commented positively about the service and the staff. One person said, "The staff are very helpful and kind." A relative said, "The staff are marvellous."
- Throughout our visit we saw staff as well as the registered manager interacted with people who used the service in a kind and courteous way. People were comfortable in the company of staff who engaged with them.
- People were respected and treated equally regardless of their abilities, lifestyle and beliefs. Staff had received training in equality and diversity.

Supporting people to express their views and be involved in making decisions about their care

- Where people were able to, they were encouraged to contribute and have their say about the care and support they received.
- Relatives told us they were kept informed about any changes in their family member's health and or well-being. They also said they were able to discuss any issues with the management of the service, for example, any changes in their family member's care needs.
- Staff had a good understanding of the care needs for people they supported and were able to tell us what people did and did not like and the way they liked to be supported.
- At the time of our visit no one was using an advocate. Advocates are trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and dignity. People told us staff ensured their privacy and dignity was maintained. One person told us, "The staff always knock on my door to see if they can come in."
- Staff encouraged people to maintain their independence as much as possible, in all aspects of life and daily activity. For example, people were encouraged to clean their rooms and helped with certain chores within the service.
- People's right to confidentiality was protected. Staff were aware of not to discuss any information about people in public and to disclose them only to people who had to have them. This helped to ensure that people's information was treated confidentially. Records were kept in lockable cabinets when not in use.

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 Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received care and support in accordance with their preferences, interests and diverse needs. Care plans were comprehensive and personalised. This helped to ensure staff had the information they needed to meet people's needs.
- Care plans were informative and gave guidance to staff to how people's needs should be met in accordance with their wishes.
- On the day of our inspection, we noted one person was reviewing their care plan by themselves to confirm it contained the information staff needed to meet their needs.
- Care plans were reviewed every three months or more regularly if people's needs changed. This was done with the involvement of people who used the service and their representatives.
- The registered manager informed us that none of the people using the service required end of life care at the time of our inspection. People's end of life care wishes had been recorded. These helped to ensure people received the care and support they wanted when approaching the end of their lives.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and information on how to communicate with them was included in their care plans. For example, staff used pen and paper to communicate with one person as they had limited hearing.
- Information was made available in accessible format, for example, we saw the menu was in a picture format. Other records relating to people care needs were also made available to people in an appropriate format that they understood.

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

- People's social and emotional needs were taken into account.
- People were provided with opportunities to engage with meaningful activities and social interests relevant to their individual needs and requirements. For example, one person liked to go to the gym. The staff made sure this happened.
- Some people were able to go out on their own whilst other staff accompanied them if they needed to go

shopping or wanted to go to the local café.

- Staff were knowledgeable about people's preferred routines and supported people to stay in touch with their relatives.

Improving care quality in response to complaints or concerns

- The provider had systems to record when complaints were received and how they had been investigated and responded to.
- The registered manager encouraged people to raise concerns and saw this as a way to learn lessons and to improve the quality of people's experience.
- People and their relatives were aware of how to make a complaint. One person told us, "If there is anything wrong, I will speak with the manager or one of the staff." One relative said, "My [family member] is very happy there, I don't have any concerns."
- We saw one relative commented positively about the service. They wrote, "As always I can never thank you enough (or your staff) for looking after [family member] so well."

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was aware of their responsibility to inform CQC of events and incidents that happen within the service or when people received care and support from staff.
- People and relatives told us that the service was good and that they could speak with the registered manager as and when they wanted. They also mentioned that the management team were approachable and included them in discussions about the care and support being provided. One person told us, "The manager is very good, always there when I need to speak to them."
- Staff told us the registered manager was very supportive and listened to their views or concerns. One member of staff said, "The manager is brilliant, very approachable, I can talk to them about any problem."
- Staff had a good understanding of the ethos of the service and were clear about their responsibilities.
- Staff had access to a range of policies and procedures to guide them in their roles.

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

- The registered manager encouraged people, relatives and staff to be involved in the day to day running of the service as much as possible.
- There were regular meetings held with people and staff. Records showed during these meetings people and staff had an opportunity to share any ideas and to discuss any concerns they might have.
- Staff told us those meetings were helpful to them as they were kept informed of people's needs and any changes happening with the service. People felt the same. For example, during the last meeting, the registered manager asked people to think how they would like to spend Christmas.
- The provider had clear rules in regard to how people should be treated and to challenge any negative attitudes.

Continuous learning and improving care

- The provider had a range of monitoring and audit tools to assess and monitor the delivery of care and support to people.
- There were audits carried out of care records, people's support plans, staff training, infection control and health and safety. If shortfalls were identified, appropriate action were taken.
- The provider also continually sought feedback from people, relatives, staff and other professionals about

the service. These were gained through the use of satisfaction surveys which were completed on a yearly basis. We saw comments from the last year completed satisfaction surveys were positive. The registered manager reviewed the feedback received and this helped them to improve the quality of service provided as needed.

Working in partnership with others

- The registered manager worked closely with other professionals to ensure people were supported with their healthcare needs. Where people required it, the registered manager sought healthcare advice and support for them from external professionals such as GP's.
- The registered manager kept themselves up to date with best practice as far as health and social care was concerned. They mentioned that they regularly visited our website to make sure they were familiar with our regulations and to be aware of what was happening within health and social care sector.