

Caldwell & Beling Ltd

# The Oaks Care Home

## 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

This was an unannounced comprehensive inspection, which took place on 5 April 2018. There have been many changes to the home since the time of the last inspection in July 2016 when the service was known as Merok House. At the last inspection the service was rated as 'Requires Improvement' with seven requirements to meet breaches in the Regulations. At this inspection we found considerable improvement and action had been taken to meet all these requirements.

The building work, commented on at the time of the last inspection had been completed and the new premises registered with the Commission. The home can now accommodate up to 33 older people. At the time of this inspection there were 20 people living at the home. The Oaks is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection .

Since the last inspection the provider had appointed a new registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Following the last inspection the provider completed an action plan, as requested, to show what they would do and by when to improve. All the improvements made are detailed within this report.

The new management team provided better leadership and had made significant improvements.

People were kept safe as the provider had taken appropriate steps and had good systems in place to protect people. The registered manager had informed us through required notifications and had also made relevant referrals to the local authority for any safeguarding concerns. Staff had received training in safeguarding.

People's needs had been assessed with plans to mitigate risks that may be involved in the delivery of care. These were now up to date and accurate. The premises had also been assessed and made as safe as possible for people.

Accidents and incidents were recorded, monitored and action taken if necessary.

Staff were recruited in line with robust policies and all the necessary checks had been carried out.

There were good systems to make sure medicines were administered as prescribed.

There were enough staff to meet the needs of people accommodated.

Staff were now trained to a higher standard with all core training undertaken and a system to make sure staffs' training was kept up to date. The staff team were therefore able to deliver care in line with best practice.

People had up to date comprehensive care plans in place so that staff could refer to these and deliver consistent care. The care we observed was consistent with people's plans and people received a personalised service.

The service was now compliant with the Mental Capacity Act 2005 (MCA). People were supported to make decisions. Where they did not have capacity for specific decisions, the home followed the requirements and principles of the MCA in arriving at 'best interest' decisions on their behalf. There were also robust systems to make sure that people were only deprived of their liberty in accordance with the Act, and that any conditions of that deprivation were applied.

Staff were now better supported through indirect and formal supervision as well as having access to on call managers. This is ensured staff were motivated, trained to a high standard and able to work effectively with people living at the home.

The home worked collaboratively with health services and social care services in meeting people's health needs.

People were provided with a good standard of food with their having choice of what they wanted to eat and their individual needs catered for.

Staff were kind, caring and compassionate in their interactions with people and very knowledgeable about their histories likes and dislikes.

Activities were provided to keep people occupied and stimulated.

Complaints were responded to and the procedure was well publicised.

Wishes and preferences for end of life care needs were assessed and plans put in place to meet these.

There were auditing and monitoring systems being followed seeking overall improvement.

## 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.

People were protected from avoidable harm, neglect, abuse and discrimination.

There were enough staff on duty and able to support people in the way they needed.

Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

The service was now compliant with requirements of The Mental Capacity Act 2005.

Staff received on going support from senior staff who had the appropriate knowledge and skills.

People were offered a variety of choice of food and drink.  
People's specialist dietary needs were met.

People accessed the services of healthcare professionals as appropriate.

### Is the service caring?

Good ●

The service was caring.

Care and support was provided with kindness and compassion by staff, who treated people with respect and dignity.

Staff understood how to provide care in a dignified manner and respected people's right to privacy.

Staff were aware of people's preferences and took an interest in people and their families in order to provide person centred care.

### Is the service responsive?

Good ●

The service was responsive.

People had personalised plans that took account of their likes, dislikes and preferences.

Staff were responsive to people's changing needs.

The complaints procedure was well publicised. People had confidence complaints would be responded to and taken seriously.

**Is the service well-led?**

The service was well-led.

Under new management, there had been marked improvement with action taken to address all the shortfalls identified at the last inspection.

Observations and feedback from people and staff showed us the service had a supportive, honest, open culture.

**Good** ●

# The Oaks Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 5 April 2018 and was unannounced. Two inspectors and a specialist professional advisor, registered nurse experienced in the care of older people, carried out the inspection.

Before the inspection we reviewed the information we held about the service. This included a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also liaised with local authority and health commissioners to obtain their views.

The registered manager assisted us throughout the inspection. We met and spoke with nine people living at the home. Because some people living in the home were living with dementia and were not able to tell us about their experiences we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific method of observing care to help us understand the experience of people who could not talk with us. We also spent time in communal areas and observed the care and support people received. We spoke with four members of the staff team and with one visiting relative.

We looked at two people's care records in depth as well as sections of other people's personal files. We reviewed everyone's medicine administration records, three staff recruitment files, staff rotas and other records relating to training, supervision of staff and management of the service.

# Is the service safe?

## Our findings

At the last inspection in July 2016 we issued three requirement actions in this domain for breaches of Regulations.

The first of these was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of safeguarding of adults. We had found reports of two separate incidents relating to two people who had sustained serious injuries whilst receiving care and support from staff. There were also three reports of people who had unexplained bruising. These incidents had not been investigated and no referrals had been made to the local safeguarding team. At this inspection we looked at the accident and incident records. The registered manager reported any accident or incident that met the threshold for a safeguarding referral to the local authority. The provider had therefore complied with this Regulation.

The registered manager had systems and processes in place to make sure people were safeguarded from abuse. All staff had annual mandatory training in safeguarding adults to make sure staff had the knowledge of how to keep people safe and how to report any concerns. Staff confirmed they had received this training and were knowledgeable about safeguarding procedures.

At the last inspection we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as there was a lack of effective risk assessments to ensure the safety and welfare of people. At this inspection we found risk and other assessments carried out in respect of people's needs were in place and up to date. Risk assessments had been carried out in areas such as, ability to use a call bell, falls, moving and handling, challenging behaviour, skin integrity and choking. When risks had been identified, the care plans contained clear guidance for staff on how to manage these. For example, one person had been assessed as having a high risk of choking. The risk assessment had been reviewed monthly, and the plan had been changed as the person's needs changed. Another person had been assessed for their challenging behavioural needs. The older people's mental health team had been involved and a suitable behavioural management plan was put in place. Overall, this meant that staff could rely on people's records to keep them informed of people's needs and how to support them. The provider had therefore met this requirement action.

The registered manager had also carried out a risk assessment of the premises to identify hazards and had then taken steps to minimise the risks to people. For example, window restrictors had been fitted to windows above the ground floor, hot water temperature regulators fitted to hot water outlets to prevent people from being scalded and radiators covered to prevent burns. However, freestanding wardrobes had not been attached to the wall to prevent a risk of being pulled over and causing injury. We discussed this with the registered manager who immediately contacted maintenance staff for this to be actioned.

The registered manager had also ensured safety of the premises. For example, portable electrical wiring had been tested and the fire safety system inspected and tested to the required intervals. The home had contracted with an external company and met water regulations.

At the last inspection we found there were not enough staff deployed to meet the needs of the people accommodated at that time and issued a requirement for a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, people, who were able to communicate their opinion, told us that they had no concerns about the levels of staffing as they felt the staffing levels were suitable to meet their needs. This was also reflected in the views of the staff team, who made comments such as, "Things are much more manageable now and we have time to chat and spend time with people", and, "Increases in staffing have made things so much better". The provider had therefore met this requirement.

Emergency plans had been developed for the event of situations such as loss of records, power or heating.

The registered manager had put robust recruitment procedures in place to make sure that suitable staff were employed. All the required checks had been carried out and recorded. These included: a photograph of the staff member concerned, proof of their identity, references, a health declaration, a full employment history with gaps explained and reasons given for ceasing employment when working in a care setting. A check had also been made with the Disclosure and Barring Service to make sure people were suitable to work in a care setting. There was also a system to make sure new members of staff did not start work until all these checks had been concluded.

Medicines were managed safely. Medicine administration records (MAR) charts had photographs of people using the service at the front and these had been dated to indicate they were still a true likeness of people. This meant that staff who were unfamiliar with people, for example agency staff, could identify people they were administering medicines to. We observed parts of an afternoon medicine round and saw that the staff asked people if they needed any pain relief and checked they had swallowed their medicines prior to signing the MAR chart. Pain assessment tools were not used because all current residents were able to express pain and staff knew the residents well and would be able to identify if they were in pain. As required medication protocols were in place. MAR charts had been consistently and in full, which meant people had their medicines administered as prescribed by their doctor.

We saw "opened on" dates were written on creams and bottles of medicines when opened so that they would not be used after expiry directions. Hand written entries on MAR charts had been checked and signed by a second member of staff to ensure they had been transcribed correctly.

Medicines were stored safely in a locked trolley the trolley and were stored in an orderly manner. There was a daily audit protocol in place for all boxed medication as part of auditing processes as well as for any controlled drugs.

There was one medicine fridge. The fridge and room temperatures were logged daily. However, it was not clear if staff were resetting the fridge temperatures accurately. We spoke to the deputy manager who then showed the senior carer how to reset the fridge and also repositioned the fridge for staff to have easy access.



## Is the service effective?

### Our findings

At the last inspection in July 2016 we made a requirement under Regulation 18 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014. This was because of a lack of staff training, to ensure they could meet people's needs, and regular supervision and annual appraisal. Training records, at this inspection, showed that there was better management of staff training. The registered manager had a training plan in place and had ensured staff were trained in a range of core topics that included: The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), dementia care, safeguarding of adults, challenging behaviour, health and safety, first aid, diversity and equality, moving and handling and basic food hygiene. Records also showed that staff received one to one supervision with a line manager in line with the provider's policy. The staff we spoke with said they felt much better supported by management. They made comments such as, "The management team are very approachable and helpful", and "I feel that I can now go and speak to the manager". This requirement had therefore been complied with.

We had made a second requirement in this domain at the last inspection under Regulation 11 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014. This was because of a failure to comply with the requirements of the MCA. At this inspection we found considerable improvement.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the MCA. They ensure that care homes and hospitals only deprive someone of their liberty in a safe and lawful way, when this is in the person's best interests and there is no other way to look after them. They require providers to apply to a 'supervisory body' for authority to deprive someone of their liberty. We found at this inspection, the registered manager had made appropriate referrals to the 'supervisory body' and was aware of when orders were due to expire. Five of the applications had been granted but none were subject to 'conditions'. (These are actions that the provider needs to take as part of the order).

The registered manager and staff were aware of the requirements of the MCA in relation to supporting people wherever possible to make their own decisions. Most people were able to make decisions for themselves about their day to day care and support. Their consent had been documented in relation to areas such as care and treatment, medication, sharing information with professionals and having photographs taken. Mental capacity assessments had been undertaken appropriately where people did not have capacity to make a specific decision and any decisions made were taken in the best interests of the person. The registered manager had investigated whether relatives had any lasting powers of attorney that gave power for them to make decisions on behalf of a person in respect of their welfare.

People were happy with the standards of food provided, telling us that they were offered choice and had plenty to eat and drink. Comments included, "very nice choice of food", and, "I love the food". We observed the lunchtime period, which was a positive experience for people. We saw a staff member supporting a person who ate their lunch slowly, without rushing them. Staff consulted people about where they wished to have their lunch and what they wanted to eat and drink.

Where people had been assessed as being at risk of malnutrition or dehydration, care plans provided clear guidance for staff. People's weights were monitored mostly monthly and MUST scores (malnutrition universal screening tool) were completed and reviewed. Staff followed guidance, for example, one person with complex nutritional needs. A Speech and Language therapist had reviewed their needs and recommendations had been made to staff on how best to support the person. Staff were knowledgeable about the care that had been planned for the person. The associated documentation was clear and was kept in the kitchen for staff to refer to when preparing food or making thickened fluids for this person.

Care plans showed advice and guidance that this was sought appropriately and in a timely manner. People had access to other healthcare services, such as GP services, the older person's mental health team, speech and language therapists and diabetic nurse. For example, one person had been recently reviewed by the diabetic nurse and recommendations for a medication review were in place.

Since the last inspection in July 2016 the extension and renovation of the premises has been completed. The registered manager told us that they were to purchase better signage to assist people living with dementia in orientating themselves in the building.

# Is the service caring?

## Our findings

At the last inspection in July 2016 we made a requirement for a breach of Regulation 10 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014. This was because we had observed staff not treating people with dignity and respect at all times.

This was not the case at this inspection. Staff demonstrated positive caring relationships with the people they were supporting. For example, after lunch a staff member sat with people to assist them with their activity in the lounge. Staff knew people by name and whenever they saw someone, they said hello to people and asked them how they were. We observed staff crouching down to people's level to maintain eye contact when speaking to them. People corroborated our observations, making comments such as, "It is excellent here. The staff are so kind", "Very friendly, very helpful, everybody is willing, whole place is wonderful" and "Very nice, very kind, everybody is good and everything is clean."

In the hallway area on the ground floor we overheard one person speaking to a member of the laundry staff. They were telling them that they didn't know where their room was and the member of staff immediately assisted this person to their room. There was a calm and friendly atmosphere throughout.

The registered manager and staff knew people well. They could tell us about individual people living at the service in detail, including their personal histories and preferences. They also knew of their personal care needs and what people could manage without the assistance or support of staff.

People's privacy and dignity was maintained. All personal care took place behind closed doors.

People told us they could receive visitors at any time and that they were always made to feel welcome.

Staff had a good understanding of how people who used the service communicated. We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People had communication plans in place where these were appropriate. For example, one person had expressive dysphasia and their care plan informed staff that the person could write things down if they had difficulty communicating with staff.

Staff had good working relationships with the people and so had become aware of people's characteristics that were protected under the Equality Act. There was no discrimination within the service.

## Is the service responsive?

### Our findings

We made a requirement under Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at the last inspection as we had found people's care and treatment was not always person centred.

The provider had complied with this requirement. Since the last inspection the home had adopted an electronic system for care planning. The registered manager and staff felt this system had benefits over their previous system, being better for monitoring whether care planning actions had been followed through. For example, where care planning had identified that people required fluid intake monitoring because of concerns of dehydration, the system could immediately bring up their record and show a total of fluid consumed against a target intake. Management could therefore better monitor care delivery and take action if tasks were not being completed in line with a person's care plan. The system also provided better monitoring of other tasks, such as checking air mattresses corresponded to the person's weight and repositioning people if they were at risk of pressure ulcers.

Care plans were person centred and contained personal life histories and people's preferences and choices. For example, people's food likes and dislikes were listed. In one person's plan there were details in relation to their social needs, for example, going out to cinema and going out with family for coffee.

Care plans provided enough detail for staff to know how to meet people's needs, and from speaking to people and our observations there was evidence that plans were followed. For example, one person experienced occasions of agitation and their plan detailed things staff should look for to find the cause of the agitation, rather than administer medicines to relieve it. The care plan evaluation showed that this person's behaviour was much better.

The home provided people with activities to keep them meaningfully occupied. An outside entertainer was engaged each week that included, art therapy, reminiscence, singers, and a beauty therapist. Although the home did not employ a dedicated activities coordinator, one or sometimes two members of staff were delegated each morning to provide activities or some stimulation for people. Some trips away from the home were arranged. For example, a group of people were taken once a month to a cinema in a nearby town that had a 'dementia friendly' screening. Pictures of activities undertaken with people were displayed on the residents' noticeboard.

The home had a well-publicised complaints procedure as this was displayed prominently in the home. A relative told us, "The home is lovely and I have found nothing to complain about". A complaints log was maintained and showed complaints were taken seriously and responded to within the home's timescale for responding.

We were shown letters and compliments from relatives about the good service and end of life care provided at The Oaks. The registered manager had previous experience of working with a palliative care service and so had knowledge and awareness of good practice in this area. They told us that they or their deputy were

always on- call and would come in to support the staff or relatives if needed. The home had an arrangement that one of the local GPs would visit the home each week and so there were good links to bring in support from district nurses or other services when people were nearing the end of their life. People or their relatives, where this was appropriate, had been consulted about wishes for end of life care and what arrangements were necessary to meet any religious or other needs. Where possible, people were supported with advanced care plans so that interventions people wanted were addressed. These included information in respect of people's psychological, religious and cultural needs.

# Is the service well-led?

## Our findings

At the last inspection in July 2016 we made a requirement under Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was because the management of that time had failed to make required notifications to us. They had also failed to identify the shortcomings of the service at that time and to have taken action to improve.

We found considerable improvement to the whole service, which is detailed throughout this report, reflecting the better management of the service under the new registered manager. Staff felt they had more time to support people as well as being listened to by managers, who had an open door policy for supporting staff. The registered manager and deputy manager were visible throughout the inspection and were observed speaking with residents and staff in a polite manner. They also presented as approachable, for example, a resident said the manager, "...comes in to visit when not busy".

Staff told us there was an open culture and good morale, making comments such as, "I love it here. We have a great team and all work closely together" and, "Things are a lot, lot better. The staff are now a team and we can always go and speak with the manager or director".

The registered manager told us that the directors of the company were supportive and took an active interest in supporting the registered manager, visiting the home at least three times a week.

There were good systems in place for dialogue between managers and staff with regular staff meetings held. Minutes of these meetings showed staff were kept informed, were able to discuss any lessons learnt and to put forward suggestions and ideas for improving the service. For example, people had requested more outings and this was being actioned by the registered manager. Relatives' meetings were also arranged six monthly.

The home had established links with the local community. Visiting clergy came to the home to support people with religious needs and the home had engaged with a local school for them to visit for tea and singing.

There were systems in place to monitor the quality of service and to drive improvements. Feedback from people, professionals and family members was sought through informal discussions, and surveys. There was also a system in place of regular audits such as medication, care planning and cleanliness to make sure quality of service was maintained and also to seek improvement.

The manager had notified CQC about significant events. We use such information to monitor the service and ensure they respond appropriately to keep people safe.

The rating from the last inspection was prominently displayed on the service's website and in the reception area.