HC-One Oval Limited

Oakwood House Care Home

Inspection report

Old Watton Road
Colney
Norwich
Norfolk
NR4 7TP

Tel: 01603250101
Website: www.bupacarehomes.co.uk

Date of inspection visit:
11 June 2018

Date of publication:
13 August 2018

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

Oakwood House Care Home 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.

Oakwood House Care Home accommodates up to 50 older people in a two-storey purpose built building.

This unannounced comprehensive inspection took place on the 11 June 2018. This is the first inspection since the provider was registered with the Care Quality Commission in January 2017.

There was not a registered manager in post. 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. A manager was in post and was in the process of applying to the Commission for registration.

People felt safe and staff knew how to respond to possible harm and how to reduce risks to people.

People's individual risks to their health and welfare were assessed and strategies were in place to minimise any risks identified. Care records were regularly reviewed and revised according to any change in need to ensure staff had current information to meet people's needs. .

The environment was clean and a safe place for people to live. Equipment was serviced and maintained to ensure it was fit for purpose and safe to use. There was an adequate supply of personal protective equipment such as gloves and aprons, for staff to wear to prevent the risk of cross infection.

People were helped to take their medicines by staff who were trained and competent to do so.

People were cared for by enough staff, who were trained and well supported to carry out their role effectively. Pre-employment checks were completed on staff to ensure they were suitable to look after people who used the service.

Staff demonstrated a good understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had access to healthcare professionals and their healthcare needs were met. Care records confirmed

visits to and from General Practitioners (GP's) and other healthcare professionals.

People were supported to eat and drink sufficient amounts of food and drink of their choice. Specialist diets were also provided as needed

Staff knew people they supported and provided a personalised service in a caring way. Care plans provided detailed information for staff on how to support people to meet their care and support needs. Staff demonstrated a good understanding of protecting and respecting people's human rights.

People were able to choose whether or not to participate in a range of activities within the service and received the support they needed to help them to do this.

Information was available and people were supported to access an independent advocacy service if they required to act on their behalf.

People were involved in the running of the service. Regular meetings were held for people and their relatives so that they could discuss any issues or make recommendations for improvements in how the service was run.

There was a process in place so that people's concerns and complaints were listened to and were acted upon. Complaints received were responded to and resolved in line with the providers policy

Quality monitoring procedures were in place and action was taken where improvements were identified. There were clear management arrangements in place. Staff, people and their relatives were able to make suggestions about the quality of the service and actions were taken as a result.

Further information is in the detailed findings below.

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.

Staff understood their roles and responsibilities in ensuring that people were protected from harm.

Risk had been assessed and staff had the information to ensure risks to people had been reduced.

There were enough staff to ensure that people remained safe and received their care in a timely manner.

Is the service effective?

Good

The service was effective.

Mental Capacity Act assessments and best interests' decisions had been made for people in line with the legal requirements. To ensure that decisions were made in people's best interests.

Staff were trained and supported to ensure they followed best practice.

People were supported to access all healthcare services they required.

Is the service caring?

Good

The service was caring.

People were supported by caring, kind and respectful staff who knew each person and their individual needs well.

Staff treated people with dignity and respect and we received positive feedback from people and relatives about staff.

Is the service responsive?

Good

The service was responsive.

People had the opportunity to take part in activities.

Staff followed guidance in people's care plans to help ensure they received appropriate care.

End of life care was discussed with people to ensure their wishes were known.

Complaints and feedback was listened to by the manager and acted upon.

Is the service well-led?

Good

The service was well led.

Quality assurance systems were in place which reviewed the quality and safety of people's care.

People views were sought about any changes the to improve the quality of their care.

Staff were aware of their roles and responsibilities in providing people with the care that they needed.

Oakwood House 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 was planned to check 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.

This inspection took place on 11 June 2018 and was unannounced. The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed 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 reviewed the PIR and other information we held about the service. This included notifications. A notification is information about important events which the service is required to send us by law. We also asked commissioners for their views on the service.

We spoke with nine people living at the service who were able to give us their verbal views of the care and support they received. We also observed care throughout the inspection.

We spoke with six staff; the manager; one nurse; a senior care worker and two members of care staff. We spoke with two visitors/relatives.

We looked at care documentation for three people living at Oakwood House Care Home, medicines records, three staff files, staff training records and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People and their relatives told us, they felt it was safe at Oakwood House Care Home. One person told us, "Oh yes. Knowing the staff are around, where they [staff] are and if you press your bell they [staff] come very quickly." A second person said, "Oh yes very safe." One relative told us, "I have no worries when I leave here. I feel my [family member] is very safe here. There is always staff around.

There were clear processes and systems in place to protect people from harm. Staff demonstrated a good understanding of how to safeguard people, recognise signs of harm and what to do if they had concerns. One member of staff told us, "I would always speak to the senior member of staff if I had any concerns. There is also the number of the safeguarding team on the notice board." Another member of staff said, "If I was very concerned (about someone's safety) I would contact the police or CQC." A relative told us, No I've never seen anyone being treated badly. If I had any concerns I would speak with the manager to start with."

The manager and senior staff understood their responsibilities to raise concerns, record safety incidents, near misses, and to report these internally and externally as necessary.
There was a whistleblowing policy in place to support staff to raise issues if they had concerns. It meant they could report these concerns and be confident they were being listened to. The manager had systems to investigate any issues reported to them.

Where staff had identified marks or bruises on people's skin, body maps were put in place to help monitor them. They provided an explanation as to how they had happened if this was known. If a bruise had been identified and the cause was unknown staff told us they would report to the senior staff. These were reviewed by the manager. This provided a clear record to demonstrate any patterns or concerns. One staff member said, "I am confident that [name of manager] will take the appropriate action that is necessary."

The provider had a risk management system in place to ensure that risks were managed and minimised, whilst ensuring that people had choice and maximum control over their lives. Potential risks to each person had been assessed and guidance was put in place to support staff in reducing the risks identified. This guidance included moving and handling, nutrition support, medical conditions, mobility, fire and environmental safety.

There were personal emergency evacuation plans (PEEPS) in place for people which provided relevant information about the individual for staff to follow to support them safely to evacuate the building in an emergency. Staff spoken with understood their role and were clear about the procedures to be followed.

All appropriate recruitment checks had been completed to ensure fit and proper staff were employed, including a criminal record check (DBS), checks of qualifications and identity and references from previous employment.

There were enough staff to care for people. People told us that there were enough care staff available and that they attended quickly when requested. One person told us, "Generally there are staff around, yes. You

don't have to wait long." Another person said, "Yes, the staff here are very good. They [staff] help me with everything." A third person said "There are always staff around. Do you see this buzzer, if you press it here the staff come?" They then demonstrated how it worked and staff came quickly. Staff told us that there were times when there were not enough staff, such as unexpected sick leave. However, either agency staff were sought to cover these gaps or permanent staff covered with overtime. However, they did say that peoples care whilst they have their needs met it may not be at a time of their choice all the time.

A system was in place to determine staffing numbers according to people's assessed needs and dependency level. This currently determined seven staff members in the morning and six in the evening. The manager explained that they reviewed staffing levels on a weekly basis, taking into account any change in a persons need. We saw that staff members were available for people when they were needed. They worked in a calm and unrushed way; we saw that people were supported to take part in activities. Such as going to the hairdressers or out into the garden.

There were processes in place to monitor, analyse and investigate accidents and incidents to reduce risk of recurrence. The outcome and learning from investigation was shared with staff to improve practice and keep people safe. For example, a person fell while in the shower. Their care plan was reviewed and care planning arrangements revised to guide staff on how to prevent further falls. The manager told us, "It is important that we learn from any accidents and near misses, as it ensures continuous development…this makes people safe." A staff member said, "At staff meetings and handovers information about any incidents is discussed and we are told about the action that has been taken or any changes to the persons care." A relative told us, "My [family member] is still quite active and has had a couple of falls. The home rang us straight after they happened. You can see there's now an alarmed sensor mat in front of their chair to alert the staff if they move around."

Medicines were administered safely to people. Staff administering medicines had received regular training updates to ensure their practice was up to date and in line with current pharmaceutical guidance and legislation. They administered medicines with patience and gave people an explanation of what they were taking and why. People we spoke to told us they received their prescribed medicines on time.

Medicines were stored appropriately and records showed that room and fridge temperatures were within the appropriate range to ensure effectiveness of the medicines. The effectiveness of some medicines can change in a warm temperature. Staff completed medicine records appropriately. Some people were prescribed medicines to be taken 'as and when required' (PRN). Protocols were in place that provided detailed guidance to staff on the purpose of PRN medicines and when they should be administered.

The environment was clean. Cleaning procedures and schedules were in place and adhered to by staff to ensure that people were protected from the spread of infection. The management team made regular checks to ensure cleaning schedules were completed. One person said, "The bedrooms are cleaned properly." Staff were clear about measures to take to prevent the spread of infection and told us about the cleaning schedules they followed each day. Personal protective equipment (PPE) such as aprons and gloves were available to staff to prevent and control infection.

Records were available confirming gas appliances and electrical equipment had been regularly checked to ensure they complied with statutory requirements and were safe for use. Equipment including moving and handling equipment (hoist and slings) were also checked to ensure they were safe for use. Slings were designated for each person and were not shared but kept in their own rooms. This meant each sling was appropriate and safe for the person to use.

Good

Is the service effective?

Our findings

The manager and regional manager were aware of the protected characteristics under the Equality Act; their policies and guidelines reflected this. The culture of the organisation was open to providing care that met people's needs without the fear of discrimination about their age, sex, culture or religion and this was reflected in the pre-assessment process.

A full assessment of the person's care and support needs was carried out to make sure that the service could meet those needs. The information from the assessment formed the basis of the person's care plan

New staff underwent a thorough induction when they first started work at Oakwood Care Home. They undertook a range of training topics, delivered face-to-face by a trainer or via e-learning on the computer. They then shadowed more experienced staff until they felt confident and were deemed competent to work on their own. Observations showed that staff had the required skills and knowledge to meet people's needs. Where people displayed complex needs associated with dementia, staff were skilled in managing these. All staff spoken with said they had received training appropriate to their roles. One member of staff told us, "We get lots of training and we can ask for topics to be covered to give us more knowledge." They told us they had received some information on diabetes. This enabled them to have better understanding of people's dietary requirements and any signs and symptoms should they become ill.

Staff received the support they required to carry out their roles effectively. Staff said that staff meetings took place which allowed information to be shared and any changes in practise could be passed to all the team. They told us that they received regular supervision which provided them with protected time to discuss their own day to day practise and any concerns they may have. One member of staff commented, "I am supervised by the nurse monthly. But you can go to any member of the management team if you have any concerns.". An annual appraisal was held with each staff member and recorded. It was a two-way (joint) conversation meeting with the staff member and the appraiser. Staff had the opportunity to contribute to their performance review as well as looking at their future learning and development needs. A staff member said, "I feel very well supported. I am confident I will get any support I need." This demonstrated staff comments were valued and supervision was a two-way process.

People were offered a wide choice of food at each meal. At lunchtime a choice of two hot meals were offered. People were able to choose which one they wanted, or order an alternative meal from the kitchen if they did not like what was offered. Special diets were catered for and information recorded in the kitchen assisted the chef to know about people's needs, likes and dislikes regarding food and drink. People told us they were satisfied with the food and choice of meals. One person said, "The food's quite reasonable. We always get offered choices of food and of drinks. I have my meals in my room." Another person told us, "It's [food] pretty good. They [staff] bring around drinks and there's always plenty to eat. We do get fresh veg." A third person said, "Oh its very good. There's always a choice and if you don't want it [staff] do you something special."

Lunchtime was a relaxed, sociable occasion, with people sitting together to eat if they wanted to. People ate

at their own pace. People had the option to sit in the lounge area, dining table or in their rooms to eat their meals. Staff offered people clothes protectors to ensure their clothes were kept clean.

Care records showed that nutritional risk assessments were completed regularly and these informed people's plan of care for nutrition. These plans were up to date and provided a clear picture about how the person was to be supported by staff with their food and drink intake. People who experienced swallowing difficulties were assessed by a dietary and nutritional specialist. Instructions about their nutritional care were on individual care plans and followed by staff.

Staff worked together with various professionals to deliver safe and appropriate care and treatment. One person told us "I see everyone I need to. The GP, the nurse practitioner and the dentist and chiropodist come regularly." Another person said, "I'm seeing an orthopaedic consultant at [name of hospital] down the road." A relative told us when their family member was unwell and experiencing falls they were kept informed and updated about their care. Records showed that people received regular visits from the GP and other healthcare professionals when required. Their advice and guidance was incorporated into people's care plans. For example, where a person was assessed and reviewed by the dietician; their advice on how to support the person more effectively with their eating and drinking needs was included in their care plan.

The building was well maintained, with a good standard of decoration. Adaptations were included such as hand rails in toilets and bathrooms to aid mobility and colour and signage to help with identification of these rooms. A lift was in place for people who are unable to use the stairs to move between floors. We saw that wheelchairs and moving and handling equipment were stored safely and did not pose risk to people's movement around the service.

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 Act 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. The application procedures for this in care homes and hospitals are 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 were being met. We saw that the service had made applications to lawfully restrict some people of their liberty.

The service held an appropriate MCA policy and staff had been provided with training in this legislation. One member of staff said, "MCA is about making sure when decisions are made on behalf of people they are made in their best interests and not ours." Another member of staff told us, "We always assume people have capacity to make decisions. We also support people in their best interest."

Staff were seen to seek consent from people about their daily routines. Staff spoke about how they supported people to make decisions and about the importance of offering people choice. Mental capacity assessments and best interest decisions were recorded for aspects of people's care.

Good

Is the service caring?

Our findings

People who lived at Oakwood Care Home and their families told us they were happy living there. One person said, "Yes – as I say I couldn't wish for better staff." Another person told us, Oh, yes, the staff are nice – they're very good." A third person told us, "The staff have been great. Kind and caring. They get on very well with each other too." One member of staff told us, "I treat people like I would like to be treated, with kindness and patience."

Visitors and relatives were welcomed to the service by staff at any time. Throughout the inspection families were visiting, they were made to feel welcome by staff on duty and the manager. Relatives told us they were always made to feel welcome. One person said, " Why of course. My [family member] comes regularly." Another person told us, "There are no restrictions on my family visiting. They always offer them a cup of tea or coffee."

Staff had a good understanding of protecting and respecting people's rights and choices. Staff had a sensitive and caring approach which we observed throughout our inspection. A staff member said, "We always need to respect everybody's choices. Our training and support helps ensure good care is embedded and we can provide individual care." People's life histories were taken where possible on their admission to the service to help staff understand the person. Staff knew people well and were able to tell us about people's backgrounds and past lives. One relative commented, "Definitely. The staff know [family member]] very well and they are cheerful and kind people."

Care files and information related to people who used the service was stored securely and were accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

People's privacy and dignity was upheld. People all had their own rooms and doors were closed when personal care was being delivered. One person said, "Well I don't have my door shut. [Staff] usually tap and put their head round the door to check it's okay to come in." Other comments included, "Staff always knock on doors. They are really careful when they get people washed and dressed and make sure the door is closed."

People were relaxed and comfortable with each other and the staff around them. There was lots of laughter and chatter happening in lounges and bedrooms. People were assisted by staff in a patient, respectful and friendly way. When staff were talking to people they crouched down, faced them so they were at eye level. Staff frequently checked on people's welfare, especially those that remained in their own rooms. Records recorded daily interventions. Staff were seen to occasionally have time to stop and engage with people. They were seen to sit with people, or walk along the corridors at people's sides, having a chat, holding their hands, stroking their arms or faces to keep them calm when they were becoming unsettled. We noticed that people would smile at the staff. This demonstrated a patient and caring approach.

People were encouraged to make decisions about their care, for example when they wanted to get up, what

they wanted to eat and how they wanted to spend their time. One person said "I get up and go to bed when I like. If I'm watching a programme I get into bed and watch it before I settle down." Where possible staff involved people in developing their care plans and being part of the review. Families told us they knew about their relative's care.

Information about advocacy services was available. Staff told us they would support people to access a lay advocate if they needed to support people in making decisions about their care and support. Advocates are able to provide independent advice and support. No one at the time of this inspection was using the advocacy service.

Good

Is the service responsive?

Our findings

Each person had a care plan in place. People and their families were involved in the development of care plans where appropriate. Care records contained life history information and staff demonstrated they knew people well. One person said, "The staff know all about me." Records were up to date and relevant to peoples care needs. Daily care notes were held in people's rooms and were completed by staff. This enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being.

The service had an activity coordinator who had the knowledge, skills and resources to support people in a range of activities. The activity co-ordinator told us that the activities were based on people's past hobbies and interests. An activity plan was placed on the notice board so people knew what was happening and could make a choice as to whether to take part. There were group and individual events that took place in the service regularly. For example, memory games, music sessions and arts and crafts. The manager explained that due to people complex needs there were only a few people who join in group activities. The activity co-ordinator offered individual time for those who had complex needs for example reading a book or a hand massage. One the day of the visit the activity co-ordinator was spending time chatting with people on a one to one and supporting people to access the garden. People and their relatives made the following comments, ""I do some of the activities. We have a flower delivery every week from Sainsburys and I help to get the flowers sorted out for putting into vases. It's good to be sociable and helpful I find." "I like the walks. The staff organise walks and I can get out into the fresh air in the garden."

Each person had a call bell in their bedroom so that they could call staff if they needed to. The manager told us they were looking into the use of skype for people to keep in touch with their family.

The provider had a clear complaints policy. The policy was displayed within the service and people received a copy when they moved in. All complaints and concerns had been fully investigated and responded to. One person told us, I have no complaints. I'm happy enough." Another person said, "The place is perfect – no complaints from me."

People could be assured that at the end of their lives they would receive care and support in accordance with their wishes. Where people had been prepared to discuss their future wishes in the event of deteriorating health staff had clearly identified these in people's care plans. The information included how and where they wished to be cared for and any arrangements to be made following their death. This helped to make sure staff knew about people's wishes in advance. There was one person at the time of the inspection receiving end of life care. The manager told us they had sought the advice from other healthcare professionals to ensure that the person would receive a dignified and pain free death. They would always try to enable people to remain in their home if that was there wish.

Good

Is the service well-led?

Our findings

The 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. 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.

The service did not have a registered manager in post. However, a manager had been appointed and had been in post five weeks. They were available throughout the inspection. They had commenced the application process to become the registered manager. People, relatives and staff told us the manager was approachable, listened and acted on information that was presented to them. One person said, "Yes, I've spoken to her, she seems very nice." A relative told us, "The place was in disarray when she arrived and she quickly divided the staff into two teams – one each for the upper and lower floors. This is working very well and giving continuity to residents which is important with dementia. I would recommend the home yes."

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service had notified CQC of any incidents as required by the regulations.

There was a management structure in the service which provided clear lines of responsibility and accountability. The manager and all members of staff understood what was expected of them. For example, clinical governance was the responsibility of a nurse. The manager and staff team told us they were very proud to be part of a team that delivered a good level of care to people.

The provider had a system in place to monitor the quality of the service staff delivered to people. Senior staff and the manager undertook a number of audits of various aspects of the service to ensure that, where needed, improvements were made. Audits covered a number of areas including medication, health and safety, environment, and care plans. The provider's representative continued to visit the service and undertake a quality audit on a monthly basis. Areas for improvement had been noted by the manager and actions were underway to address these. For example, further development was needed of some care plans to ensure they included all information relevant to the persons care and support needs.

People, relatives and friends had the opportunity to give their views on the quality of the service provided. There were regular meetings for them to attend. One relative said, "Yes we've been to the meetings. We can't get to the one tomorrow unfortunately." Another relative told us, "Yes, I always attend." The manager told us they will be attending the meeting the following day and would use it as a way of introduction as they were fairly new in post.

The manager worked in partnership with other organisations to make sure they were following current practice and provided a quality and safe service for people. These included social services, district nurses, GP's and other healthcare professionals.

There were systems in place to support staff. Staff meetings took place regularly for all staff. These were an

opportunity to keep them informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. There were handovers between shifts and during shifts if changes had occurred. This meant information about people's care could be shared, and consistency of care practice could be maintained.