Caring Homes Healthcare Group Limited

Oaken Holt Nursing and Residential Home

Inspection report

Eynsham Road
Farmoor
Oxford
Oxfordshire
OX2 9NL

Tel: 01865865252
Website: www.caringhomes.org

Date of inspection visit:
28 July 2016

Date of publication:
22 August 2016

Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
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 inspection took place on the 28 July 2016. It was an unannounced inspection.

Oaken Holt House Nursing & Residential Home provides accommodation and nursing care for up to 59 older people. On the day of our inspection 46 people were living at the home. Most people were living with dementia. The home was undergoing extensive refurbishment and some areas of the home were closed.

There was 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.

People benefitted from caring relationships with staff. People were treated with dignity and respect and they were involved in their care. Staff promoted people's independence. On the day of our inspection there were sufficient staff to meet people's needs. The service had safe, robust recruitment processes.

Most staff understood their responsibilities in relation to safeguarding. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. However, some staff we spoke with were unsure who they could contact outside of their organisation. The service had systems in place to notify the appropriate authorities where concerns were identified.

People received their medicine as prescribed. However, medicines were not always stored safely and medicine records were not always accurate. The registered manager took immediate action to rectify our concerns.

Where risks to people had been identified, risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe.

Staff had a good understanding of the Mental Capacity Act (MCA) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected.

People had enough to eat and drink. People could choose what to eat and drink and their preferences were respected. Where people had specific nutritional needs, staff were aware of, and ensured these needs were met.

People told us they were confident they would be listened to and action would be taken if they raised a concern. We saw complaints were dealt with in a compassionate and timely fashion. The service had systems to assess the quality of the service provided. However, these systems had not identified our

concerns.

Staff spoke positively about the support they received from the registered manager. Staff supervision and meetings were scheduled as were annual appraisals. Staff told us the registered manager was approachable and there was a good level of communication within the service.

The registered manager told us their vision was to provide people with the best care possible.

People told us the service was friendly, responsive and well managed. People knew the managers and staff and spoke positively about them. The service sought people's views and opinions and acted upon them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People received their medicine as prescribed. However, medicines were not always stored safely and medicine records were not always accurate.

People told us they felt safe. Staff knew how to identify and raise concerns. However, two staff were unsure who they could contact outside of their organisation.

Risks to people were managed and assessments were in place to reduce the risk and keep people safe.

There were sufficient staff deployed to meet people's needs.

Is the service effective?

Good

The service was effective. People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act (MCA) and understood and applied its principles.

Is the service caring?

Good

The service was caring. Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made. People were involved in their care.

The service promoted people's independence.

Is the service responsive?

Good

The service was responsive. Care plans were personalised and gave clear guidance for staff on how to support people.

People knew how to raise concerns and were confident action would be taken.

People's needs were assessed prior to receiving any care to make sure their needs could be met.

Is the service well-led?

Good

The service was well led.

The service had systems in place to monitor the quality of service.

People knew the management structure of the service and spoke with managers with confidence.

There was a whistle blowing policy in place that was available to staff around the service. Staff knew how to raise concerns.

Oaken Holt Nursing and Residential 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 the 28 July 2016. It was an unannounced inspection. This inspection was carried out by an 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.

We spoke with eight people, three care staff, a nurse, a hospitality supervisor, the chef, the registered manager and the regional manager. We looked at five people's care records, medicine and administration records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which captures the experiences of a sample of people by following a person's route through the service and getting their views on it. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Before the inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

Requires Improvement

Is the service safe?

Our findings

People were supported by staff who could explain how they would recognise and report abuse. They told us they would report concerns immediately to the registered manager. Most staff were also aware they could report externally if needed. Staff comments included; "I'd report to my manager or use the whistle blowing process. I would also call social services or the local authorities", "I would report to the manager" and "I'd report concerns to the manager and make sure it is investigated. We also have reporting numbers I can call as well". However, two staff we spoke with were unsure who they could report to outside of their organisation. One staff member said, "I'm not sure, perhaps the police". Another said, "I'm sorry I don't know". We raised this with the registered manager who said they would remind all staff of the routes staff can take to raise concerns. The service had systems in place to investigated concerns and report them to the appropriate authorities.

People had their medicines as prescribed. The staff checked each person's identity and explained the process before giving people their medicine. Medicines were stored securely and in line with manufacturer's guidance. However, some medincine was stored in containers labelled by people's room numbers. On inspecting the containers we saw some people's medicines were stored in containers relating to other people's room numbers. This meant there was a risk people could receive the wrong medicine. We raised this concern with the registered manager who took immediate action and removed all of the containers and stored people's medicines safely.

People told us they felt safe. Comments included; "Feels very safe", "No need for mistrust or fear or anxiety", "I feel safe and the staff are honest" and "All what goes on is in accordance with good (safe) practice".

Medicine records were not always accurate. We checked the stock levels of one person's medicine against the records of medicine stock and saw it was incorrect. This error had occurred because existing stock levels had not been carried forward to the new stock record. Only the new stock had been recorded. The registered manager took action and told us, "I will audit medicines the day following delivery to ensure this does not happen again".

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person was at risk of falls but was 'unable to safely use the call bell' due to their condition. Staff were provided with guidance on how to keep this person safe. This guidance included regular checks on the person and the installation of a pressure mat next to the person's bed to alert staff of any movement. Records confirmed regular checks were carried. out and we observed that a pressure mat was in place for this person. Other risks assessed and managed included weight loss, choking and pressure care.

Staff told us there were sufficient staff to support people. Comments included; "At the moment yes we have enough. We've used agency in the past but we seem fine now", "Yes we have enough staff" and "Yes we are fine for staff, we can meet people's needs".

On the day of our inspection there were sufficient staff on duty to meet people's needs. The registered manager told us staffing levels were set by the "Dependency needs of our residents". Staff were not rushed in their duties and had time to sit and chat with people. People were assisted promptly when they called for help using the call bell. Staff rota's confirmed planned staffing levels were consistently maintained.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identify if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions. Extensive refurbishment work and improvements were being made to the building and we saw satisfactory checks had been carried out to ensure they were suitable to work within the home.

People's care plans contained personal emergency evacuation plans (PEEP) to enable people to evacuate the home safely should the need arise. Staff were provided with guidance on how to safely evacuate people in relation to their specific needs. For example, one person could become disoriented. Their PEEP stated 'in case of fire walk with me to the nearest safety point'. Staff were aware of these evacuation plans.

Good

Is the service effective?

Our findings

People told us staff had the skills to support them effectively. People's comments included; "If you want some help, you get it" and "The staff are able to carry out their role professionally but remain authentic and genuine".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us that they completed the provider's mandatory training and received training updates. Staff training was linked to the Care Certificate, a nationally recognised qualification. We spoke with staff about training. One staff member said, "The training here is very good and the face to face training is really excellent. I completed my training and also shadowed an experienced carer before working alone" Another staff member said, "I can't fault the training".

Staff told us, and records confirmed they had effective support. Staff received regular supervision. Supervision is a one to one meeting with their line manager. Supervisions and appraisals were scheduled throughout the year. Staff were able to raise issues and make suggestions at supervision meetings. For example, one member of staff said, "Supervisions are fine, I get one almost every month. I've asked for some improved dining room equipment and been promised it will come". One nurse told us how supervisions were used to progress their career development. They said, "I do have regular supervision. I asked for training through supervision to help with my qualification and this was provided".

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager. 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. The registered manager was knowledgeable about how to ensure the rights of people who were assessed as lacking capacity were protected. Where people were thought to lack capacity, mental capacity assessments were completed. For example, one person had been assessed as not having capacity to make a decision relating to their medicine. The registered manager, GP, staff and the person's family had met and considered the person's best interests. A decision was then made to safely administer this medicine covertly. Records confirmed this practice was being managed effectively.

People were supported by staff who had been trained in the MCA and applied it's principles in their work. Staff offered people choices and gave them time to decide before respecting their decisions. Staff demonstrated an understanding of the MCA. Staff comments included; "We follow the guidance under the MCA. We support people to make their own decisions in their best interests", "I treat everyone individually as they are all different. It has to be their choices but I work in their best interests" and "These people are human beings and deserve a choice. I offer as much choice as I can, I give them time to consider and try to explain things for them".

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 are called the Deprivation of Liberty Safeguards (DoLS). At the time of our visit no one was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. These safeguards protect the rights of people by ensuring that if there are any restrictions to their freedom and liberty these have been authorised by the supervisory body. The registered manager told us they continually assess people in relation to people's rights and DoLS and they were awaiting a decision for one application from the authorising body.

Staff demonstrated a good understanding about how to ensure people were able to consent to care tasks and make choices and decisions about their care. Throughout our visit we saw staff offered people choices, giving them time to make a preference and respecting their choice. For example, during the lunchtime meal we saw people's preferences regarding food and drink were respected. We spoke with staff about consent. One member of staff said, "Consent is easy, I check with residents everytime".

Care records demonstrated people's consent had been sought. People had signed their care plans and reviews and where DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) forms were in place we saw they had been completed fully with the signed consent of the person.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included the GP, the local authorities care home support service (CHSS) and speech and language therapist (SALT). Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans.

People told us they enjoyed the food and felt it had improved. Comments included; "Somebody comes round to you and helps you decide choice of meals", "The food had been a problem but it now seems the kitchen is sorted" and "It's fine and has improved".

We observed the midday meal experience. This was an enjoyable, social event where the majority of people ate together. Food was served hot from the kitchen and looked 'home cooked', wholesome and appetising. People were offered a choice of drinks throughout their meal. People were encouraged to eat and extra portions were available. Where people required special diets, for example, pureed or fortified meals, these were provided. We spoke with the chef who told us, "I receive diets sheets every day and this includes any information about special diets, pureed meals and fortified meals. If anyone wanted something different to eat we can usually cater for them. Omlettes are popular and one lady likes jelly so I make sure we have plenty of flavours in stock for her. I meet with the residents as much as possible to obtain their views and we always try to cater for their preferences".

Good

Is the service caring?

Our findings

People told us they enjoyed living at the home and benefitted from caring relationships with the staff. People were positive with their praise for staff. Comments included; "Everything is very natural and caring when needs are being met", "They (staff) feel like chums really" and "They have genuine concern and care for what's going on and people's needs".

Staff told us they enjoyed working at the service. Comments included; "I really enjoy this job, I find the work so rewarding", "I like my work because I look after people. I like to see them smile", "I love the people I work with" and "I have very good relations with residents and their families".

People were cared for by staff who were knowledgeable about the care they required and the things that were important to them in their lives. Staff spoke with people about their careers, families and where they had lived. We observed and records confirmed, staff used people's life histories to engage with them and used these details as a distraction technique if they became anxious. One person told us how staff cared for them on a recent trip out. They said, "On the last shopping expedition that was arranged, I couldn't find my usual razor blades for shaving. I told the driver and he managed to get some. It made all the difference".

During our visit we saw numerous positive interactions between people and staff. For example, one person was sat in the nurses office offering to help. The nurse engaged with the person and included them, asking their opinion and praising them for their contribution. Another person was sat in the lounge holding a soft toy. A staff member stopped, crouched down and smiled at the person engaging them in conversation about the toy. The person smiled and told the staff member what they were doing. The staff member then took the person's hand and said, "That was lovely, I will come back and chat some more in a minute".

We observed staff communicating with people in a very patient and caring way, offering choices and involving people in the decisions about their care. People were given options and the time to consider and choose. For example, one person entered the lounge and sat down. They called to a staff member and asked for a soft toy to cuddle. The staff member asked what toy the person wanted and they pointed it out. The staff member then collected the toy and gave it to the person with a smile. Another person asked for a drink. Staff offered the person a choice of drinks and then respected the person's decision.

People's independence was promoted. For example, one person's care plan stated 'staff to give me choice to choose what clothes to wear'. Another person's care plan stated 'I like two pillows on my bed'. We went to this person's room and saw two pillows were on their bed. We spoke with a staff member about this person's independence. They said, "[Person] like two pillows but more importantly she likes the independence to be able to choose. I may prompt or advise but it is their independence and their choice". One person said, "Staff help by doing things that make life easier and they support me to live comparatively independently".

People's dignity and privacy were respected. When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. One

care plan stated 'respect my dignity and privacy at all times, ensure I am pain free. Reassure me verbally and give me choices'. We spoke with staff about dignity and privacy. Staff comments included; "I'm polite, I knock on doors before I enter and I give residents their privacy", "I always ask their permission because I respect them" and "I make sure all my staff are aware of these issues. I observe their practice and make sure they are respectful and polite".

People told us they were treated with dignity and respect. People's comments included; "I don't feel as I'm being treated as someone who needs help" and "Privacy is what I'm used to and what I get".

People were involved in their care. For example, their care reviews and information about their care was given to them. People had also provided personal information enabling the service to involve them on a personal level. People had signed their care plans and where they were unable to sign the care plans, these had been signed by a relative or a person appointed with lasting power of attorney.

People's wishes relating to 'end of life' care were recorded and respected. Advanced care plans recorded people's preferences and wishes. For example, whether people wished to be buried or cremated, funeral and family arrangements and their choice of music for funerals. One person had stated they wished to 'avoid hospital if possible but (was) happy to be admitted if necessary'. The person had also stated they did not wish to be resuscitated following a cardiac arrest. Details of who the person wished to be contacted for 'difficult decisions' were listed. Another person had recorded they wished to donate their body to medical science. Staff were aware of people's advanced plans and told us their preferences would be respected.

People's care was recorded in daily notes maintained by staff. Daily notes recorded what support was provided and events noted during the day. These provided a descriptive picture of the person's day. For example, one staff member had noted in one person's care plan ' [Person] has been cheerful today, ate all their breakfast with one carer and enjoyed a (family) visit'. One member of staff said, "It's not just about care, they are people. I was chatting about cricket with one resident only today".

Good

Is the service responsive?

Our findings

People's needs were assessed prior to admission to the service to ensure their needs could be met. People had been involved in their assessments. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. For example, one person had stated they liked church and singing hymns. Another person was interested in politics and supported a particular political party.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person had detailed how they wished to be showered. Another person had listed their preferences for breakfast and where they wished to eat. Daily notes evidenced these personal preferences were respected by staff.

Care plans and risk assessments were reviewed to reflect people's changing needs. Staff completed other records that supported the delivery of care. For example, where people needed topical creams applied, a body map was in use to inform staff where the cream should be applied. Staff signed to show when they had applied the cream and there was a clear record of the support people received. Where people's needs changed the service sought appropriate specialist advice. For example, one person's condition changed and they were referred to the GP. Following a review one of their medicine's was stopped and the person's condition improved.

People received personalised care. For example, one person could present behaviour that may challenge others, particularly if they became anxious. Staff were guided to talk calmly and reassure the person to relieve their anxiety. Records were maintained and identified triggers to this behaviour and effective staff actions that resolved situations. These records confirmed staff responses were effective. Another person who was identified as being at risk of choking was referred to a speech and language therapist (SALT). Guidance provided by the SALT team included a 'soft moist diet' and thickened fluids. This person also had a 'Percutaneous Endoscopic Gastrostomy Tube' (Peg) which is a way of introducing food, fluids or medicines directly into the stomach by passing a thin tube through the skin and into the stomach. Staff had received training and guidance from local NHS Foundation Trust so they could effectively respond to this person's specific needs.

People were supported by staff committed to providing personalised care. We asked staff what personalised care meant to them. Comments included; "This is how they like their care. Their personal choice done their way", "It is care for the individual" and "Everybody has different routines and needs so we work to their preferences".

People were offered a range of activities including games, visiting musicians, flower arranging, light exercise, arts and crafts, and a visit from a PAT dog. (Pets As Therapy) The service also arranged for religious services in the home. Trips were organised and included visits to garden centres, shopping, and local places of interest. The home also had large, well maintained garden areas and grounds for people to enjoy. Access to

the garden was unrestricted and accessible for people who used wheelchairs.

People told us they enjoyed activities in the home. People's comments included; "With activities everything is just fine", "There is quite a lot going on if you want to join in. It is your choice" and "The outings are really good. For example, the lunches out".

People's and their family's opinions were sought through surveys. The surveys asked people questions about all aspects of the service, care and staff. We saw the results of the last survey which were positive. People could raise issues and where they did, the registered manager took action to resolve people's issues. For example, an issue was raised where people asked for more mashed potatoes to be included on the menu. We saw the menus had been revised and on the day of our inspection mashed potatoes were served as a choice at lunch.

'Residents' and relatives meetings were held and gave people and their relatives the opportunity to discuss and raise issues. Where issues were raised the service responded and took action to address the issues. For example, one person requested that animals were brought to the home and we saw a PAT dog was regularly brought into the home for people to enjoy. People were also provided with information at meetings. For example, the plans and schedules for refurbishment of the home were presented to people at one meeting giving them the opportunity to ask questions. Meeting minutes evidenced people's questions were answered openly and honestly.

People told us they knew how to complain and were confident action would be taken. A complaints policy and procedure was in place and displayed in the home and held in the service users guide given to all people and their relatives. There had been five complaints in 2016. All the complaints we saw were resolved in line with the provider's complaints policy. People's comments included; "I've no doubt that we are listened to and our requests actioned by the staff" and "Staff are very much an advocate for people".

Good

Is the service well-led?

Our findings

People clearly knew the registered manager who was visible around the home throughout our visit. We saw them engaging with people who greeted her warmly with genuine affection. The registered manager knew people and called them by their preferred name.

People were very positive in their comments about the registered manager. These comments included; "The Manager is very nice, careful with the staff that she engages and home is very well run. She is the sort of person you could confide in", "Seems that the manager does their very best to get good staff, this is a fundamental matter", "Positive attitudes and culture are conveyed to new staff. I don't know how they do it" and "[registered manager] listens to suggestions".

Staff told us the registered manager was supportive and approachable. Comments included; "Yes [registered manager] is very supportive. If I have any problems they are there", "She is nice and very supportive, her office is always open" and "This is a good, well managed service lead by a good manager".

The service had a positive culture that was open and honest. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. Both the registered manager and staff spoke openly and honestly about the service and the challenges they faced. One member of staff said, "This can be demanding work but it is well run here and we are open and honest about what we do".

The registered manager told us about their vision for the service. They said, "I want to get through this refurbishment phase so I can provide the best care, and end of life care we can give them (people). I want my team to know my residents". Throughout our visit we saw staff providing care and support in line with this vision.

Accidents and incidents were recorded and investigated. The registered manager analysed information from the investigations to improve the service. For example, one person was seen to have some bruising. The incident was investigated and the person reviewed by the GP who concluded the bruising was caused by the use of a standing hoist. The person's care plan was reviewed and the person was hoisted with a full hoist. Records evidenced the person did not suffer from bruising following the review. Accidents and incidents were analysed collectively by senior managers through an electronic recording system. This allowed senior managers to look for patterns and trends. For example, following a series of falls a pattern was identified. The local authority's care home support service was consulted and actions taken to manage the risk to this person.

Staff shared learning from incidents through briefings, handover and meetings. Regular staff meetings were held and staff shared learning and discussed people's care. Staff told us about sharing learning. Comments included; "We can raise issues at meetings which is where we share our learning", "We do this (share learning) at meetings and briefings" and "Information is exchanged and that's how we improve".

The registered manager monitored the quality of service provided. Regular audits were also conducted by the provider's auditor to monitor and assess procedures and systems. Audits covered all aspects of care and results were analysed resulting in identified actions to improve the service. Audits were logged electronically and analysed and any identified issues were forwarded to the registered manager to action. For example, one audit identified a staff training need. Training records evidenced this training need was being addressed and was 81% completed. The latest audit score was rated at 97%. The provider's regional manager regularly visited the home to monitor progress through action plans and to support the registered manager to drive continuous improvement. However, although the audits had not identified our concerns relating to medicines and staff knowledge of safeguarding, the registered manager took immediate action on the day of our inspection to address these concerns.

There was a whistle blowing policy in place that was available to staff around the home. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.