

Oakwood Care Centre Limited

Oakwood Care Centre

Inspection report

400A Huddersfield Road
Millbrook
Stalybridge
Cheshire
SK15 3ET

Tel: 01613032540

Website: www.oakwoodcarecentre.co.uk

Date of inspection visit:

21 November 2019

22 November 2019

Date of publication:

09 December 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Oakwood Care Centre is a care home providing residential care to 15 people aged 65 and over at the time of the inspection. The service can support up to 18 people.

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

People were safe because potential risks to their health and wellbeing had been mitigated and were managed effectively. They were supported by staff who had been trained to identify and report safeguarding concerns. Staffing levels were good. People were safely supported to take their medicines but we have made recommendations about the recording of thickeners and the safety of one staircase.

People's healthcare needs were monitored. People had access to appropriate support from a variety of health care professionals. People with specialist dietary needs were supported accordingly. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives were positive about the service and said staff were kind and caring. Staff developed caring relationships with people and were sensitive to their individual choices. People were treated with dignity and respect and their right to privacy was upheld. The service could provide people with information about local advocacy services, to ensure they could access support to express their views if they needed to.

People were encouraged and supported to be as socially active as they wished. In addition to group activities, one to one activities were provided. The service had good links with the local community. The provider managed complaints appropriately. People's future care needs were captured and staff had completed accredited training in end of life care.

There was a positive and open culture. Staff roles and responsibilities were clear. The service worked in partnership with a variety of agencies to ensure people received the support they needed. People were happy with how the service was managed. Staff felt well supported by the management team and held them in high regard.

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

Rating at last inspection

The last rating for this service was requires improvement (published 20 November 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Oakwood Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Oakwood Care Centre 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also contacted Healthwatch to see if they had information to share about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, operations manager,

activities coordinator, cook, domestic and four care staff. We also spoke with a health and social care professional that visited the service.

We reviewed a range of records about people's care and how the service was managed. This included looking at three care plans and two staff files. We reviewed quality audits, accident and incidents, and policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The main staircase leading to the first floor could pose a risk of falls to people who mobilised freely around the building. This was an issue the registered manager had already considered and wanted to ask us about.

We recommend the provider completes a risk assessment and considers how they can ensure people can mobilise safely in this area whilst not restricting them unnecessarily.

- The provider assessed risks to people's safety and acted to minimise these. Risk assessments were regularly reviewed.
- Staff were attentive to people's safety and wellbeing.
- Environment and equipment safety checks were routinely conducted. Actions were identified and completed to reduce risks.

Learning lessons when things go wrong

- Systems were in place to record and review accidents and incidents.
- The registered manager met with the operations manager to regularly review accidents and incidents. Systems and processes were in place to help minimise them reoccurring.
- Publicised incidents that had taken place at other care homes were considered, risk assessed and shared with the staff team. For example, the home had a risk assessment in place for the safe storage and disposal of gloves worn by staff when providing personal care.

Using medicines safely

- Topical medicines and those used to thicken foods and fluids were not always recorded at each administration.

We recommend the provider considers current guidance on recording medicines and take action to update their practice accordingly.

- The provider had a safe system to manage medicines.
- Staff who supported people with their medicines were trained and had their competency checked.
- The registered manager conducted regular medicines audits to ensure people received their medicines as prescribed.
- Staff on duty day and night were trained to administer medicines.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Oakwood Care Centre. One person told us, "I feel safe here. The staff look out for me and always make sure I'm okay." A relative told us, "[Person] is well looked after and safe."
- The provider had policies and procedures in place to guide staff on how to safeguard people from the risk of abuse and whistleblowing.
- The management team understood their responsibilities and reported safeguarding concerns or allegations to the appropriate authorities.
- Staff received training on safeguarding people from abuse and demonstrated a sound knowledge of the different types of abuse, the signs they would look for to recognise possible and actions they would take to report their concerns.

Staffing and recruitment

- A new and robust system was in place to safely recruit staff. Staff did not start working at Oakwood Care Centre without undergoing the appropriate checks to ensure their suitability to work with vulnerable people.
- People were supported by a sufficient number of staff with the right skills and knowledge to meet their needs. People confirmed that staff were available when they needed care and support.
- Staffing levels were monitored and reviewed according to people's changing needs.

Preventing and controlling infection

- People were protected by the safe use of infection control procedures and practices.
- Staff had access to personal protective equipment to prevent and control the spread of infection.
- Oakwood Care Centre was clean and free from malodours.
- The service received a five-star rating by the food's standards agency in February 2019. This gave us assurance that the service was following appropriate food hygiene procedures.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People's needs had been fully assessed before they began living at the service. Assessments focused on people's emotional needs, preferences and their physical care needs.
- Family members were invited to contribute to care planning where appropriate. We observed the registered manager inviting the relative of a new resident to review their assessment and care file. The relative told us, "[Person] likes to have things done a certain way and Oakwood Care Centre staff can accommodate this."
- Good practice guidance was followed in relation to pressure care, falls prevention and mental health and wellbeing.

Staff support: induction, training, skills and experience

- Staff received an induction to the service when they were first appointed. They received training relevant to their roles.
- Staff received regular supervision and felt well supported by the management team. They completed competency checks in medicines administration, moving and handling and the provision of every day care tasks.

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

- People were supported to eat and drink enough. Drinks and snacks were available in the communal areas of the home at all times..
- Information about people's nutrition and hydration needs was recorded in their care plan and people's weight was monitored.
- People were offered a choice of food and received meals in line with their needs. One person told us, "The food really is very good and there is plenty of it."
- Staff were aware of people's specialist dietary requirements and supported people accordingly. Care plans recorded people's specialist needs as well as their likes and dislikes in relation to food and drink.

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

- People were supported to access health professionals such as; GP's and dieticians. The local GP visited people fortnightly.
- A relative we spoke with told us, "The management team always keep me informed of any illness or incidents."

- People received support with their oral healthcare. People had an oral care assessment and a visit to the dentist could be arranged. Staff told us they had the confidence to support people with their oral care.

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

- All areas of the home were accessible by people including the garden and outdoor spaces. The provider had made a considerable investment in redecorating the home and more was planned. For example, work was imminent to remodel and update the downstairs bathroom.
- Appropriate signs were visible throughout the home to enable people to find their way around and locate their bedrooms and toilet facilities.
- People had decorated their bedrooms according to their choice and liking. People could bring in furniture from their previous home so that a familiar surrounding could be created for their comfort.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider and staff understood the importance of seeking peoples' consent and supporting them in the least restrictive ways. Decisions had been captured in people's best interests.
- Staff had received training in MCA and we observed staff asking people's consent before providing care and support.
- Applications for DoLS had been submitted where appropriate and there was a clear tracking system in place to monitor the dates these were authorised or needed to be reapplied for.
- Care records identified where relatives held Lasting Power of Attorney and relevant documentation was in place.

Is the service caring?

Our findings

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

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

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

- People and relatives said staff were kind and caring. Comments included; "We have a laugh together", "Staff treat me well," and, "The staff are kind."
- People were cared for by compassionate staff and who responded to them as unique individuals. Staff were aware of people's life stories and used these to engage with people.
- There was a relaxed and caring atmosphere and we saw people were comfortable and happy around staff. The staff encouraged people to express their views and listened with interest and patience. We saw staff sat next to people so that they were on eye level which helped with communication.

Respecting and promoting people's privacy, dignity and independence

- Staff chatted with people who enjoyed their company. Staff said that it was a positive place to work and that all the staff were caring and were able to meet the needs of people.
- We saw staff making sure people's privacy and dignity needs were understood and always respected. For example, we saw that staff knocked on people's doors and asked for permission to enter.
- Staff recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights.
- Staff received training on equality and diversity. This helped ensure that staff were aware of their responsibilities in how to protect people from any type of discrimination.

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

- Staff understood people's communication needs; they used this knowledge to support people with making choices.
- People were offered choices thought out the day. For example, they were able to decide when they got up and went to bed, in what they wanted to wear and where they chose to spend their time.
- Relatives advocated on behalf of some people; whilst others had independent advocates. These individuals had been involved in making decisions about people's care.

Is the service responsive?

Our findings

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

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

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

- Care plans were kept up to date and reflected people's needs accurately. They were regularly reviewed as people's needs changed.
- People and their relatives had been involved in planning their care.
- Care files contained people's life histories. Staff were able to use the information to support people if they became distressed, by talking about subjects familiar to them.
- Staff knew about people's individual needs and were able to tailor the care provided to support the individual in the way they preferred. Meeting people's communication needs.

Meeting people's communication needs

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

- The registered manager was aware of the specific requirements of the AIS and was in the process of documenting the communication needs of people in a way that meets the criteria of the standard.
- People's communication needs were identified, recorded and highlighted in their care plans. These needs were shared appropriately with other health and social care professionals.
- Information could be made available in different formats to suit people's needs.

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

- Staff recognised the importance of personal relationships and people were encouraged maintain relationships with friends and family who could visit at any time and told us they felt welcome. One relative told us they were welcomed weekly to enjoy Sunday lunch with their relative.
- People had a range of activities they could be involved in to allow them to lead as full a life as possible. The enthusiastic activity coordinator had developed an schedule based on people's preferences.
- On the first day of the inspection a local art group supported people to make Christmas decorations. The local nursery was also visiting to perform some songs and meet the residents.
- People had opportunity to go out shopping or take part in local activities. One person said, "I go up to the community centre and play bingo every week, I never win though!"

Improving care quality in response to complaints or concerns

- People felt concerns raised were addressed by staff without delay and staff were responsive to what they told them.
- People were confident to raise any concerns with the registered manager or staff. One relative told us, "The office staff seem very approachable and I would feel comfortable complaining if I had to."
- Where concerns had been raised these had been investigated and resolved and an apology offered where it was identified improvements could be made.

End of life care and support

- People wishes around their future care needs were captured in detailed plans. End of life and spirituality care plans were completed to help guide staff about people's future wishes.
- Staff had received accredited training to provide end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider did not have effective systems and processes in place to ensure that the issues were identified and addressed in a timely manner. This was a breach of regulation 17 (Good Governance) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There were updated and robust auditing systems in place to ensure care and support were provided as intended. The management team had developed quality audits which checked records and procedures had been maintained and followed.
- The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.
- A deputy manager had been recruited and was waiting for the necessary checks to be completed before starting at the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team had a clear vision about being a respected and responsive care provider, which was focused on promoting good care and compassion.
- Relatives confirmed they were kept up to date about anything significant that happened to their relative. They told us they were never left wondering or concerned about what had happened and that the registered manager was pro-active in ensuring they had all the information about their relative.
- The management team were aware of their duty of candour responsibilities. The registered manager told us, "I have the effective support of the operations manager. They have contributed to the update of the systems and processes in the service and audit my work to ensure we maintain high standards."

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

- People received a service from staff who worked in an open and friendly culture. Staff at all levels were approachable and keen to talk about their work. Staff said the registered manager was accessible and

approachable and dealt effectively with any concerns they raised.

- People appeared relaxed in the management team's company and that they were used to spending time with them. The registered manager knew people and their needs very well.

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

- People, relatives and staff had opportunities to give feedback about the home. Regular meetings were held.
- The provider sought feedback from people and staff through questionnaires. People confirmed they had been consulted about the quality of service provision. The registered manager confirmed that, where any concerns were identified, this was discussed with people who used the service and improvements were made.

Continuous learning and improving care; Working in partnership with others

- Accident and incident forms were completed. These were checked by the registered manager who analysed them for trends and patterns.
- The registered manager said relationships with other agencies were positive. Where appropriate the registered manager ensured suitable information, for example about safeguarding matters, was shared with relevant agencies. This ensured people's needs were met in line with best practice.
- The registered manager worked with the local authority to drive improvement and attended relevant manager workshops. Oakwood Care Centre has experienced a positive trajectory of quality improvement over the last few years.