

Oakview Care Home Limited

# Oakview Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Oakview 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. Oakview care home accommodates 72 people in one building across four separate units, each of which have separate adapted facilities. Two of the units specialises in providing care and nursing care to people living with dementia.

At the last inspection, the service was rated Good. At this inspection we found the service remained good.

People told us they received safe care, relatives who we spoke with told us staff were trained to support their family members in a way which kept them safe. Staff demonstrated good knowledge in how they were to protect people from harm. We found staff understood and recognised the signs of abuse and knew how to report this. The registered manager had identified potential risks to people and had put plans in place to support staff to reduce the risk to people without taking away people's right to make decisions about their care. People and relatives told us the registered manager ensured there were enough staff to support their care needs. People were supported with their medicines in a safe way. Staff followed appropriate guidelines to reduce the risk of infection. Accidents and incidents were investigated and action taken to reduce the risk of further harm.

People received care and support which met their needs and preferences and was in line with their consent and agreement, and staff understood the importance of this. Staff received regular training which was relevant to the people they cared for. We found people were supported to eat a healthy diet which was tailored to their individual preferences. Staff worked with external healthcare professionals and where necessary followed their guidance and advice about how to support the person in the right way. 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 support this practice.

People's views and decisions they had made about their care were listened to and staff acted upon these in a dignified and respectful way. Staff worked as a team to ensure people were supported with respect and their dignity maintained. Relatives felt the staff team treated their family members in a kind and friendly way, which was done so respectfully. People benefitted from the staff using different approaches and communication equipment to support them to make choices and be involved in their care decisions as much as possible.

People were involved in the planning and ongoing reviews of their care. People were supported to maintain their hobbies and interests. Staff recognised if people's healthcare needs changed, and responded to these in a timely way. The registered manager had provided people with information around how to raise a complaint should they need to. People and relatives we spoke with knew who they could speak with to raise any concerns. People and relatives felt listened to where they had raised a concern. The registered manager had received some complaints and had taken action to address these and share the learning with the staff

team to improve practice. People and their families were supported by staff that were compassionate and knowledgeable to meet their end of life needs.

People and their relatives felt involved in the way the service was run. They felt they had the opportunity to share their views and discuss aspects of the service. Staff felt supported by the registered manager to carry out their roles and responsibilities effectively, through training and daily contact. Staff felt involved in the service and felt able to influence their ideas in the way in which the service was run. People, relatives and staff felt the registered manager was approachable and listened to them. We found checks the registered manager completed on the service focused upon the experiences of people.

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 remained Good.

### Is the service effective?

Good ●

The service remained good

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Good ●

The service remained Good.

# Oakview 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 was an unannounced comprehensive inspection. The inspection site visit took place on 14 November 2017 and 17 November 2017. It included speaking with people, visitors and staff; and to review care records and policies and procedures. As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also spoke with the local authority about information they held about the provider.

Due to technical problems on our part, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually 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.

On the first day of our inspection, the inspection team consisted of three inspectors and two experts-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, both of the experts-by-experience had had experience of a family member using this type of service. One inspector completed the inspection on the second day of inspection.

We spoke with 29 people who used the service and eight relatives and one visitor. We spoke with seven care staff, one cook and three nurses. We also spoke with the registered manager and the provider.

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.

We reviewed a six people's care records and medication records. We also looked at staff recruitment files, incident and accidents, maintenance records and complaints and compliments, safeguarding's, DoL

approvals, staff rotas and dependency tool, the registered managers quality checks and the providers plans for the extensions.

# Is the service safe?

## Our findings

When inspected in December 2015 this key question was rated as good. We found the service continued to be rated as good at this inspection.

All the people we spoke with felt safe living in the home. One person told us, "There are nice staff here that make me feel safe". While a further person said, "It's nice and safe the company you have here. You only have to buzz and somebody comes". All the relatives we spoke with felt their family member were safe living in the home. One relative told us, "We come at all different times. I have never seen anything that has worried me". Staff were able to explain what different types of abuse people may be at risk of and how they would report this if they suspected abuse had taken place. The registered manager had a good awareness of the safeguarding procedures and worked with the local authority safeguarding team to ensure people were kept safe harm.

People's safety was assessed and monitored by staff to support people to stay safe in the home. Where risk was identified, such as risk of pressure sores, or weight loss plans were put into place to reduce the risk which were followed by staff. Where accidents or incidents had occurred these had been appropriately reported, recorded and investigated, so lessons could be learned. One relative we spoke told us the registered manager listened and responded to their concerns about their family member's safety. They were happy with the action taken such as additional equipment put in place to monitor people's safety.

People, relatives and visitors we spoke with told us they felt there was enough staff on duty to keep them safe. One person told us, "They're here all the time". While a further person told us, "There's always staff about, popping in". While a relative told us, "I do think there are enough staff". We saw staff did not hurry people and allowed people to do things at their own pace. We staff were visible within the communal areas of the home and also ensured people were supported in their rooms when they required assistance. We saw that people's requests for assistance were responded to promptly. Staff we spoke with told us they felt there were enough staff on duty to support people and keep them safe. The registered manager had good knowledge and understanding of people's care needs and took into account the deployment and skill mix of staff.

Staff we spoke with told us they had completed application forms and were interviewed to assess their abilities. The provider had made reference checks with the staff's previous employers and with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who used the service. The provider used this information to ensure that people were not placed at risk through their recruitment practices.

People and relatives we spoke with did not have any concerns about how their medication was managed. We spoke with two nurses who administered medication. They both had a good understanding about the medication they gave people and the possible side effects. They showed a good awareness of safe practices when handling and administering medicines. We found people's medication was stored and managed in a way which helped to keep people safe. The provider made checks to ensure people received their medicines

as required.

People, relatives, visitors and staff told us the home was clean and tidy. We saw the home was clean and domestic staff had the required equipment to clean the home effectively. We saw staff use gloves and aprons were appropriate to help reduce the risk of infection. The registered manager had procedures and checks in place to maintain infection control. We saw the provider had a schedule for deep cleaning communal areas and had hired night time cleaners to enable them to carry out these tasks effectively while the communal areas were empty.

## Is the service effective?

### Our findings

When inspected in December 2015 this key question was rated as good. We found the service continued to be rated as good at this inspection.

People and their relatives told us they were involved in assessments before they arrived at the home. One person explained how they shared information about their history and preferences from when they arrived at the home. One person told us, "Staff take their time to get to know you". A relative told us that staff knew their family member well. Another relative told us about staff used specialist equipment to monitor their family member if they got up at night. This was to ensure their family member was encouraged to be as independent as possible in a safe way. We saw full assessments were completed before people arrived at the home to ensure their needs could be met, to ensure the staff had the skills needed ready to support the person.

People we spoke told us staff knew how to look after them well as they had the skills needed to care for them in the right way. One person told us, "I have always been alright here the staff know me well". Relatives we spoke with told us staff were knowledgeable about people's care needs. One relative told us it was, "The best care [person's name] could get, the staff go above and beyond".

Staff we spoke with told us the training they had received was useful and appropriate to the people they cared for. One staff member told us how a training course to develop their understanding of involving people in appropriate activities to overcome loneliness had helped to improve their delivery of care for people. Staff told us that it helped them to better support people where they were required to be nursed in bed. Staff confirmed that the registered manager encouraged their development and learning and they had opportunities to progress. One staff member said, "I asked for a refresher course, and the [registered manager's name] made sure I got it".

All people who we spoke with told us they enjoyed their meals as they were varied, with food they enjoyed eating. We saw people chose where to eat during meal times and staff ensured people had enough to eat and if they were happy with their meal. Where people required a specialised diet, such as a soft textured diet due to identified swallowing difficulties, this was provided for the person. The provider catered for people's individual cultural dietary needs and ensured people had food that was in line with the religious beliefs. We saw people were offered hot and cold drinks throughout the day and staff ensured people had drinks to hand or supported people to drink if they needed assistance. Staff understood the importance of ensuring people had enough fluids and where needed supported people to do so to keep them healthy.

People we spoke with told us they had access to healthcare professionals when they needed and appointments with health professionals were arranged in a timely manner when they requested these. We saw that dentist, optician and chiropodist appointments were arranged for people as part of their routine health checks. All relatives we spoke with told us staff, in-line with the person's consent, informed them if their family member had become unwell and needed the doctor or hospital treatment. We saw records which showed staff worked with the local hospital, local authority and people's doctors to ensure the care

they received was continuous and did not have a negative effect on the person.

People were involved in the decoration and design on the home. We saw people's rooms were furnished with their own belongings and decorated to their personal tastes. The communal areas had been furnished with homely touches. Where some people's hobbies included art, we saw these had been placed in the communal areas for others to enjoy. The provider was in the early stages of planning to extend the communal areas for people. They told us and people confirmed that they had been involved in the decision making process.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People and where appropriate their relatives, told us staff had discussed with them aspects of their personal care so that their consent and agreement to the care was sought. People felt staff respected their wishes and listened to them. Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant and how it affected the way the person was to be cared for. Authorisations were in place and applications had been made to the local authorities where the management team had identified their care and support potentially restricted their liberty on the person.

## Is the service caring?

### Our findings

When inspected in December 2015 this key question was rated as good. We found the service continued to be rated as good at this inspection.

People and their relatives said staff were kind and caring. One person told us, "The staff are always very helpful. I can't fault any of them I know all their names and the cleaners." While a further person explained how the staff had welcomed them into the home and said, "I have settled in really well. It's an easy place to settle in to". Relatives told us staff were compassionate and remembered the little things that were important to the person. One relative said, "[The person] has to have a soft diet now but she is really missing cheese so they make a real effort to put it on a baked potato and mix it in so she can still taste it". Another relative spoke to us to express their thanks for the staff and support they and their family member had received and told us, "Staff are excellent and the [registered] manager is very good. Excellent care. I want you to know that this place is excellent, they look after [the person's name] very very well". We saw positive interactions between people and staff. It was clear staff knew each person well. Staff spent time with people talking about their day, what they had been doing and asked how they were feeling.

Staff told us they had time to spend with people whilst they were supporting them. For example, we saw staff supported people to eat their meals at their own pace, without rushing them. Staff had received additional training about dementia and supporting people who are nursed in bed. Staff told us that this had been positive, as it instilled people with confidence. One staff member told us about one person whose mental health and improved through these interactions, and they were now keen to be involved in the social activities that happened within the home.

People we spoke with told us staff respected their privacy and their wishes. One person said, "I find the staff respectful, they have time to help you". While a further person told us, "I'm glad I've got nice people here to look after me, I'm happy here". Relatives told us staff maintained their family member's dignity and encouraged their independence. One relative said, "They are brilliant here especially with mum's dignity, they always shut the door when they do anything". They explained how this was important to their family member. We saw staff knocking and calling out before entering people's rooms. Staff explained how they used technology and equipment to promote people's independence. They went on to say, different people had different equipment depending on what their needs were, to ensure people were supported with as little intrusion and restriction as possible.

## Is the service responsive?

### Our findings

When inspected in December 2015 this key question was rated as good. We found the service continued to be rated as good at this inspection.

People told us they had been involved in their care from the beginning and that their care preferences were acted upon by staff. One person told us they had a shower when they wanted, while a further person told us they chose when they got up in the morning and when they went to bed. People felt that the staff met their needs, and not them waiting for staff to support them. Relatives we spoke with told us they were listened to where their family member may need someone to support them with decisions about their care preferences. Relatives told us that their family members care met the persons individual care needs. People and relatives confirmed they discussed their care with staff routinely or when their care needs had changed. People and relatives felt this was done in a timely way and the way people were cared for were reflective of their needs.

People were supported to maintain their hobbies and interests. One person told us how they enjoyed drawing and staff took an interest in this. While another person said, "I don't find the time drags we do activities, but I like to read and watch TV. We bake cakes too sometimes on the whole they keep us stimulated". A further person told us how staff knew them and their preferred routine well and said, "I have talking books [staff] all know and put them on for me at night when I go to bed". We saw one person assisting a staff member to lay the table for lunch. They told us, "I like to keep busy" and continued to say, "If I asked, they'd do anything for me".

People and staff told us how events were held within the home, such as building a Guy Fawkes and watching a fireworks display to summer fares. The registered manager told us how each unit used these as opportunities to raise money for the unit where they lived. They told us the money raised went to the unit and those who lived there chose how they spent the money raised, for example, hiring a local musician to play for them. People told us they enjoyed the events and relatives felt it raised a good community spirit.

Staff confirmed that they were kept up to date with people's care needs as and when they changed. They told us that they received handover information from the previous team when they started their shift. Staff told us they mainly worked in one unit of the home which meant they got to know people well. Staff knew how people preferred their care and support and recognised if their health had declined in order for them to alert the appropriate senior staff member of healthcare professional. We saw that where people's health had declined staff had taken action to ensure the person received timely medical intervention which was in line with the person's wishes.

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. People and relatives told us the provider had given them information in their welcome pack about how to raise a complaint if they needed to. People and relatives we spoke with told us they had no concerns currently about the service provision. We looked at the provider's complaints and saw where complaints had been received these had been responded to with a satisfactory outcome for the complainant. The registered manager used the complaints they had received to improve practice within the

home and shared this with their staff team, to reduce the likeliness of a further complaint. For example, providing clearer information to relatives in regards to external healthcare professionals guidance for the way staff are to support the person.

Staff we spoke with told us they had information which was accessible to them to enable them to support people with their agreed decisions about their end of life care. The registered manager shared an example of how they worked with the local hospital in supporting a person to return back to the home to receive end of life care. They showed us how they worked with the hospital staff, the person's doctor and the family to ensure the person remained comfortable, safe and cared for with dignity. We read compliments written to the staff from the relatives which demonstrated how the provider had worked in a caring way to provide the person a dignified death. One relative had written to express their thanks for the way the staff team had supported their family member.

## Is the service well-led?

### Our findings

When inspected in December 2015 this key question was rated as good. We found the service continued to be rated as good at this inspection. There was a registered manager in place who had been registered to the home since February 2012. 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 provider had a clear vision of the future of the home. They were in the early stages of planning various extensions to the communal areas of the home, which offered people a larger space. They had plans to provide accessible outdoor space for people who lived on the upper levels of the home, which the provider felt would enhance people's mental well-being. People and relatives we spoke with were aware of the proposed changes and had been included and involved in the ideas and future decoration of the communal areas.

The provider had reviewed people's mealtime experience and began using a catering company which prepared people's meals off-site. People and relatives were involved in this decision, had the opportunity to sample the food on offer and chose meals they would like to try. Once in place the provider sought feedback from people about their new mealtime experience and listened to what people told them. They said that the outcome of this, was that people preferred to have a hot evening meal and a lighter lunch. We saw the provider had listened to people and had made the change inline with people's views.

Everyone we spoke with told us they felt included and that the registered manager listened and responded to them. People told us they saw the registered manager daily as they would walk around the home and make sure they were happy. One person said, "The [registered] manager pops to the door and asks if everything is ok". While a further person said "The [registered] manager always asks how you are". Relatives told us the registered manager and provider was approachable and listened to them. One relative said, "I know [The provider] and [registered manager] and all the staff. I feel I am treated as part of the family".

All staff told us they felt the registered manager was approachable, supported them with duties within the home and listened to them. A staff member told us that when they had a concern they spoke with the registered manager who listened and offered advice. They told us this had helped and their concern had improved.

We spoke with the registered manager about the checks they made to ensure the service was delivering high quality care. They told us they spoke with people and staff daily to ensure they were aware of any potential concerns. We saw examples, such as nurses having clearer guidance about their roles and responsibilities for running their unit, where this had helped drive improvement. The registered manager told us communication with people, their relatives and staff was key to ensuring the service was delivering good quality care.

The registered manager completed regular checks about aspects of people's care records, such as incidents and accidents and medicines. Where any areas of concern had been found these were addressed accordingly. The registered manager said the audit may highlight an individual staff member who required further support to complete records in the right way, or speaking with staff to understand if people's care needs were being monitored in the right way. The registered manager also gave staff the opportunity to discuss matters and areas for development through regular supervisions and team meetings. The registered manager explained that communication was the key to ensuring the service ran smoothly.

The registered manager used their experience and learning from previous incidents to improve the service experience for people. For example, they explained how some people who lived with dementia may lose precious and sentimental jewellery such as wedding rings, as some people can lose weight or other people may remove these items and put in places where staff could not easily find them. They explained how they would speak with the person's family members, to see if they would keep the jewellery and replace it with an alternative piece of jewellery. They told us this worked well, as it took away the worry for family members.

The registered manager researched different resources for guidance along with working with external agencies to ensure they were up to date with best practice, they ensured this was shared with their staff group. They also spent time speaking with relatives to share their knowledge and alleviate their concerns. For example, sharing with relatives what a DoLS meant in practice.