Quality Homes (Midlands) Limited

Oaks Court House

Inspection report

Oaks Crescent
Wolverhampton
West Midlands
WV3 9SA

Tel: 01902715266
Website: www.qualityhomesuk.com

Date of inspection visit:
03 July 2019
05 July 2019

Date of publication:
16 September 2019

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service

Oaks Court House is a residential care home providing personal care for up to 41 older people, due to their frailty, health condition, restricted mobility or mental health needs. At the time of the inspection there were 29 people living at the home.

The building was designed as a care home and accommodation was over three floors. The home was not unitised, and most people used communal facilities on the ground floor, although there were smaller communal rooms on all floors.

People's experience of using this service and what we found
Quality monitoring systems were in place, although these had not been consistently effective. For example some areas of recruitment practice needed improvement, and the environment needed to be improved so there was a better environment for the needs of people living with dementia.
People said they were happy living at Oaks Court and they were positive about the care and support they received from staff. They told us they usually received support from staff in a timely way and were not kept waiting for assistance. We saw staff usually responded to people's needs and knew their preferences were known and respected by staff, although there were some occasions where people had to wait at times when staff were busy providing care to other people.

People looked comfortable in the presence of staff and people told us they felt safe at the home. Staff were knowledgeable about potential risks to people and were able to tell us how these would be minimised. People said staff were well trained although we did see skills in responding to people who may exhibit behaviour of concern could be improved. The lack of staff training in this area and the need to develop clear positive behaviour plans was agreed by the provider as an area where improvement was needed.

People's care plans reflected people's individual needs and preferences. Staff were knowledgeable about people's needs and preferences and the staff fostered good relationships with the people. People said staff were kind and caring and staff respected people and promoted their privacy, dignity and independence.

People received effective person-centred care and support at the point this was provided and based on their individual needs and preferences. Staff were knowledgeable about people's needs and preferences and the staff fostered good relationships with the people. There were missed views from people about the activities available to them, although the registered manager had recognised the need to develop these with recruitment of an additional activity co-ordinator, which was in progress at the time of inspection.

Staff understood their role, felt confident and well supported. Staff received supervision and felt well supported by the provider. People's health was supported as staff worked with other health care providers to ensure their health needs were met. 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 representatives knew how to complain although most people we spoke with said they had no complaints. People were able to communicate how they felt to staff, and said staff were approachable and listened to what they had to say.

People, relatives and staff gave an overall positive picture as to the quality of care people received and said management and staff were approachable.

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 good (published 31/12/2016).

Why we inspected
The inspection was a planned scheduled 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?

Requires Improvement

The service was not always safe.
Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always well-led.
Details are in our well led findings below.

Oaks Court House

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
The Inspection team consisted of 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.

Service and service type
Oaks Court House 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider (of whom the registered manager was a director) are legally responsible for how the service is run and for the quality and safety of the care provided.

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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, care workers, a cleaner and a cook. We also spoke with the regional manager, provider and a visiting professional. 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 range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. In addition, we looked at a variety of records relating to the management of the service, including policies and procedures, servicing records, audits and surveys.

After the inspection
We continued to seek clarification from the provider to validate evidence found. The registered manager supplied updated staff training data after our inspection.

Requires Improvement

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 good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there were some elements about safety, that indicated a potential risk to people of harm.

Assessing risk, safety monitoring and management

● People were not consistently supported by staff during times of distress. For example, one person put their head on the table during lunch and another person spoke to them in a raised voice on a few occasions. Staff were seen to observe but took no immediate action to offer people support.

● We looked at care records for the person seen to raise their voice. There was no positive behaviour management plan in place to inform staff of an appropriate response when they may have raised other people's anxiety. Occasions where the person became anxious or made other people anxious, were not monitored and analysed to identify pre cursors to specific types of behaviour, to support the formulation of a positive behaviour plan.

● All other risks to people were assessed and staff we spoke with understood these risks and what action they should take to keep people safe. For example, staff knew what steps to take to protect people from choking risks and risks associated with diabetes.

Staffing and recruitment

● Staff were not always available in the lounge area during our inspection and we saw short periods where staff were busy attending to the needs of other people. For example, one person told us they needed the toilet. As there were no staff around, we passed this request on to staff but it was 16 minutes before staff were available to support them.

● The provider told us the activity organiser was off work on the day of the inspection and they were looking at recruiting another activity organiser, so more staff would be present in the lounge area.

● People's comments included, "They are busy but it's alright. If they are hoisting people or people are using wheelchairs it takes longer. If they are short staffed that's why you wait" and "If they are busy, they don't take long. They come and say give me a couple of minutes. The longest I have waited is five minutes"

● Staff comments as to staffing levels included, "Sometimes we are short staffed, but we manage" and, "Staffing is manageable if it's quiet and staffing levels will go up and down [due to people's dependency]".

● Checks on staff when recruited could have been more robust. All staff were subject to a Disclosure and Barring Service (DBS) before employment. These checks will show if prospective staff have any criminal convictions or are barred from working with vulnerable people. Not everyone had two references, with at least one from their last employer. This was discussed with and acknowledged by the provider.

Preventing and controlling infection

● People told us the home was clean, but we found some areas where further attention was required. For

example, there was a build-up of cobwebs in the conservatory, used cups left on patio tables and dead insects on some window sills. These issues were addressed when mentioned to the senior staff and a member of the cleaning staff said they now had equipment to clean cobwebs from higher areas.
● The provider had completed infection control audits, but these needed to be more detailed and cover all areas of risk related to infection control. Despite this, we found bathrooms and most communal rooms were visibly clean and there was no evidence of unpleasant odours.
● Staff understood when they needed to use personal protective equipment (i.e. gloves, aprons) and these were used and available. They were also aware of how to promote good infection control.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe at Oaks Court House. People's comments included, "I am safe here. I have a sense of contentment here", "We are safe. There are people here 24 hours a day every day" and "I am safe, the staff look after me well".
● People were protected from potential abuse and avoidable harm as the registered manager and staff understood what different types of abuse could be and steps they should take to safeguard people.

Using medicines safely
● People told us they received their medicines as needed with comments including, "I have got diabetes. They give me a tablet for it. I am happy with the way they do it" and "They give me my medication four times a day. I get them on a regular basis".
● People's medicines were stored safely.
●Staff administered medicines in a safe way. Senior staff signed people's medication administration records (MARs) and these were accurately completed.
● Protocols for as 'as required' medicines were documented, and staff understood when and why these medicines should be given.

Learning lessons when things go wrong
● The registered manager was able to demonstrate from their response to some incidents that they had learnt and made changes to improve people's safety. They were also in agreement staff training in positive behaviour management was needed as monitoring of people's behaviours had not previously been successful due to lack of staff awareness.

Requires Improvement

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 now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support was at times inconsistent.

Staff support: induction, training, skills and experience

- Whilst staff told us they were well supported by the provider and received enough training, we found there was a need to provide staff with positive behaviour training as the registered manager told us attempts to introduce monitoring of behaviours had met with limited success due to poor staff understanding. The registered manager also told us there was a need for further British Sign language training, this training was planned.
- Staff had a basic induction, but this needed to be developed to reflect the care certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- People spoke positively of staff with comments including, "I think they know what they are doing. They have gone to schools and that" and "I have trust in what the staff are doing. I worked in a nursing home for 14 years, so I know what they have to do". A consistent training professional who support staffed through vocational care qualifications, with observation of their practice, told us, "They [staff] do their job well never a problem". Most staff held a vocational qualification in care.
- Staff told us they had regular one to one supervision and they found this process supportive and useful.

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

- The physical environment was not decorated or adapted to meet individual needs such as signage for people living with dementia, reminiscence areas or objects of interest. We discussed this with the provider and they said they were planning to redecorate the environment to better support people with dementia.
- Many windows in the building had compromised double glazing panels meaning they prevented people seeing out of them. The provider was aware of this and told us they had plans to replace all the windows within the building in stages.

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

- People told us staff knew their needs well and this was reflected by how staff interacted with people. One person told us, "I had a social worker when I first came in and she did the original care plan." They explained this had been updated with staff since.
- Initial assessments had been completed to identify people's needs and preferences and we saw evidence of reviews based on changes in people's care.
- People's assessments reflected information about protected characteristics as defined by equality legislation including for example, disability, race and gender. Staff and managers demonstrated a good understanding of equality.

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

● People told us they received food of their choice in enough quantities. Their comments included, "The food is nice. I like the food", "They [staff] ask what I like. They prepare a meal to suit my purpose" and, "The food is good. I don't have stacks of food, but I like what I have". People also told us they had drinks of their choice. One person said, "You gets lots to drink".

● Most people enjoyed their meals. Staff also encouraged people and assisted people with poor appetites to eat.

● Assessments identified where people were at risk of poor nutrition and steps were taken to monitor people's diet or involve appropriate healthcare professionals. We spoke with the cook who told us how they spent time talking to people about the menu and what meals they liked.

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

● People had access to community healthcare services as needed. Their comments included, " I have seen the doctors, and the optician" and "They [staff] will get in touch with the dentist and the doctor for you". A relative told us their loved one, "Has seen the doctor when they have been ill. They [staff] have been very good about calling them in".

● One person told us they saw a nurse twice a week and their health had improved as a result.

● People's healthcare and access to community services was monitored and records showed there was routine and emergency access facilitated by staff as needed.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 and found they were.

● People said staff asked them for their choices and we saw people were asked for their consent by staff numerous times during our inspection.

● Staff had received MCA training and were knowledgeable about what their responsibilities were under the MCA.

Good

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 at good.

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 told us staff respected and treated them well. People's comments included, "A [carer] is a lovely person. They [staff] are kind and considerate.", "The staff are friendly" and, "The staff are lovely. They respect us, and we respect them. It is like home from home. They are my new family".
- Staff were able to tell us how they showed respect for people and understood why this was important. We saw they demonstrated this in practice, with many occasions seen where staff were respectful to people.
- The registered manager's view was, "Everyone to be happy safe, respected, with care to a good standard". Staff confirmed these were values shared with them.
- A relative told us, "From the cleaners up or down depending on your perspective all [staff] are lovely. They all care about the residents".

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

- People told us they were able to make choices with their comments including, "They [staff] will ask you what time you want to go to bed. You can tell them what time you want to go, and they are very good about that" and, "The staff are reasonable, they are very nice staff. They ask me what I want, they come to help my needs".
- Staff were seen to offer people choices on numerous occasions during our inspection.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, people's comments included, "You can go to your room if you can't cope with the [other residents]. I get on alright with most of them", "I lock my [bedroom] door, I have a key" and "I like to go up and have time to myself".
- Men who lived at the home commented on how well the male staff shaved them. One person told us, "He [staff] said he would give me a shave, so I know I will get a shave tonight. He is the best one to do that. He does what he says he is going to do". We noted men usually had shaves when male staff were on duty due to their personal preference.
- One person told us they were washed as they preferred, and they said staff were conscientious when washing them. They said, "They [staff] wash me with the flannel. They wash me very good. I feel comfortable with the way they do it".
- People were able to be independent and we saw where able people moved around the building as they wished. One person told us, "We can use the toilet ourselves".

Good

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 now remained the same at good.

This meant people's needs were met through good organisation and delivery.
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.

- While we saw limited activities during our inspection the registered manager told us the activity co-ordinator was not at work at the time which impacted on the support people had with activities at the time of our inspection. We did see some people were engaged in individual activity however.
- People had mixed views about interests and activities they were able to follow at the home, although the majority were content with their lifestyle. Comments included, "I do a little knitting", "I listen to the radio, I go up to the room and watch TV", "I do the colouring books and watch TV. It's alright here" and "I do bingo once a week".
- Other people told us, "I sit down here all day. I do nothing. If anything, I watch whatever is on the television. I will ask them to switch it (channel) if something is coming on that I want to watch" and "I would like the chance to go out more". The Registered manager told us they were in the process of recruiting a second activities co-ordinator so support for activities could be extended to seven rather than five days.
- People were supported to maintain relationships with family and loved ones, and we saw several visitors at varying times during our inspection.
- People were assisted to follow their chosen religious observation with people commenting, "There is a vicar that comes in every week and he does a service, which I can go to if I feel like it" and, "Every Sunday I go to the church service".

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

- People told us their personalised requirements were planned for and met, and their personalised preferences considered. People had regular reviews of their needs.
- People's comments included, "I had the care plan from the social worker from the hospital. So, I have a care plan" and," We can more or less do whatever we want".
- Staff and the managers were knowledgeable about people's needs and preferences which were captured in person centred and up to date care plans. The registered manager told us they were looking to develop 'This is me' dementia care plans however (blank copies seen on people's files).

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 staff

● The provider employed methods to enhance communication with people. For example, staff had received training in British Sign Language, a method of nonverbal communication used by some people living at the home. The registered manager, and staff, told us due to staff turnover further BSL training was required, this seen to be planned for the near future.
● Where people's first language was not English staff were employed that could communicate with these people in the birth language. The registered manager told us all people understood English. People with dementia may lose their knowledge of English as a second language however, and this should be considered by the provider.

Improving care quality in response to complaints or concerns
● People told us they knew how to complain with comments including, "I would make a formal complaint, I would talk to the staff, but I have nothing to complain about", "I would talk to the staff if I there was something I wasn't happy about. I mention things. I have a little moan. There is nothing specific to complain about. They know 'cos I tell them what I think" and, "If I was unhappy I would speak to [staff names] and it gets sorted" "I have got no complaints. I know I can talk to anyone them and I can say that to them."
● One person told us they were aware of the complaints procedure as they had read it in the service users guide, a copy of which was kept in their bedroom.
● People told us of complaints they had made, with appropriate follow up.

End of life care and support
● No one was receiving end of life care at the time of our inspection, although a family member did comment "When [the person] was ill and they thought it was near the end the [staff] were stopping over to look after her"
● The provider supported people to make choices regarding their end of life where this was appropriate and with the agreement of the person and their relatives. This included Do Not Resuscitate agreements (DNAR). This would help inform any decisions about that person's care and treatment at the end of their life

Requires Improvement

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 good. At this inspection this key question has now deteriorated to requires improvement.

This meant, while service management and leadership were consistent, the governance system in use did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

● There was evidence of the registered manager and provider learning from some incidents and putting systems in place to address shortfalls. There was however scope to make improvements in line with national recognised guidance that would benefit people living at the home. For example, people living with dementia and those who may communicate through their behaviour.

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

● The service had a range of quality monitoring arrangements in place, and we saw these were mostly effective. However, some areas of the building required renovation and whilst the provider was aware of these issues, for example, misted windows and a need for dementia friendly décor, there had been some delay in progressing this work. There was also scope for improvement of recruitment practices in respect of obtaining references.

● Monitoring of trends, was effective however, when related to the management of people's behaviours where there were instances of potential emotional impact on other people, improvement was needed. The provider agreed training was needed for staff in this area to give them the skills to better monitor what people were communicating through their behaviour and respond appropriately.

● People were positive about the service with their comments including, "Here I am happy, whatever I need I have", and, "I would change nothing, I am quite satisfied being here".

● A relative told us, "The home is fine. It is not top of the range, but they absolutely love her. I have stood there and watched them with her. They don't know that I am even there, but they do love her".

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

●The registered manager ensured we were notified of events as required by regulation except for confirming when the local authority agreed a person's DoLS. We discussed this with the provider and the registered manager has backdated all these notifications since our inspection and put systems in place to ensure this does not reoccur.

●The provider's registration identified the type of people offered a service at Oaks Court to be older people who may live with dementia. We advised the registered manager to apply to extend the range of needs

associated with their registration to cover those people who lived at the home and were younger adults with a disability. This application had not been received by CQC at the time this report was written.

●The registered manager was open and honest about their lack of awareness (at the time) of the need to notify us of these events, demonstrating their candour.

● The previous CQC inspection rating was displayed at the home and on the provider's website.

●Staff told us about the provider's whistleblowing policy and said they were confident in raising any concerns, they had if necessary. Staff told us they were overall well supported by management and felt able to approach the registered manager or provider for support.

● People told us they knew who the registered manager was and said they were approachable.

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

● People's records recorded people's involvement with their individual care, and reflected people's needs and preferences. These records set out what people's equality characteristics were in their assessments and care plans.

● Observation of staff showed the way they provided care was focussed around the person and we saw numerous occasions where staff were very involved with people, offering choices, listening to what they said, responding to their comments and considering the person's characteristics in respect of any disability.

Working in partnership with others

● The provider told us they had good working relationships with other health care professionals to assist with the provision of joined up care.

●Discussion with an external professional during our inspection evidenced the provider had a good working relationship with them.