

HC-One Limited







Oak Tree Mews

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?		Requires Improvement	
Is the service well-led?		Good	

Overall summary

This inspection took place on 20 March 2015 and was unannounced. Oak Tree Mews provides accommodation for 18 people who require personal care without nursing. 18 people were living in the home at the time of our inspection. Most of the people living in the home were mobile and had the capacity to make decisions for themselves. This service was last inspected in July 2013 when it met all the legal requirements associated with the Health and Social Care Act 2008.

Oak Tree Mews is set over two floors. The home has a lounge with an attached dining room and seating area. The home is situated close to the town centre and has an enclosed garden with raised garden beds.

A registered manager was in place as required by their conditions of registration. 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

Summary of findings

associated regulations about how the service is run. We were told the registered manager in post on the day of our inspection had resigned; however the provider had put systems in place to support the deputy manager until a new manager was recruited.

Opportunities for some people to take part in individual meaningful activities were limited, although people enjoyed external entertainers and some group activities as well as their own social interests. The registered manager was reviewing the activities programme to ensure everybody's social and leisure needs were being met. Staff were kind and compassionate towards people. People were encouraged and supported to have a well-balanced and nutritional diet. People who needed special diets were catered for.

People were involved in planning for their care. Their individual needs were assessed, planned and reviewed. People and their relatives were positive about the care and support they received from staff. They were supported to maintain their health and well-being and

access additional care and treatment from other health care services when needed. People's medicines were managed and stored safely so that they received them in a timely manner. There were sufficient numbers of staff to ensure people's needs were being met.

Risks for individual people had been assessed. Staff were given guidance on how to best support people when they were at risk of harm. Staff had been trained to support and protect the people they cared for. People were protected against abuse because staff knew how to report any concerns of abuse to the relevant safeguarding authorities. Policies to protect people were in place to give staff guidance.

The registered manager and provider had a good understanding of their role and how to manage the quality of the care provided to people. Quality monitoring systems were in place to check and address any shortfalls in the service. People and their relatives felt that any concerns raised were dealt with immediately.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People and their relatives were positive about the care they received and felt safe. Staff understood their responsibilities in reporting any allegations or incidents of abuse.

People's risks and safety were assessed and managed to protect people from harm. People were protected by safe and appropriate systems in handling and administering their medicines.

Effective recruitment procedures were in place to ensure people were being supported by suitable staff.

Good



Is the service effective?

The service was effective.

People were involved in making decisions about their care and support. When their needs changed they were referred to the appropriate health and social care professional. People's dietary needs and preferences were met.

Staff were supported and trained to ensure their skills and knowledge were current and met people's needs.

Good



Is the service caring?

The service was caring.

Staff were kind and compassionate to the people they cared for. People were treated with dignity and respect and their views were listened to. Relatives made positive comments about the approach and attitude of the staff.

People were encouraged to be independent in their activities of daily living.

Good



Is the service responsive?

The service was not always responsive.

Activities that were provided were limited and did not meet everyone's needs.

People's care needs were assessed, recorded and reviewed. Staff understood people's individual care needs and risks.

Staff responded promptly to people's individual concerns. Relatives told us their concerns were listened to by staff and acted on.

Requires Improvement



Is the service well-led?

The service was well-led.

Good



Summary of findings

People and their relatives spoke highly of the staff and the registered manager. Staff felt supported by the provider and registered manager. The culture of the home was fair and open.

The quality of care was being regularly monitored and checked.

Oak Tree Mews

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 20 March 2015 and was unannounced. The inspection was led by an inspector and accompanied by an expert by experience. Their area of expertise was in caring for older people.

Before the inspection we reviewed the information we held about the service as well as statutory notifications.

Statutory notifications are information the provider is legally required to send us about significant events.

We spent time walking around the home and observing how staff interacted with people. We spoke with 10 people, three relatives, four members of staff, the registered manager and a representative of the provider. We looked at the care records of four people. We also spoke with one health and social care professional. We looked at four staff files including recruitment procedures and the training and development of staff. We checked the latest records concerning complaints and concerns, safeguarding incidents, accident and incident reports and the management of the home.

Is the service safe?

Our findings

People were cared for by staff who understood their responsibility in protecting them from harm. The majority of people told us they felt safe living at Oak Tree Mews. For example one person said, “Yes, I do feel safe. They are never rough with me no way, not ever, no fault to find.” Another person said, “I’m perfectly safe here”. No they have never been mean, no, not at all, they are wonderful. I wouldn’t stay here otherwise.” However, one person told us they had felt frightened at night as another resident had entered their room because they had become disoriented. We were told by the registered manager and staff that this had been addressed and lighting had been put in place to help orientate this person to the bathroom if they got up during the night.

Staff were knowledgeable about recognising the signs of abuse. New staff had received training in protecting people during their induction period. A safeguarding policy was available to give all staff clear guidance on how to report any allegations of abuse. Staff said “I wouldn’t hesitate to report any concerns and I would report it outside the home if I didn’t think anything was being done.” A recent safeguarding incident had been reported to the appropriate safeguarding authorities. The person involved in this incident had been given additional support to help reduce the risk of the incident occurring again.

People’s individual risks had been identified and were managed well in the home. For example risk assessments had been put into place for those people who had been identified as at risk of pressure sores or malnutrition. Staff were able to tell us about people’s risks and how they should be managed to reduce the risk of harm. Records also gave staff clear guidance on how to reduce these risks. People were encouraged to be independent and take acceptable risks such as walking into the local town.

People told us they were cared for by a suitable number of staff to meet their needs. One person said, “Yes, there’s plenty of staff, if I ring the call bell, they come in minutes.” A senior carer was always on duty who was supported by care assistants, kitchen, housekeeping and maintenance staff. Where there were unplanned shortfalls in the staffing levels, the registered manager arranged for agency staff to help. The registered manager said, “If we are short staffed, I will cover a shift especially at night as I don’t want only agency staff to be on duty.” This ensured that there was continuity in people’s care. Staff levels were increased if people required support from staff when attending appointments. One person said “There is usually the same staff on, only a few changes due to illness and holidays.” People told us that their call bells were answered in a timely manner and staff attended to their needs attentively.

Safe recruitment systems were in place. All the necessary employment and criminal checks had been carried out on all new staff to ensure they were of good conduct and suitable to support people. Although, photographic identification had not been obtained in one of the four new staff files that we reviewed. This was raised with the registered manager who stated it would be immediately addressed.

People were given their medicines as prescribed to them. Their medicines were ordered, stored and managed by senior staff who had been trained in administering and managing medicines. Records of when people had taken their medication were accurate. Medicines were stored in line with pharmaceutical guidance and there were accurate records which reflected when people had been given their drugs. Any unused medicines was recorded, stored securely and returned to the pharmacist.

There was evidence that the management of people’s medicines were audited. Homely medicines were administered in line with the provider’s policy.

Is the service effective?

Our findings

People were cared for by staff who had been supported and trained in their role. One person told us “Yes I do think they are highly trained. Even the agency staff know what to do.” Staff told us they received sufficient training for their role. One staff member said, “We get a lot of support and training from HC One Limited.” Staff carried out training considered as mandatory by the provider, such as safeguarding people and health and safety training. The knowledge and competency of staff were monitored through observation and individual meetings. Training charts showed the training staff had attended and when refresher courses were due. New staff attended an induction course and were given a period of time to shadow an experienced member of staff and get to know the people in the home.

Staff told us that the registered manager and the team was supportive. One staff member said, “We are a good team. We support each other.” Staff received regular formal support and appraisals from the registered manager. One staff member told us that the registered manager had held regular ‘open staff time’ sessions to provide other opportunities for staff to raise any concerns. Staff told us they worked as a team. All members of staff including kitchen and maintenance staff were encouraged to be part of the daily staff meetings where staff could share information about people and the running of the home. Care staff also shared information about the well-being of people between each shift to ensure people had continuity in their care.

Most of the people who lived at Oak Tree Mews were able to discuss and agree to the care and support being provided. They had been involved in the decision to move to the home and making decisions about their well-being such as visiting the dentist and GP. For example, we heard a staff member asking one person who was coughing a lot, if they would like to see their GP. This person agreed and the GP visited during our inspection and prescribed medicine to treat their cough.

When people had been identified as lacking capacity to make a specific decision their rights had been protected by the correct use of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make certain

specific decisions for themselves. The DoLS protect people in care homes from inappropriate or unnecessary restrictions on their freedom. One person was deprived of their liberty as they were at risk of getting lost in the community. The registered manager had applied for authorisation to do this. This person was now being continually supervised and monitored from a distance in a least restrictive manner.

Most staff had completed training in the Mental Capacity Act (2005) (MCA) and DoLS and were clear on how this applied to their practice and people living in the home.

People were supported to maintain a healthy and well balanced diet. Most people told us they enjoyed the meals. However we received mixed comments such as, “The food, it’s quite good, plenty of it, it’s always hot”, and “I’m a small eater; it’s not the food I’m used to. It’s not too bad but I’m not keen on it.” HC-One Limited proposed a four week menu programme with a choice of two hot meals at lunchtime and a lighter meal in the evening such as sandwiches and soup. People told us they had to choose their main meal the day before although alternative food was available on the day. However people told us they did not get much of a choice for breakfast. We received comments such as “I have porridge and toast; they’ve never offered a fried breakfast” and “They bring me toast and cereal, they never offer anything else”. We raised this with the registered manager who told us a selection of breakfast meals was always available and staff would be reminded to give people different options.

A chef was available seven days a week to ensure people’s dietary needs and preferences were met. People who had special diets, allergies or needed to gain or lose weight were catered for. The home catered for special events such as birthday parties.

People views about the meals provided were encouraged. A senior member of staff regularly monitored people’s dining experience by sitting with people during their meal and hearing about their general views about living in the home and any issues about the meals and service provided. Cleaning schedules and stock checks were in place to ensure the kitchen and meals provided were up to standard.

The home had good contacts with the local surgery and the GPs visited regularly to review the needs of people. District nurses visited the home when people required additional

Is the service effective?

medical treatment. Relatives told us that they were kept informed of any changes in people's health and well-being.

Staff supported people in their routine health appointments such as dentists and the chiropodist. A health care professional spoke highly of the care and support people received in the home.

Is the service caring?

Our findings

People were positive about the care and support they received from staff. We received comments such as “They are very quick to look after me if I’m not feeling well”; “They treat me very well, no complaints” and “They treat me very well.” One relative told us, “The home has a very caring ethos. We are very pleased with the care my mother is receiving.”

We observed staff interaction with people throughout the day of our inspection. Staff cared for people respectfully. We saw many warm exchanges between people and staff. One person said, “Yes, they do know me very well, we have a good relationship.” Staff danced and sang with residents to ‘old time’ music playing in the lounge. Staff addressed people by their first names in a friendly and respectful way. They knew people well and stopped and chatted with people and asked them about their day. We observed people feeling confident and relaxed amongst staff and asking for their help or about their personal appointments. One person said, “I think they know me in every way. I was upset one day and they put their arms round me and comforted me. That meant a lot to me.”

A small minority of people who lived in the home were living with dementia. Staff were able to tell us about their needs as they were not always able to express themselves. They gave us examples of how they supported people if

they become upset. People were encouraged to remain independent and staff gave the appropriate amount of support so people could retain their mobility and skills of activities in daily living.

People’s dignity was valued. One person said, “They treat me very well, they are very good. I have a bath, they do my back and legs, I do the rest, they are very caring, they keep the door closed and cover me with a towel.” Staff knocked on people’s bedroom doors before they entered and helped people with their personal care behind closed doors. During the lunchtime period, the staff were respectful of people while they were supported with their meals. They helped people to the table and made sure they were comfortable and could reach their drinks.

People’s privacy was respected. Staff talked to people in a confidential manner if they were amongst other residents. For example one staff member discussed booking a doctor’s appointment in a discreet manner with a person in the lounge as they were not feeling well. They then informed the person of the pending appointment and reassured her.

Staff were able to recognise people’s own unique verbal and non-verbal communication such as their expressions and understand what they wanted. Staff knew people well and knew their likes and dislikes; they were able to support people in making their decisions.

Relatives told us they were welcomed into the home and could join their family member for lunch or other events in the home.

Is the service responsive?

Our findings

People's social and leisure needs were not always met. The range of activities offered in the home was limited. Some activities in the home were provided during the week although there was no set activities programme other than external entertainers such as a pianist and falconry display. One person said, "It's a bit hit and miss. Sometimes we do quizzes." A relative told us they felt activities in the home could be better especially for those people who chose to stay in their bedroom. Some people were independent in their interests and social activities such as reading or walking into the town. Other people spent the day in their bedroom with little social interaction. There were plans in place to develop the raised bed sensory garden. During our inspection, some people sat in the dining area chatting or attended a church service in the lounge. One person told us, "I've only done one thing in the last week; the staff asked questions, a quiz."

Staff and people told us that the activities coordinator had recently left. An advert to recruit an activities coordinator had already been placed. We were told the new role would be flexible to meet people's personal social needs.

Staff knew people well and were responsive to their needs. One person said, "When I ring the call bell they come within five minutes at most. They tell me I don't ring it often enough."

People's care records focused around their physical needs and support requirements. However we found that their care records did not provide a detailed profile about people's personal information such as their backgrounds or

personal interests. Although, we were told about a new document called 'Remembering together' which describes a person's life story would soon be implemented. This would enhance people's care records and give staff more detail about the people they cared for. People's care records were regularly reviewed to reflect the changes in their support. Daily record notes gave an overview of the care provided but mainly focused around practical support rather than emotional and social interactions and activities.

People told us their concerns were always listened to. One person said, "If there is a complaint, you go to staff initially, then talk to the manager." The registered manager told us they had not recently received any formal complaints and they dealt with day to day concerns immediately. One person said, "I've not made a complaint. They are supposed to check my blood/sugar levels. My daughters and I went to see the manager because they were not doing it." We were told this had now been addressed. However, other relatives told us they felt their concerns were listened to and acted on. One relative said, "If I have a concern about my mother then I just speak to the staff or the manager and they always deal with it."

Residents' and relatives' meetings were held monthly to raise concerns and make suggestions about the home. Staff meetings were staggered around these meetings so any issues could be immediately fed back to staff.

All complaints, compliments and accidents about people were logged electronically and shared with the provider. Any areas of concern was addressed by the registered manager.

Is the service well-led?

Our findings

The registered manager had been in post for two years. They told us their main challenge since being in role had been an inconsistency in their line management. However this had now stabilised and a positive and supportive relationship had developed between the registered manager and the Assistant Operations Director who was also present during the inspection. We were told the registered manager was leaving Oak Tree Mews. Support systems had been put in place to support the deputy manager until a new registered manager was in post. One relative said, “I have no doubt that standards will be maintained when the manager leaves. I know the home will be run well by the senior carers.”

The culture of the home was fair and open. The registered manager led by example. There was a strong sense of team work within the home. Staff told us that the registered manager and other senior managers were approachable. One staff member said, “I know I can speak to anyone in the team, the deputy, the manager and other managers in the organisation and I know I will be listened to.” People and their families complimented the service and stated that they are able to air concerns or issues with them as they occur. The mission statement and philosophy of care were displayed on the notice board and understood by staff. One staff member said, “We work for a big organisation but they are very personable. I know that the ‘one’ in HC-One limited means “one of a kind and we try to make sure everyone is treated individually.” This was evident in their care practices; for example one person asked a staff member for some chocolate; this staff member reminded them they had a box of chocolates in their bedroom and asked if they would like them to go and get it.

The registered manager sent a weekly report to their line manager which gave an overview of the running of the home and any significant events such as staffing levels and accidents. This information was shared to other more senior managers within the organisation. The registered manager said, “These reports help the directors and the chairman at a higher level understand the weakness and strengths of this home.” Accident and incidents were recorded and analysed to identify any trends or patterns of incidents and the root cause. Any areas of concern were addressed to reduce any further risk to people.

The registered manager monitored the quality of the service provided by carrying out weekly and monthly checks such as medicines audits, health and safety checks and monitoring falls related incidents. Any shortfalls had been identified and actioned. For example, the registered manager had identified that the staffing levels in the morning were not adequate to meet people’s needs. This was reviewed which resulted in an additional carer being allocated to the morning shift. The registered manager carried out a ‘daily walk around’ and reported back any observations to staff such as the cleanliness of the home.

The registered manager valued people’s feedback and acted on their suggestions. For example they often spoke to people individually or at the residents’ and relatives’ meetings. The provider had commissioned an independent consultant to collate the data from a recent postal survey of the quality of service provided by the home. The results had not yet been shared with the home; however the registered manager said, “We are eager to get these results so we can deal with any issues or negative feedback.”

The provider had a robust management system in place which included policies and procedures of running a home and dealing with incidents.