

Larchwood Care Homes (South) Limited

Oake Meadows Care Home

Inspection report

Wyvern Road
Taunton
Somerset
TA1 4RA

Tel: 01823337674

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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

This inspection took place on 26 and 27 September 2018 and was unannounced.

The last inspection of the home was carried out in July 2017. At that inspection the home was rated requires improvement but no breaches of regulations were found. We found that the home had made considerable improvements in the quality of care provided to people but these improvements had not been in place long enough to demonstrate they were able to maintain them. At this inspection we found improvements had been sustained and we have rated the service good.

Since the last inspection the provider has changed the name of the home from Sherford Manor to Oake Meadows Care Home. All other parts of the registration remain the same.

Oake Meadows Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Oake Meadows is registered to accommodate up to 105 people. However, the provider has informed us they are not able to accommodate more than 80 people as some rooms previously designed as double rooms are now for single occupancy.

Oake Meadows Care Home specialises in the care of older people living with dementia. The home is divided into three separate units - Rose provided care to people who had personal care needs, Redwood and Sutherland cared for people who had nursing care needs. At the time of the inspection an upstairs area of the building was closed off and there were 54 people living at the home.

There is a registered manager in post who had been at the home for approximately 17 months. 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 registered manager was part of a management team who had worked with the provider to plan and action continual improvements to the care and support people received. They involved people, visitors and staff to make sure improvements made were in accordance with people's wishes and needs. One visitor told us, "I see improvements every week. I would recommend this home to anyone now."

Improvements had been made to make sure care provided was person centred and respected people's lifestyle choices. People made choices about their daily routines as far as they were able. One member of staff said, "It's much better than when I started here. There's a nicer atmosphere and we try to give people choices about everything."

Improvements had been made to the environment to make sure it was comfortable and safe for people. Specific colours had been used to provide an environment which supported people living with dementia and there was some signage to help people to orientate themselves and move around independently. Further improvements were planned to make sure the environment was interactive and supported people living with dementia.

People received safe care and looked relaxed and happy with the staff who supported them. Where individual risks were identified, action was taken to minimise these risks whilst encouraging people to maintain their independence.

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 supported this practice. Staff worked in accordance with up to date guidance to make sure people's legal rights were protected.

People were cared for by staff who were kind and patient. One person said, "They are all kind and caring." Another person told us, "Staff are smiley." Throughout the inspection we saw staff showed consideration and affection for the people who lived at the home.

Assessments of people's care needs took account of their individual beliefs, culture and lifestyle choices. People, or their representatives, were involved in decisions about their care and staff worked in accordance with the care plans to make sure people received effective and responsive care.

People's health and well-being was monitored and staff worked with other professionals to make sure people's individual needs were met. People received their medicines safely from staff who were competent to carry out this task.

People's nutritional needs were assessed and met. People received meals in accordance with their dietary needs and preferences. People's views on food were mostly positive. One person said, "Glorious food and you can choose between two." Another person said when asked about the food, "Good for a place like this. They seem to cater for everyone's likes."

People could be confident that any complaints or concerns raised would be fully investigated and responded to. People and staff told us they felt able to share their concerns because the management of the home was very approachable. Where concerns had been raised the registered manager had responded appropriately.

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.

Risks of abuse to people were minimised because the provider had systems and processes which helped to protect people.

People were supported by adequate numbers of staff to keep them safe.

People received their medicines safely from trained and competent staff.

Is the service effective?

Good ●

The service was effective.

People received effective care and support from staff who had the skills and experience to meet their needs.

People received food and drink in accordance with their needs and preferences.

Staff knew how to support people who lacked the mental capacity to make decisions for themselves.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff who were friendly, kind and caring.

People's privacy and dignity was respected.

People, or their representatives, were involved in decisions about the care they received.

Is the service responsive?

Good ●

The service was responsive.

Staff supported people to make choices about their day to day lives and staff respected people's personal routines and lifestyle

choices.

People had opportunities to take part in a range of activities according to their abilities and interests.

People could be confident that any complaints made would be fully investigated and addressed.

Is the service well-led?

The service was well led.

People benefitted from a management team who were committed to making ongoing improvements to the care and support people received.

People lived in a home where the provider monitored standards and ensured improvements were embedded into every day practice.

Staff felt well supported which created a happy atmosphere for people.

Good ●

Oake Meadows 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 and took place on 26 and 27 September 2018. It was carried out by two adult social care inspectors, a medicines 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.

Before the inspection we looked at information we held about the service, these included notifications sent to us by the provider, information received from other parties and the last inspection report.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 16 people who lived at the home, four visitors and 14 members of staff. The registered manager was not available during the inspection but the clinical lead and administrator were present on both days.

Some people at the home were unable to share their views fully with us. We therefore 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.

During the inspection we were able to view the premises and observe care practices and interactions in communal areas. We observed lunch being served in the dining rooms and in people's rooms. We looked at a selection of records, which related to individual care and the running of the home. These included five care and support plans, three staff files, records of compliments and complaints, medication records and quality monitoring records.

Is the service safe?

Our findings

At the last inspection this question was rated as requires improvement as the provider needed to ensure the improvements in place could be maintained consistently over time and when more people moved into the home. At this inspection we found that improvements made had been sustained and we have therefore rated this section good.

People felt safe at the home. One person told us, "I kept falling at home. Now I only have to ring the bell and someone comes so I feel safe." Another person said, "I don't know why, I just feel safe. I don't see any violence here." A visiting relative commented, "I know they are safe, It's such a comfort. I wouldn't want them anywhere else."

We observed people who were unable to verbally express their views were comfortable and relaxed with staff. People smiled and laughed when staff approached them and were relaxed and happy when staff assisted them.

The risks of abuse to people were minimised because the provider had systems and process to protect people. This included a robust recruitment process, ongoing supervision of staff and training. Recruitment records showed all staff were thoroughly checked before they began work which helped to make sure they had the appropriate character, qualifications and skills to work with vulnerable people. Supervision sessions showed any concerns were addressed.

People received their medicines safely from trained staff. There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including those requiring extra security and refrigerated storage. There was a reporting system so that any errors or incidents could be followed up to help prevent them from happening again. Staff completed regular monthly medicines audits, and we saw that improvements were made when issues were identified.

Some people received their medicines covertly (without their consent or knowledge). Three people's records that we saw showed there had been suitable checks to make sure they had had their mental capacity assessed and what was in their best interests had been considered.

All staff asked, said if they saw or heard anything they were uncomfortable with they would not hesitate to raise it with a more senior member of staff or the management team. Where concerns were identified the registered manager had worked in partnership with the other appropriate agencies to make sure people were kept safe.

There were sufficient numbers of staff to keep people safe and to meet their needs on the days of the inspection. However, some concerns about staffing levels were raised with us and we shared these with the administrator and clinical lead. We were informed that following an audit of dependency levels, a new staffing rota would commence on 1 October 2018 which would increase staffing in some areas. We were also informed that an additional activity worker had been recruited and was due to commence work full time

once all checks had been completed. This demonstrated the provider kept staffing levels under review and adjusted staffing according to people's needs.

The registered manager ensured risk assessments were carried out to help people to receive safe care and to support them to be independent. For example, one person liked to make their own hot drinks but a risk assessment had identified they were not safe to do this on their own. In order to support them to continue to do this they were always supervised by a member of staff. This meant they retained their independence in a safe way.

Where people displayed behaviour, which could place them or others at risk, there were care plans for staff to follow. Care plans identified triggers for the behaviour and staff had clear direction regarding what they should do and how to defuse the situation. We observed one member of staff manage a person who became very agitated and verbally aggressive, when asked to come to lunch. Staff spoke quietly and withdrew from the person which defused the situation.

All accidents and incidents which occurred at the home were recorded and analysed to identify any patterns or changes which needed to be made to promote people's safety. For example, one person had a number of falls in a short space of time and staff had contacted their GP to change their medication which resolved the situation.

People lived in a clean and fresh environment. There was a dedicated housekeeping team and all staff received training in good infection control practices. There were adequate hand washing facilities around the home and staff used personal protective equipment, such as disposable gloves and aprons, where appropriate. This helped to minimise the risks of the spread of infection in the home.

Is the service effective?

Our findings

At the last inspection this question was rated as requires improvement as the provider needed to ensure the improvements in place could be maintained consistently over time and when more people move into the home. At this inspection we found that improvements made had been sustained and we have therefore rated this section good.

Oake Meadows is a large building split into smaller areas to create a more homely and intimate feel. At the time of the inspection some upstairs rooms were not in use which reduced the number of rooms available.

People lived in a building which was well maintained and regular health and safety checks were carried out to ensure people's safety and comfort. The provider had begun to decorate the home to make it more comfortable and dementia friendly. Specific colours had been used to provide an environment which supported people living with dementia and there was some signage to help people to orientate themselves and move around independently. The maintenance manager informed us that further improvements were planned to make sure the environment was interactive and supported people living with dementia.

People received effective care because staff had the skills and experience to meet their needs. During the inspection we saw staff were competent and confident in their roles. One member of staff said, "We get loads of training that is useful and relevant." One visitor said, "Staff seem to have the knowledge and training needed."

Each person had their needs assessed to make sure the home had the staff and facilities required to effectively support them. From the assessments care plans were devised to give guidance for staff to meet people's needs. Care plans we saw were very personalised and gave staff the information they needed to make sure people received care and support in accordance with their wishes and needs.

People received effective care to meet their needs because staff worked in accordance with the care plans. For example, one person's care plan stated they needed to be helped to change position at stated intervals to minimise the risk of pressure damage to their skin. Records, and our observations, showed this was being carried out.

Trained nurses monitored and treated people's healthcare needs on two of the units of the home. On the other unit, senior care staff monitored people's health and were supported by community nurses. Where specific medical needs were identified, care plans were being followed to make sure they received effective treatment. For example, one person had a wound care plan and records showed this was being followed by trained nurses.

People could be confident changes to their health would be noticed and responded to because care plans were very detailed. For example, one care plan for a person with diabetes, contained signs and symptoms of both high and low blood sugars and what staff should do in that situation. This care plan also contained details of signs and symptoms of urinary tract infections (UTI) and what staff should do if they suspected the

person had a UTI.

The staff worked with other professionals to make sure people's needs were met. People told us they were helped to see, doctors, dentists, opticians and chiropodists. One person told us, "When I came here I saw the GP as soon as I arrived here." One trained nurse said they sought advice and support from other professionals, such as tissue viability specialists, when they needed to.

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.

Staff had received training about the MCA and those spoken with understood the principles and worked in accordance with the Act. Documentation, and staff spoken with, gave good evidence that they always assumed capacity and supported people to make choices in the simplest ways. One person's care plan showed that a relative had legal powers to make decisions about their care. However, the care plan was clear that this power should only be called upon when the staff had taken all steps possible to present information to the person to assist them to make their own choices.

All staff were committed to supporting people to make choices and retain control wherever possible. For example, the maintenance manager had created a large board of coloured squares to help people to make decisions about the colour of their bedroom or take part in deciding colours for communal areas. When people were unable to verbally express themselves, they were often able to point to their colour choice and therefore make their own decision.

People's capacity to make specific decisions was assessed and when they were deemed to lack the capacity in that area, then a best interests decision was made on their behalf. Records showed who had been involved in the decision-making process and why it was considered to be, in the person's best interests. All care plans contained life histories of the person which also helped staff to know what the person may want. One visiting relative told us, "They have involved me because they say I know them best."

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). The registered manager had made appropriate applications where people lacked the capacity to consent to their care but required this level of protection to keep them safe.

People's nutritional needs were assessed and met. Some people had been assessed by speech and language therapists and required food and drinks to be served to them at a specific consistency to minimise the risk of choking and to support them to eat a good diet. During the inspection we saw food and drink was served at different consistencies for different people matching their assessments.

Staff helped people to make choices about the food they ate in various ways. Some people were asked what they wanted and some people were shown different meals to choose from. Where people were unable to make a choice, staff used their knowledge of people to make sure they had food they liked or provided them with small portions of each main course.

People's views on food were mostly positive. One person said, "Glorious food and you can choose between

two." Another person said, when asked about the food, "Good for a place like this. They seem to cater for everyone's likes."

Is the service caring?

Our findings

At the last inspection this question was rated good. At this inspection we found people continued to receive a caring service.

People were cared for by staff who were kind and friendly. One person said, "They are all kind and caring." Another person told us, "Staff are smiley." One visitor said, "Although there have been problems here we have seen staff who have a real passion about what they do. We have always been happy with the carers."

During the inspection staff always interacted with people in a way that showed kindness and patience. Staff knelt down to people's level when they spoke with them and offered reassurance when they helped them to move. People smiled in response to staff and staff used gentle touch and showed affection towards people.

Staff were attentive to people's needs. One staff member approached a person and offered them a blanket for their legs because they thought they looked a bit cold. Other staff held people's hands when they looked upset or disorientated and offered kind words of reassurance. Some people liked to cuddle dolls or soft toys and staff made sure people had access to these if people found comfort in them.

Staff shared jokes with people and there was some gentle teasing and friendly banter. This made people laugh and giggle with pleasure.

People were treated with respect and dignity. One person said, "They always speak with me appropriately, call me by my name. They know me." Another person told us, "I respect them and they respect me. It works both ways."

People were assisted with personal care in the privacy of their bedrooms or bathrooms. One person told us, "They always pull the curtains and make sure the door is closed." People were well dressed and clean showing staff took time to assist them with personal care. A hairdresser visited the home weekly to enable people to maintain their appearance. People who were being cared for in bed looked warm and comfortable.

Staff supported people to maintain their friendships. Staff helped people who were unable to move independently to sit next to people they were friendly with to maintain their contacts. One person, who had moved to one of the nursing units, told us they had previously lived on Rose (the unit which did not provide nursing care.) They told us that whilst living there they had made friends and staff made sure they had opportunities to meet up for a chat. On the second day of the inspection we saw this person in the main lounge on Rose socialising with one of their friends.

Visitors were welcomed at any time to help people maintain contact with friends and family. Visitors told us they were always made to feel welcome and thought staff cared about them as well as the person who lived at the home. One visitor said, "Staff are kind and caring and they support me." Another visitor told us, "I can't begin to tell you how much they have helped me as well as [person's name.] I feel part of something again."

There's quite a family atmosphere."

People and their representatives were involved in decisions about the care and support they received. People's care needs were reviewed monthly and people and their representatives were invited to be part of the review. One family member told us, "We meet up every month to see what's what and how it's all going. They want our views it's not just a paper exercise." Another family visitor said, "Things have improved. We used to have to instigate care reviews but that has changed recently and it comes from them now."

Is the service responsive?

Our findings

At the last inspection this question was rated as requires improvement as the provider needed to ensure the improvements in place could be maintained consistently over time and when more people move into the home. At this inspection we found that improvements made had been sustained and we have therefore rated this section good.

People received care and support which was personalised to their needs and wishes. Some people were able to express their wishes verbally and said staff respected their choices. One person told us, "I have a routine. I like to go to my room after lunch. Staff always remember and take me." Other people were not able to verbalise their wishes but staff knew people well and continued to respect people's choices. One member of staff said, "People will tell you what they want in their own way."

Improvements had been made to make sure care provided was person centred and respected people's lifestyle choices. People made choices about their daily routines as far as they were able. There were no set times for people to get up or go to bed. One member of staff said, "It's much better than when I started here. There's a nicer atmosphere and we try to give people choices about everything." Another member of staff said, "People indicate to us if they want to get up. We would never make anyone get out of bed if they didn't want to. We just make sure they are clean and comfy."

Each person had a life history section in their care plan which helped staff to understand them as people. This ensured staff had information about what and who was important to them, people's specific cultural and religious beliefs and their lifestyle choices. Staff had received training about equality and diversity and provided care which did not discriminate against anyone regardless of their race, religion, ability or sexuality. One relative had written a review of the home which stated some staff excelled in 'Seeing the person behind the illness.'

The Accessible Information Standard aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. We found that although measures were being put in place to make the environment more dementia friendly, information was not always available in a format that was easy for people with dementia to understand. For example, the days' menu was written on a chalk board each day but was not accompanied by pictures to help people to identify the meal choices. There was no easy to see information about the day, season or time, to help people to orientate themselves to the time of day or the day of the week. We discussed this with the administrator and clinical lead who were keen to make improvements in this area.

An excellent activities worker provided a range of group and one to one activities for people. Whenever the activity worker went into a room they greeted everyone and made sure they engaged with each person. This produced moments of pleasure and happiness for each person. People became animated and smiled.

Due to the varying needs of people, activities were adapted to each person to make sure they received social stimulation. For example, some people were physically and mentally extremely frail and we saw the activity

worker provided hand massages. Where a person was being cared for in bed the activity worker was sitting with them reading. On the second day of the inspection a group music and singing session was held. This was held on one of the nursing units but was open to all and people came from across the home. Care staff joined in with this activity. This was an extremely lively and fun session. People were very engaged with the session, some sang, some tapped their feet or clapped and others smiled and laughed.

Staff supported people to follow their interests and hobbies. For example, one person was assisted to go swimming on a regular basis. In response to some people's love of animals the provider had purchased several animals such as rabbits, cats, chickens and ducks. During the inspection some people went outside to see the animals and also talked about them.

There were numerous photographs around the home showing activities and trips people had taken part in. A party room had also been created where people could celebrate special occasions with other people at the home or their friends and family.

People were supported to practice their faith and attend religious services at the home if they wished to. Where people had different religious beliefs, or needs, staff supported people to attend meetings and services outside the home.

Staff told us they aimed to care for people until the end of their life. One member of staff said, "It's always a privilege to be able to care for someone at the end of their life." No one at the home was being provided with palliative care at the time of the inspection, but some people had care plans giving information about their wishes regarding their end of life care. The staff made sure appropriate medicines were available for people at the end of their life to maintain their comfort and dignity.

People, visitors and staff said they would be comfortable to raise concerns or complaints with the management team. People were confident that action would be taken to address any complaints made. One person said, "I would tell a member of staff. They are all approachable." Another person told us, "I would speak to my favourite carer." Visitors told us if they had raised issues with the registered manager or a trained nurse their issues had been addressed. One visitor told us, "Complaints get sorted out."

All complaints made were fully investigated and any shortfalls identified were addressed. The registered manager kept a record of all complaints made. One complaint we looked at detailed a thorough investigation process resulting in a letter to the complainant explaining what actions had been taken, what sources of information/records had been used and what lessons had been learnt as a result.

Is the service well-led?

Our findings

At the last inspection this question was rated as requires improvement as the provider needed to ensure the improvements in place could be maintained consistently over time and when more people move into the home. At this inspection we found that improvements made had been sustained and we have therefore rated this section good.

People lived in a home which was well led by a management team who were committed to making improvements and had worked hard to achieve this.

The management team consisted of a registered manager, an administrator, a clinical lead and a head of care for the unit which did not provide nursing care. The units which provided nursing care were overseen by trained nurses. Although the registered manager was not available at the time of the inspection the home was still well led which showed the management team worked together to achieve effective management of the home.

People benefitted from a positive culture which had improved the quality of the service provided. Numerous people told us about the improvements they had seen in the last 12 months. These improvements included more choice for people, better communication, better support for staff and ongoing audits of quality. One visitor told us, "I see improvements every week. I would recommend this home to anyone now." Another visitor commented, "It's got a lot better, for example the outside area has been tidied up. Generally better run."

Staff were motivated and engaged in the changes being made. One member of staff told us, "Things are getting better all the time. The manager now is really supportive and approachable. We are definitely in a good place now." Another member of staff said, "It's a lot better now. It stems from the new management and an open-door policy for staff."

The provider had effective systems in place to monitor quality and make sure improvements made were embedded into day to day practice. The registered manager monitored care by observations and audits. The provider had an electronic system where data about the home was entered and could be monitored remotely. This enabled them to identify any concerns and act accordingly. A representative of the provider also visited regularly to support the registered manager and audit the quality of the service.

People lived in a home where the management team continually observed and monitored the quality of care. Observations included walks around the home at various times of the day and night to observe practice and listen to people's views. Records of these observations showed that where shortfalls were identified they were immediately addressed.

People were cared for by staff who were well supported and supervised. There were always senior staff available to monitor standards and offer guidance to less experienced staff. All staff received formal supervision with a more senior member of staff. This enabled them to identify concerns and highlight

training needs. One member of staff commented, "I get monthly supervision, they ask for ideas to improve the home." Staff supervision also made sure any poor practice could be identified and addressed in a confidential manner. This had all helped to improve the quality of care and support people received.

People's views were listened to which helped people who lived at the home and their families feel involved in the running of the home. The management team had begun to operate a 'You said. We did' system which showed how suggestions had been responded to. For example, some people had said they did not always get to see the up to date newsletter for the home. In response to this the newsletter was being distributed to everyone.

Various meetings were held so people and staff could make suggestions. It was clear from reading the various meeting minutes that managers valued and welcomed suggestions and implemented them when possible. One member of staff told us, "The managers are responsive."

Suggestions were put into practice where appropriate. At one residents meeting, suggestions were made to have more fresh fruit and cereal varieties available for breakfast and include Ovaltine and hot chocolate for bedtime drinks. These had been implemented by the chef.

Staff had made contact with various local groups and schools to encourage greater social and community contact for people. They had also organised events which were open to the public to make sure people continued to be part of their local community. The management team told us they aimed to continue this work and were always looking for opportunities to encourage social integration.

The registered manager was aware of their legal responsibilities and worked in partnership with other organisations such as commissioners and the local authority to share information appropriately. The registered manager has notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal responsibilities.