

Somerset Care Limited

Oak Trees

Inspection report

Rhode Lane
Bridgwater
Somerset
TA6 6JF
Tel: 01278 451125
Website: www.somersetcare.co.uk

Date of inspection visit: 29 June and 2 July 2015
Date of publication: 14/08/2015

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 

Overall summary

This inspection took place on 29 June and 2 July 2015 and was an unannounced inspection.

At the last inspection carried out on 17 June 2013 we did not identify any concerns.

Oak Trees is a purpose built home which can accommodate up to 68 people. The home is divided into three units. One unit provides care and support to older people and the other two units provide care and support to people who are living with dementia. All bedrooms are for single occupancy and the home is staffed 24 hours a day.

There is a registered manager who is responsible for the home. 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 and associated Regulations about how the service is run.

The registered manager had an excellent knowledge about the needs and preferences of the people who lived at the home. They had a clear vision for the home and

Summary of findings

they made sure this was understood and followed by the staff team. They were committed to ensuring people received the best possible care. They told us they wanted people who lived at the home to “have an amazing quality of life.” They said “This is their home. We want people to feel happy and safe. We don’t focus on people’s disability; we want to enable people to live their life to the full.”

Staff morale was very good and there was a happy and relaxed atmosphere throughout the home. Staff interacted with people in a very kind and caring manner and people looked relaxed and content with the staff who supported them. One person said “All the staff are so very kind. Nothing is too much trouble.” Another told us “Pat [the registered manager] is like my mother; she is always checking on me and making sure everything is alright. All the staff are lovely. Do you know; they check on me all through the night to make sure I am alright.” A visitor said “The staff are wonderful. From the top down, nothing is too much trouble. There is always a happy atmosphere and staff will always stop and say hello.” They also told us “My [relative] really wanted to come here. My [relative] is very happy and refers to all the staff as their friend.”

People were cared for by staff who knew them well and staff knew what was important to people. One person said “I love it here. All the staff are wonderful. They know what I like and that means a lot.” Another person said “The staff help me just the way I like it. They had a chat with me when I moved here and asked me all about what I wanted and what I liked.” A visitor said “All the staff know what’s important to my [relative]. That means so much to me and my [relative]. Another visitor told us “I would give every one of them ten out of ten. From the management down; they are superb. I know all the staff get the training they need. They are very skilled. You can just tell”

People told us they felt safe at the home and with the staff who supported them. One person told us “I started to fall a lot when I was living at home. I was living on my own and it worried me. Since moving here I feel completely safe and haven’t fallen once.” A visitor told us “I am so happy knowing my [relative] is safe and well cared for. It’s such a relief to me.” There were policies and procedures in place to minimise risks to people and to help keep them safe. These were understood and followed by the staff team.

People received effective care and support which was adjusted to meet their changing needs. People had access to appropriate healthcare professionals to make sure they received effective treatment when required. There were systems in place to make sure people received their medicines when they needed them.

People had their nutritional needs assessed and food was provided in accordance with people’s needs and preferences. People were complimentary about the food served. One person told us “You get plenty to eat here I can tell you. I’m sure I’ve put on weight.” Another person said “It’s like a five star hotel here. You don’t get a chance to be hungry or thirsty.”

Staff had a good understanding of people’s legal rights and of the correct procedures to follow where a person lacked the capacity to consent to their care and treatment.

There were systems to monitor the quality of the service and seek people’s views. People were able to give feedback in person, through comments and questionnaires and at resident’s meetings.

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.

There were sufficient numbers of suitably experienced and trained staff to meet people's needs.

People received their medicines when they needed them. There were procedures for the safe management of people's medicines.

The provider had systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

Good



Is the service effective?

The service was effective.

People had access to a range of healthcare professionals according to their individual needs.

People were supported by well trained and competent staff.

People's nutritional needs were assessed to make sure they received an adequate diet which met their needs and preferences.

Good



Is the service caring?

The service was caring.

Staff were compassionate and caring in their interactions with people and their visitors.

People were treated with dignity and respect. Staff supported people to make choices about their day to day lives and they respected their wishes.

Care plans were in place to ensure people's wishes and preferences during their final days and following death were respected.

Good



Is the service responsive?

The service was responsive.

People told us they received care and support in accordance with their needs and preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People were able to take part in a range of group and one to one activities according to their interests.

Good



Is the service well-led?

The service was well-led.

The registered manager and the deputy managers were described as open and approachable.

The performance and skills of the staff team were monitored through day to day observations and formal supervisions.

There were quality assurance systems to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care.

Good



Oak Trees

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 29 June and 2 July 2015 and was unannounced. It was carried out by two inspectors.

We looked at previous inspection reports and other information we held about the home before we visited. We looked at notifications sent in by the provider. A notification is information about important events which the service is required to tell us about by law.

At the time of this inspection there were 58 people living at the home. During the inspection we spoke with 16 people, seven members of staff, the registered manager, two deputy managers and an operations manager. We also spoke with five visitors and a health care professional. Some people were living with dementia and were not able to engage in conversations with us. We spent time in lounges and dining rooms on each of the three units so that we could observe how staff interacted with people and could observe their experiences of life at the home.

We looked at a sample of records relating to the running of the home, staff recruitment and care of the people who lived there. These included the care records of six people who lived at the home and recruitment records for three staff members. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

Is the service safe?

Our findings

People told us they felt safe living at the home and with the staff who supported them. One person told us “I started to fall a lot when I was living at home. I was living on my own and it worried me. Since moving here I feel completely safe and haven’t fallen once.” A visitor told us “I am so happy knowing my [relative] is safe and well cared for. It’s such a relief to me.”

Care plans contained risk assessments which related to assisting people to mobilise and reducing risks to people who were at high risk of malnutrition and pressure damage to their skin. A plan of care had been developed to minimise risks and these were understood and followed by staff. For example some people required walking aids to enable them to mobilise safely. Staff quickly interacted and reminded people to use their walking aids when they got up to walk. Records showed staff monitored people’s intake of food and drink where they had been assessed at high risk of malnutrition.

People received their medicines when they needed them and there were procedures for the safe management and administration of people’s medicines. We observed a member of staff safely administering medicines to people. People’s medicines were stored securely and they were administered by staff who had received appropriate training. Medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. We checked a sample of stock balances for medicines which required additional secure storage and these corresponded with the records maintained.

The provider’s staff recruitment procedures minimised risks to people who lived at the home. Application forms contained information about the applicant’s employment history and qualifications. Each staff file contained written

references one of which had been provided by the applicant’s previous employer. We saw applicants had not been offered employment until satisfactory references had been received and a satisfactory check had been received from the Disclosure and Barring Service (DBS). This helped employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns. Staff told us they would not hesitate in raising concerns and they felt confident allegations would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been brought to the provider’s attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

Staff told us there were enough staff to help keep people safe. People did not have to wait long for staff assistance. For example call bells were answered promptly and staff responded quickly when people requested assistance with their personal care needs. People were supported in an unhurried and relaxed manner. The registered manager told us they adjusted staffing levels to meet the needs of people. For example if someone was unwell and required additional support then extra staff would be provided.

To ensure the environment for people was kept safe specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. There were risk assessments in place relating to health and safety and fire safety. Each person who lived at the home had an emergency evacuation plan. These gave details about how to evacuate each person with minimal risks to people and staff. The service had a comprehensive range of health and safety policies and procedures to keep people safe. Staff also carried out regular health and safety checks.

Is the service effective?

Our findings

Staff knew how to make sure people's legal rights were protected. They had a good understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff knew how to support people to make decisions and about the procedures to follow where an individual lacked the capacity to consent to their care and treatment.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager knew about how and when to make an application and knew about the recent changes to this legislation which may require further applications to be made. We saw the home had made a number of applications for people who were unable to consent to living at the home. The registered manager had also completed an application for one person who required a pressure mat in their room during the night to alert staff when they had got out of bed. The application was made because this was a deprivation of the person's liberty as it restricted their freedom of movement.

People could see healthcare professionals when they needed to. People told us the home was very good if they were unwell and made sure they were referred to appropriate professionals. One person told us "I'm just waiting for the doctor and the nurse. The nurse [district nurse] comes in regularly to change the dressing on my legs. I'm well looked after here." The registered manager told us people were registered with a GP of their choice. They said the home received very good support and input from health and social care professionals. We met with a mental health professional who reviewed the care and well-being of the people who were living with dementia. They told us they visited twice a week and worked closely with the staff team to make sure people received the specialised care they needed.

Each person had a nutritional assessment which detailed their needs, abilities, risks and preferences. Staff, including

catering staff knew about people's preferences, risks and special requirements. People were provided with food and drink which met their assessed needs. Examples included soft or enriched diets. People who were at risk of malnutrition were weighed at least monthly. We saw weight charts in each person's care records. All records were recorded accurately and were up to date. Staff had highlighted any concerns with regard to weight loss and they had sought the advice of appropriate health care professionals. People told us they were provided with plenty to eat and drink. A choice of hot and cold drinks were offered regularly throughout the day and on request. One person told us "You get plenty to eat here I can tell you. I'm sure I've put on weight." Another person said "It's like a five star hotel here. You don't get a chance to be hungry or thirsty." There was a coffee lounge in the main unit where people and their visitors could help themselves to hot and cold drinks. There were kitchenette areas on both units caring for people living with dementia. A visitor told us "You can help yourself and I've seen the staff helping the residents to make drinks."

People were informed of meal choices during the morning. On the units caring for people living with dementia staff supported people to make a choice by showing them plated meals. This was positive as many of the people would not be able to recall what they had chosen earlier in the day. In all of the units, a selection of vegetables and potatoes were placed on each table which meant people could choose what and how much they wanted on their plate.

People and their visitors spoke very highly of the staff team. They told us staff had the skills and knowledge to meet people's needs. One person said "I love it here. All the staff are wonderful. They know what I like and that means a lot." Another person said "The staff help me just the way I like it. They had a chat with me when I moved here and asked me all about what I wanted and what I liked." A visitor said "All the staff know what's important to my [relative]. That means so much to me and my [relative]. Another visitor told us "I would give every one of them ten out of ten. From the management down; they are superb. I know all the staff get the training they need. They are very skilled. You can just tell"

Staff told us training opportunities were very good. One told us "This is a lovely place to work. The support and training you get is just brilliant." Another member of staff

Is the service effective?

said “You get all the training you need here. I’ve never been asked to do anything I haven’t been trained to do.” The registered manager maintained a training matrix which detailed the training each staff member had completed and when refresher training was due. A two day training programme about dementia care was being rolled out to all staff at the home. One member of staff told us “The training in dementia care was fantastic. It really opened my mind and made you think about the person and not their dementia.” Staff also had opportunities to gain nationally recognised qualifications in care which ensured they had up to date skills and knowledge.

Staff told us they received regular supervision sessions and annual appraisals. This helps to monitor the skills and competencies of staff and to identify any training needs staff might have. Staff told us they felt very well supported. They told us they were encouraged to discuss any aspect of their role or training needs at any time. All staff completed a period of induction when they commenced employment to make sure they had the basic skills and knowledge to care for people.

Is the service caring?

Our findings

There was a cheerful atmosphere in the home with lots of laughter and friendly banter. Staff interacted with people and spoke about them in a very caring and compassionate manner. People and their visitors had nothing but praise about the staff team. One person said “All the staff are so very kind. Nothing is too much trouble.” Another told us “Pat [the registered manager] is like my mother; she is always checking on me and making sure everything is alright. All the staff are lovely. Do you know; they check on me all through the night to make sure I am alright.” A visitor said “The staff are wonderful. From the top down, nothing is too much trouble. There is always a happy atmosphere and staff will always stop and say hello.” They also told us “My [relative] really wanted to come here. My [relative] is very happy and refers to all the staff as their friend.”

We observed staff to be competent and confident when assisting and interacting with people. Staff communicated with people in a very kind and respectful manner. They were patient where people had difficulties in communicating and were knowledgeable about how to support people. For example using objects of reference to enable people to make a choice, making sure they were sat facing someone who had difficulty in hearing. People responded positively to staff interactions.

People were treated with dignity and respect. Staff spoke about people in a warm and respectful way. Staff supported people to make choices about their day to day lives and they respected their wishes. For example staff noticed one person was finding atmosphere in the lounge area too noisy. They discreetly asked them if they would like to go somewhere quieter. The person responded in a positive way and went with the member of staff to a quieter area. One person said they did not want to eat their lunch at the dining table. Staff asked the person where they would like to eat and they respected the person's decision to eat in the lounge area. Throughout the day we heard staff checking whether people were happy where they were and with what they were doing.

Staff routines did not impact on what people wanted to do. On the units which cared for people living with dementia, staff joined people on their particular ‘journey.’ For example, one person became anxious and said they “needed to get to the bus stop.” The member of staff reassured the person and said “I’ll come with you if you like.” The person smiled and linked arms with the member of staff. After some time walking in the garden, they returned and looked content and relaxed.

Staff told us about one person who used to enjoy ballet. They explained every time the person heard music they would get up and start to dance. We observed this to be the case on the second day of our inspection. The person mobilised by using a zimmer frame. A risk assessment had been completed which enabled the individual to follow their love of dancing as safely as possible. Staff made sure the person had their walking aid and they unobtrusively observed them while they were dancing.

People said staff respected their privacy. One person said “I prefer my own company and like to spend time in my room. The staff respect that and tell me to use my call bell if I need anything. They also check I am alright.” All rooms at the home were used for single occupancy. Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Staff knocked on doors and waited for a response before entering. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality.

There was nobody receiving end of life care however; care plans detailed people's beliefs and preferences during their final days and following death. The registered manager told us their aim was to enable people to spend their final days in the home surrounded by loved ones and staff who knew the person well. They told us they received excellent support from GP's and district nurses which meant people nearing the end of their life remained as comfortable as possible. The registered manager told us they had recently introduced memorial services to support relatives, other people who lived at the home and to remember the person who had died.

Is the service responsive?

Our findings

Care plans contained clear information about people's assessed needs and preferences and how these should be met by staff. This information helped staff to provide personalised care to people. Care plans had been regularly reviewed to ensure they reflected people's current needs. One person told us "I am totally in control of what goes on in my life. I meet with my keyworker and we go through everything to make sure I'm still happy with everything." A visitor said "My [relative] doesn't really know what's going on. I am always invited to reviews and I am their voice. They really want to know about all the things that are important to my [relative]."

We met with a health care professional who told us staff always implemented any suggestions or recommendations they had made regarding the people who lived at the home. They also told us staff were proactive rather than reactive when supporting people who could display behaviours which could be challenging to the service. They told us staff looked for possible triggers which meant they could help to reduce the risks of behaviours escalating. The health care professional told us the staff kept them informed of any concerns or changes in the well-being of people and that care plans reflected the care people received.

Staff told us routines in the home were flexible to meet the needs and preferences of people. One member of staff told us one person was having a lie in as they stayed up late chatting to staff the night before. Another member of staff said "It's not our home, it's theirs. We must always remember that." There was a relaxed atmosphere throughout the home. It was a hot day and doors were open on all of the units. We saw people coming and going in and out of the gardens as they chose. People who were living with dementia were able to move freely between the two units. This enabled them to choose where they spent their time. We observed additional meals and snacks were made available to people when they requested them.

Before people moved to the home the registered manager or deputy manager visited them to assess and discuss their needs, preferences and aspirations. This helped to determine whether the home was able to meet their needs and expectations. People and their representatives were encouraged to visit the home before making a decision to

move there. One person told us "It was my decision to move here. I was in hospital but my [relative] came and looked around. Moving here was the best decision I have ever made."

People were supported to follow their interests and take part in social activities. Staff were knowledgeable about people's life history and they used this knowledge to assist people with day to day activities which were meaningful to them. For example, one person who lived on the unit for people living with dementia regularly assisted staff in the office. A member of staff explained the person used to work in an office and liked to help with the filing. They told us "One day, after helping with the filing I said to them "same time, same place tomorrow?" To which they replied, No; I think I'll have tomorrow off." Another member of staff told us about one person who liked to put dining chairs on top of the table. They explained this was important to them as they used to be a teacher and this signified the end of the working day.

Designated activity staff were employed and people were provided with opportunities to take part in a varied activity programme within the home and in the local community. On the second day of our visit people from each of the units were observed dancing and singing along to a visiting entertainer. The registered manager told us people enjoyed regular visits from local school children. They explained that they would spend time chatting to people, reading to them, singing and performing plays. The registered manager told us a number of people had recently enjoyed a visit to the local school where children had put on a play and served them with tea and cake.

People could see their visitors whenever they wished. A visitor told us "I visit every other day. I was told I could visit whenever I liked. I am always made to feel very welcome and the staff are all lovely." We observed visitors coming and going throughout our visit and it was apparent they had a good relationship with the staff and management. On the day we visited a large number of visitors arrived at the home. The visitor's book confirmed this was the case every day.

People and their visitors knew how to make a complaint. Everyone we spoke with said they felt confident any concerns would be addressed. One person said "I have no complaints or grumbles but if I did I could tell anyone here and they would put it right." Records of complaints showed

Is the service responsive?

that all complaints expressed verbally or in writing were responded to in a timely manner. We saw complaints had been fully investigated and action was taken to address people's concerns.

Is the service well-led?

Our findings

The registered manager told us they wanted people who lived at the home to “have an amazing quality of life.” They said “This is their home. We want people to feel happy and safe. We don’t focus on people’s disability; we want to enable people to live their life to the full.” It was clear this ethos was being achieved. One person told us “I am very happy here. It’s marvellous. I just can’t complain about anything.” Another person said “It’s a real home from home. I can’t fault anything. I am well cared for and feel very safe; what more could I ask for.” A visitor told us “I don’t feel that I have lost my [relative]. I can see [my relative] is very happy here and we can spend quality time together which is really important.”

Staff shared this philosophy. One member of staff said “This is their home. We want people to feel happy and safe here.” Another told us “We want to make sure our residents have a really good life. It’s not all about their dementia; there is a person inside and we must never forget that.” Staff morale was very good and staff told us they enjoyed working at Oak Trees.

People’s views were important to the home. Apart from day to day discussions with staff people and their visitors were able to make suggestions through regular meetings, satisfaction questionnaires and suggestion cards. Posters in the home demonstrated people’s views were responded to. The “You said; We did” posters detailed suggestions made by people and action taken. Examples included the purchase of a flat screen television and new bedding, curtains and redecoration in some areas. The registered manager told us they had obtained colour charts and samples to enable people living with dementia to make choices about what they would like.

The results of a recent satisfaction survey had been very positive. Surveys had been sent to people who lived at the home, their relatives and health care professionals. Completed surveys showed that all would recommend Oak Trees to others. A health care professional commented “Communication by all your staff shows knowledge, care and respect towards your clients. I cannot fault it.” A relative commented “I would like to say the staff are brilliant. I am always kept informed. They are excellent and I would always recommend them.”

Systems were in place to monitor the experience of people who were living with dementia and may be unable to express their views verbally. Where areas for improvement had been identified, we found appropriate action had been taken. Two staff had recently carried out unobtrusive observations of the meal time experience for people living with dementia. Overall, the experience for people had been positive however; it was noted that this could be further improved by restructuring staffing levels and introducing more flexibility. During our observations of the meal time experience, we were able to see the action points had been addressed.

The registered manager was supported by two deputy managers. One deputy manager was based on the units caring for people living with dementia; the other deputy manager was based on the residential unit. The registered manager and deputy managers were very visible in the home. They all demonstrated an excellent knowledge of people and their care needs. During the inspection they spent time in the main areas of the home talking with people, visitors and staff. Everyone was very comfortable and relaxed with them.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. In addition to the registered manager and deputy managers there was a team of care staff who were supported by more senior care staff. The skill mix of staff meant experienced staff were available to support less experienced staff. Staff were clear about their role and of the responsibilities which came with that. Catering, domestic, administrative, maintenance and activity staff were also employed.

People were cared for by staff who were well supported and kept up to date with current developments. Each member of staff had an annual appraisal where they were able to discuss their performance and highlight any training needs. There were also meetings for staff where a variety of issues could be discussed. The minutes of the last staff meeting showed discussions included the new Care Quality Commission inspection methods. There was also a handover meeting when staff changed to ensure all staff were kept up to date with people’s care needs.

Staff were supported and trained to take lead roles. They shared their knowledge and provided training for other staff as well as ensuring standards were maintained. These included dementia champions, end of life care, health and safety and dignity champions.

Is the service well-led?

There were quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks to monitor safety and quality of care. Where shortfalls in the service had been identified action had been taken to improve practice. Maintenance staff were employed. They carried out regular checks on the premises and made sure any repairs were attended to promptly. The

registered provider also monitored how the home was managed and the quality of the service provided. An operations manager from the company carried out regular visits to monitor the service using the five questions we report on; Is the service safe, effective, caring, responsive and well-led. We read the report of a recent visit which showed outcomes were positive.