The Oak Residential Homes Limited

The Oaks Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
The Oaks residential care home is a residential care home which was providing personal care to 21 people at the time of our inspection. All people living at the service were older people, most of whom were living with dementia. The service can support up to 26 people in one adapted building over three floors.

People's experience of using this service and what we found
People were kept safe. There were systems in place to help protect people from abuse. Infection control practice followed national guidance and sought to keep people safe from infection. Visiting to the service was permitted; We spoke with registered manager at inspection, and they increased the times when people could be visited and removed the booking process they had for visits. People's risks were assessed and monitored. People told us there were enough staff working at the service and recruitment processes were robust. Medicines were managed in a safe way. Lessons were learned when things went wrong as incidents were recorded and actions completed to keep people safe.

The service worked effectively. People's needs were assessed in line with the law, prior to their admission. Staff received induction and training, so they knew how to work effectively with people. Staff were supported in their role through supervision and appraisal. People were supported to eat, drink and maintain healthy diets. Staff communicated effectively with other agencies, including health care services, to ensure people received good care. The provider had adapted the building to ensure it met people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's choices were respected, and decisions made in their best interests.

The service was caring. People and relatives thought staff were caring. People were supported to express their views. People's privacy and dignity were respected, and their independence promoted.

The service was responsive. Care plans were person-centred, and staff knew people's preferences. People's communication needs were met. People were able to take part in activities they could enjoy. People and relatives could complain and when they did, complaints were responded to appropriately. The service recorded people's end of life wishes and people and relatives were treated with respect and dignity when people approached the end of their lives.

The service was well led. A positive person-centred culture was promoted. People, relatives, and staff thought highly of the management. The registered manager understood duty of candour and acted appropriately when it was felt the service could do better. Staff understood their roles and the registered manager fulfilled the service's regulatory requirements. People, relatives, and staff were able to be engaged and involved with the service through meeting and providing feedback. There were quality assurance systems so care could be monitored and improved. The service worked with other agencies to the benefit of people using the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for the service was good published on 18 January 2018.

Why we inspected
The inspection was prompted in part due to concerns received about potential safeguarding concerns raised via complaint and also visiting times. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

The Oaks Residential Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector.

Service and service type
The Oaks residential care home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement dependent on their registration with us. The Oaks residential care home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of significant incidents the provider had sent us. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well and we used all this information to plan our inspection. This information helps support our inspections. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection
We spoke with 4 people and 1 relative who used the service about their experience of the care provided. We spoke with 6 members of staff including the activities coordinator, the chef, the registered manager who is also a director for the provider. We also spoke with one visiting health care professional. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 5 people's care records and multiple medicines records. We looked at 5 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. Following our visit to the service we also spoke with three relatives about their experience of care.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● There were systems and processes in place to safeguard people from risk of abuse. This inspection was prompted in part by safeguarding concerns shared with us by a local authority. CQC does not investigate individual safeguarding concerns, but we have a duty to monitor services to ensure they have systems in place which safeguard people. We found systems and processes in place to keep people safe.

● We spoke with the registered manager about the concerns raised and they were able to show us what they had done to investigate the concerns and their investigation findings at that time. Following our visit, they also provided us with the outcome of their investigation, which they had completed at the request of the local authority. We found the investigation completed appropriately and in line with the provider's safeguarding policy.

● People and relatives told us they felt people were safe. One person said, "Very safe. You couldn't not feel safe here." Another person said, "I feel safe here."

● Staff were trained on safeguarding people from abuse and were able to tell us what they thought safeguarding meant to them and what they would do if they suspected abuse. One staff member said, "It means taking care of the residents and making sure they are being cared for and safe; [their] mental health, their money, protecting them generally." Another staff member told us, "[I'd] report it to the manager. Whistle blowing is reporting actions done by a colleague…We would take it to CQC [Care Quality Commission] if we had to."

● The service recorded safeguarding concerns appropriately and informed the local authority, families and the Care Quality Commission when these types of incidents occurred.

Infection Control

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Visiting in care homes

● Visitors were permitted to the service. However, this inspection was brought about in part due to concerns raised by a social care professional who highlighted a relative's concerns about potentially restrictive visiting rules. There is government guidance in place for visiting care homes. The service's rules for visiting did not contravene the guidance but we understood why the rules were perceived as restrictive.

● We spoke with the registered manager, who was also a director of the provider and owner of the service, about their rules for visiting. Following our conversation, they agreed to relax their visiting rules to widen visiting times and remove the booking system they had in place. People and relatives we spoke with did not feel the systems were restrictive; but those we spoke with after the changes were made, were happy with the widening of visit times and booking system removal.

Assessing risk, safety monitoring and management

● Risks to people were assessed and monitored. One staff member told us how they limited risks to people, "You check everything to make sure the residents are protected. We can see all the risk assessments on the [electronic devices] we use. It really saves time."

● The service had electronic care plans for everyone living in the care home. These care plans contained information about risks to people which were assessed and reviewed regularly. Risk assessments highlighted areas of concerns appropriate to each person. There were actions recorded which could help mitigate risk to people. Risk assessments included areas such as mobility, mental capacity, choking and risk of falls.

●There were various actions in place to assist mitigating risk. For example, one person's care plan stated they were at increased risk of falls. The risk assessment highlighted precaution with medicines used and the impact of their physical condition and how staff should work with them.

● Regular checks were made on equipment at the service which staff used with people, such as hoists. Checks were also made to the premises to ensure these were safe for use. This included maintenance checks on gas, fire systems and water. This meant the provider had systems in place to keep people safe.

Staffing and recruitment

● People and relatives told us they were enough staff to meet people's needs. One person said, "There are plenty staff definitely." Another said, "There is plenty of staff."

● Staff rotas showed there were enough staff on shift at all times. There were systems in place, such as using existing and or agency staff to cover shifts, to ensure people needs were met by staff in a timely manner.

● Recruitment processes were robust. We looked at 5 staff files and saw the provider made checks on staff to ensure they were safe to work with people. This included criminal record checks, employment history and identification.

Managing medicines safely

● Medicines were managed safely. People and relatives told us they were happy with the support people received with their medicines. One person said, "They [staff] give me my medicines - no problem."

● People's medicines were administered appropriately. We observed a member of staff administrating medicines. They wore a bib which identified they were administering medicines and should not be interrupted while doing so, to lessen the potential for administration error. They administered medicines at an easy pace which people appeared comfortable with and offered them a drink where required.

● Staff received training in medicine administration and completed regular medicines competency assessments.

● Medicine Administration Record (MAR) sheets were completed appropriately. These sheets stated people's medicines, their dosages and when people should take them. MARs were audited for consistency and to pick up errors; ensuring people had taken their medicines.

● We counted four people's medicines and found them all to be in order. We also noted controlled drugs, which have strict legal control as they can cause serious harm if not used correctly, were stored correctly with adequate systems in place to ensure they were stored and administered safely.

Learning lessons when things go wrong

● Lesson were learnt when things went wrong. Incidents and accidents were recorded so lessons could be learnt, and improvements made when things went wrong. Incidents and accidents records were reviewed by a member of the management team. Immediate actions were taken to keep people safe. Follow up actions were taken by the management team where required. All actions sought to keep people safe and limit recurrence of incidents as much as possible.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before moving into the home. This was so the service could be assured they could meet people's needs. Assessments contained information about peoples' needs and preferences, their requirements and what was important to them formed the foundation of people's care plans.
- Assessments recorded people's protected characteristics, such as race, religion and sexuality. This meant they were in line with the law and sought to ensure people had equal rights.

Staff support: induction, training, skills and experience

- Staff were supported by the provider to fulfil their roles. One staff member told us, "Yes, we do [receive enough support] We just had our appraisals. They are done regularly. If we have issues [registered manager's] door is open and we can discuss with them."
- Staff received an induction when they started working at the service. This included reading policies and procedures, shadowing experienced staff, training, and getting to know the people at the service.
- Staff were trained how to do their job. Training was provided online or in person. Training topics included safeguarding, moving and handling and nutrition and hydration. One staff member told us, "There are about 16 [mandatory] courses, autism, first aid, and fire."
- Staff received supervision and appraisal. Records showed staff were able to seek support, further their knowledge and be involved with how care was delivered at the service.

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

- People were supported to eat and drink enough to maintain a balanced diet. A person told us, "I have to tell [Name] the chef that I like the food as I was a cook. I love talking to them, so I have to pay them a compliment as they deserve it."
- People were supported to eat and drink. We observed people having their lunch and saw they were supported to eat and drink by staff who worked with them in an unhurried and polite manner. People were provided choices at mealtimes and also offered food and drinks throughout the daytime.
- The service worked with people who had special dietary needs. Specialised diets were provided to those who required it. This included for both health and cultural reasons.
- What people ate and drank was recorded so information about their nutrition and hydration could be shared with health professionals as appropriate. This meant people were supported by staff who assisted them maintain a healthy diet.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care services and live healthier lives. People's health care needs

were recorded in their care plans. Staff monitored different aspects of people's health to help keep them safe and support health care professionals with their care of people. Nutrition and hydration, bowel movements and people's weight were some of the areas where staff monitored people's health.

● There were hospital passports in people's care plans to support with emergency care should it be required.

● Correspondence with, and advice from, health care professionals was documented. We noted numerous health professionals involved in people's care. These included, but were not limited to, GP, palliative care team and speech and language therapists.

● We spoke with a visiting health professional who shared their opinion of the service, which included giving praise about a supporting member of staff.

Staff working with other agencies to provide consistent, effective, timely care

● The service worked with other agencies to?? people with consistent effective care. People's care was recorded on a digital system which all staff could access through hand-held electronic devices or via computers. This ensured all staff had ready access on up-to-date care records. This information was shared with health and social care professionals where required. One staff member said, "Everything is on the [electronic device], what the physio says to me I will record on the [electronic device] but it is also recorded for hand over."

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

● The service was well maintained and suitable to meet people's needs. The premises were decorated to a good standard and people had a choice on how they could decorate their rooms. Most areas of the service were accessible to people including a garden area. The provider had enhanced the service to support people living with dementia; people's rooms had colourful "front" doors, there were colourful handrails at the service and people's names and pictures were outside their rooms to help them and others remember their rooms.

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

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● People's consent to make decisions were recorded in their care plans. Where people were unable to make decisions, decisions were made in people's best interests. Where this happened, families, health care professionals and or advocates were involved as per best practice.

● DoLS authorisation applications were made where it had been identified people needed to be deprived of their liberty so as to keep them safe.

● Staff understood their responsibilities to people by giving them choices, whether or not they were deemed to have capacity. One staff member said, "The MCA is about [people] making their own decisions, whether they have mental issues they are allowed to make their own decisions and promoting their independence to

keep them going."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and supported by staff. We observed staff working in a professional manner, interacting politely with people and residents. We read feedback gathered by the service which indicated people and relatives were content with how they were treated. One person said, "They [staff] are all great. They do a great job." One relative said, "They [staff] are lovely."
- Staff respected people's equality and diversity. One staff member said, "They [people using the service] are all individuals. There is no preferential treatment for anyone." Staff were trained in equality and diversity and documentation at the service sought to ensure people's human rights were maintained.

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

- People were supported to express their views. Meetings were held with people and relatives, so they had the opportunity to be involved with decisions. Care plans indicated people, relatives or advocates had been involved with decision making. Care plan reviews were held regularly, and relatives and health and social care professionals were invited to be involved. A relative told us, "They [staff] keep us informed of all that stuff. I am told if something needs to happen."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us privacy and dignity was respected. One person said, "They [staff] respect my privacy." We observed staff knocked on people's doors before entering and closed doors when attending to people in their rooms. One staff member told us, "As per dignity we do the washing in their rooms, we close the door and make sure they are covered; even with their meds, none of us know their meds [only medicine administrating staff do]. If you are toileting [someone] you cover them." Staff were trained in respecting people's privacy and dignity and person-centred care.
- People's confidential information was kept securely. For the most part their information was kept digitally on password protected electronic devices or it was either stored in lockable cabinets in locked offices.
- People were encouraged to be independent. One staff member told us, "We coax them to do things themselves. We encourage them and praise them." Staff prompted people, where appropriate, to do things for themselves. Care plans indicated where people required support, but also where to encourage people to do things for themselves.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people's needs were met through good organisation and delivery.

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

● People received personalised care that was planned to give them choice and control. People's needs and preferences were recorded in care plans. These were tailored to people's individual needs making them person centred. Care plans were reviewed regularly or as and when people's needs changed. Care plans included information about people's health conditions, their lives before residing at the service and what was important them such as family members or activities and pursuits, they held interest in.

●Staff knew people well. One staff member told us, "You know your residents. I have particular ones I confess am more attached to. We read their care plans we know their likes and dislikes; we find out from the families. From their facial expressions you can tell [what they might want or need]."

● Staff were updated about any changes in people's needs via handover or could read information about people in their care plans. Up to date records were maintained as the service used electronic care notes, which staff accessed through handheld devices.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communications needs were met. Care plans contained information about people's communication needs so staff understood what they were. One staff member said, "[Some people] have hearing aids, there was a person here we used sign language with. They may write and read and what they need; 'what do you need' [we can ask] you can use signs and symbols. It will be in their care plan [and/or] they will read your lips."

● There were pictorial menus to assist people to make choices with food and activities. The service also had white boards for people to write down information when they could not speak or verbalise?. The registered manager told us they could provide documents in easy-read format when needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People were able to participate in activities. One person told us, "Today [activities coordinator], is here, they are incredible with them [other residents]. Once they were coaxing one of the ladies with dementia and they spent over 20 minutes persuading her to eat her tea. Its lovely. We had a singer in yesterday. It's so nice they do that. They [residents] were all sitting there with the maracas, and they were enjoying it, they were

joining in."
● We observed people taking part in activities, using light sensor games in communal areas, and saw people were able to make choices with their participation with activities. We also saw staff working one to one with people. We were shown photographs of recent events where people had participated in activities such as singing, parties and handicrafts.
● Care plans recorded people's activity preferences and participation. The service employed an activities coordinator to support people with activities. They told us, "I love it! it's a nice job. I class all the residents as my gran and granddad. They are great fun to be around. It's a job that doesn't feel like a job."

Improving care quality in response to complaints or concerns
● People and relatives were able to make complaints, and these were responded to appropriately. Our inspection was prompted in part by a complaint raised with a social worker which they shared with us. One relative said, "I've never had any complaints." One person told us, "I think [I know how to make a complaint]. [Registered manager] would be happy to find out if everything is alright. They go around the rooms and checks with everyone to see if they have everything they need."
● Complaints were recorded, and actions completed in response to complaints. Staff were aware there was a complaints policy which people could access through a service user guide. Apologies were made to people when the service could have done better. Similarly, improvements to the service were made where possible.

End of life care and support
● People were supported at the end of their life. Staff had received training in end of life care and working with people who were at the end of their lives. The service worked alongside health care professionals to ensure people and their relatives were supported appropriately when people were about to die. One staff member said, "TLC [Tender Loving Care], kindness and gentleness and compassion. Very sad losing [recently deceased person]. They become your family and you want to help."
● We spoke with a relative who's family member using the service had recently died. They were complimentary about the service and how they worked at this difficult time in their life. They said, "Staff prepared me for when [family member] was dying, they told me what to expect… [registered manager] and the deputy manager both attended the funeral which I thought was very respectful."
● People's wishes for their end of life were recorded in their care plans. People's wishes with regard to resuscitation had also been recorded. Where this happened people, health care professionals and relatives had been involved in the process.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a positive and open culture. People, relatives and staff spoke positively about the management team. One staff member said, "[Registered manager] is good, they are there and have your back. They support us. Always there to listen even if they are up to their eyeballs." A relative told us, "I would say it's well managed." A person who used the service said of the senior staff, "I cannot rate this place highly enough. I just love them. I cannot fault anything; I have been treated so very kindly. I'm amazed."
- Staff at the service understood what person-centred care was and sought the best outcomes for people. Staff were trained in person centred care, care plans were person-centred, and staff worked to meet people's needs, in line with their preferences and the provider's policies.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood duty of candour and was open and honest when things went wrong. Complaints and incidents were investigated, and apologies were made when the registered manager believed the service could have done better.

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

- Staff were clear about their roles. The registered manager understood risks to people, the regulatory requirements placed upon them and the provider and why quality performance needed to be monitored. There was a management structure in place, which people and relatives were aware of, with staff pictures placed in the reception area along with their job titles.
- Staff knew they were required to report concerns and knew to report these concerns to the registered manager. Staff had job descriptions for their job roles so knew what they were supposed to do.
- The registered manager understood their legal requirements. They notified CQC when required and informed local authorities of any adverse events if and when they occurred.

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

- People, staff and relatives were able to engage with the running of the service. We saw minutes of meetings and survey responses from people, relatives and staff. Results from surveys showed people were positive about their experiences of care.

● People were able to discuss things they wanted with management. There were occasional residents which the registered manager and or other staff would attend, such as the chef. We saw people were happy with the food and staff and the service sought their feedback about these things.
● People's equality and diversity was considered when gathering feedback. People's specific communication and cultural needs were considered when seeking feedback. Feedback was gathered in means that suited people. For example, in writing when people couldn't verbally communicate.
● Staff were able to engage with the provider through regular meetings, supervision and surveys. Minutes of meetings showed staff involvement and engagement with the service. Meeting discussions covered people's care, training, infection control and a variety of different topics. One staff member told us, "We have meetings and handover. We discuss the activities and everything that has happened in the day. We will sit around, sign in and [registered manager] will go through a list of things. They will ask us if we want to speak out. Everything gets resolved."

Continuous learning and improving care
● The service sought to continuously learn and improve care. There were quality assurance systems in place to monitor both the care and safety of people in the home These systems included audits completed by the registered manager, as well as support from peers working for other services, and external agencies.
● We saw audits completed on infection prevention control, health and safety, medicines management, complaints, accidents and falls analysis. Where recommendations had been made, actions had been undertaken to improve how the service worked.

Working in partnership with others
● The service worked in partnership with others. Staff worked alongside numerous agencies to support the needs of people who lived at the service. These included health care professionals, social workers and other local community organisations.