Okeley Healthcare Limited

# Okeley Care Centre

## 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

The inspection took place on 23 March 2016 and was unannounced.

Okeley Care Centre provides accommodation and personal care for up to 84 older people who may also have dementia. Care is provided on three floors with different units on each floor. The layout of the home means that people can walk around each unit without encountering barriers, or locked doors. At the time of our visit there were 82 people living in the service.

The service had a registered manager in post. 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.

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. There were appropriate arrangements in place for medication to be stored and administered safely, and there were sufficient numbers of care staff with the correct skills and knowledge to safely meet people's needs.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and are required to report on what we find. The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The DoLS are a code of practice to supplement the main MCA code of practice. Relevant professionals had undertaken appropriate mental capacity assessments and best interest decisions. This ensured that the decision was taken in accordance with the Mental Capacity Act.

People's care plans were individual and contained information about people's needs, likes and dislikes and their ability to make decisions.

People had access to healthcare professionals. A choice of food and drink was available that reflected their nutritional needs, and took into account their personal lifestyle preferences or health care needs.

Staff had good relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times.

People were encouraged to follow their interests and hobbies. They were supported to keep in contact with their family and friends.

There was a strong management team who encouraged an open culture and who led by example. Staff morale was high and they felt that their views were valued.

The management team had systems in place to monitor the quality and safety of the service provided, and to drive improvements where this was required.

## 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.

Staff understood their responsibilities to safeguard people from the risk of abuse.

The provider had systems in place to manage risks. Staff understood how to recognise, respond and report abuse or any concerns they had about safe care practices.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

The service had robust infection control systems in place

### Is the service effective?

Good

The service was effective

The manager had carried out the necessary Mental Capacity Assessments. (MCA)

People were supported to have a balanced diet and to make choices about the food and drink on offer.

Staff knew people well and understood how to provide appropriate support to meet their health and nutritional needs.

People had access to healthcare professionals when they required them.

### Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy and dignity was maintained.

Staff were kind and considerate in the way that they provided care and support.

## Is the service responsive?

Good

The service was responsive.

People and their relatives had continued input into the care they received.

Information recorded within people's care plans was consistent and provided sufficient detailed information to enable staff to deliver care that met people's individual needs.

People who lived at the home and their relatives were confident to raise concerns if they arose and that they would be dealt with appropriately.

## Is the service well-led?

Good

The service was well-led

There was a positive, open and transparent culture where the needs of the people were at the centre of how the service was run.

The registered manager supported staff at all times and led by example.

Staff received the support and guidance they needed to provide good care and support and staff morale was high.

The quality of the service provided was monitored effectively and people were regularly asked for their views.

# Okeley Care Centre

**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 23 March 2016. It was unannounced and was carried out by two inspectors a Specialist Adviser and one expert-by-experience. On this occasion our specialist was a nurse with experience with working with older people, including those who have lived in residential care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, and their expertise was in the care of older people.

We reviewed all the information we had available about the service, including notifications sent to us by the provider. A notification is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with seventeen people who used the service, the registered manager, deputy manager and ten care staff. We also spoke with seven relatives that were visiting at the time of our inspection, two healthcare professionals and one visiting entertainer.

We reviewed six people's care records, staff recruitment records, medication charts, staffing rotas, and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Good

# Is the service safe?

## Our findings

People told us they felt safe living at the service. One person told us, "Despite my limitations I do feel safe here, I feel they are well trained and know how to deal with my health problems." A relative told us, "We definitely believe [relative] is safe here we deliberately chose this home for that reason. They have wonderful facilities and staff."

There were policies and procedures regarding the safeguarding of people. Staff had received training, and understood their roles and responsibilities to recognise respond to and report any incidents or allegations of abuse, harm, or neglect. It was evident from our discussions with them that most staff had a good awareness of what constituted abuse or poor practice, and knew the processes for making safeguarding referrals to the local authority. Our records showed that the manager was aware of their responsibilities with regards to keeping people safe, and reported concerns appropriately. There were key pads on each floor but the key pads had the code written above the doors so if you could manage to do it independently then people could.

People's risks were well managed. Care records showed that each person had been assessed for risks before they moved into the home and again on admission. Any potential risks to people's safety were identified. Assessments included the risk of falls, skin damage, and nutritional risks, including the risk of choking and moving and handling. Where risks were identified there were measures in place to reduce them where possible. All risk assessments had been reviewed on a regular basis and any changes noted.

The service used assessment tools to identify people who may be at risk. These included waterlow scoring system to assess the risk of pressure sores, Falls Risk Assessment Tool (FRASE) and the Malnutrition Screen Tool (MUST). We also saw completed assessments for oral health, continent assessments along with the Abbey Pain Scale for dementia care. These were updated regularly and a traffic light system was used to highlight the individual's risk.

We saw that there were processes in place to manage risks related to the operation of the service. These covered all areas of the management of the property, such as gas safety checks, servicing of lifts, and equipment such as hoists used at the home. There were appropriate plans in place in case of emergencies, for example evacuation procedures in the event of a fire.

People told us they felt there were generally enough staff however, some people said it would be lovely for staff to have time to sit and chat with them. Comments included, "The staff are always so busy there is not enough staff." One relative told us, "I come every lunchtime to help feed [relative] as he can't manage on his own, I am concerned there are not enough staff." However, this was bought to the manager's attention in a meeting and she now felt reassured and told us, "I'm getting tired coming every day and they have assured me they will feed him when I can't get here." One person told us, "I think that there are enough staff here, when I need them they are here to help, I never have to wait very long after pressing the call bell, although they have to go and get someone else as I need two staff but I have no complaints about that." Staff told us, "We are sometimes short staff but we do all help each other and staff from the other floors will assist if need

be."

The manager explained how they assessed staffing levels and skill mix to make sure there was sufficient staff to provide care and support to a high standard. Staffing rotas showed the home had sufficient skilled staff to meet people's needs safely however, people's feedback and our observations demonstrated a lack of 'extra time' available to talk to people. The home employed housekeeping staff and a cook. This enabled the care staff to focus solely on the care required to meet the needs of the people that used the service, without having to carry out any other duties.

Staff had received training to administer peoples' medication safely and had regular competency assessments which included observations of their practice.
People were satisfied with the way their medications were managed. People were protected by safe systems for the storage, administration and recording of medicines. Medications were kept securely and at the right temperatures so that they did not spoil. Staff recorded medications received from the pharmacy on the correct forms, and gave medication safely, documenting when the person had received or refused their medication. This gave a clear audit trail and enabled staff to know what medicines were on the premises. We saw staff administer medication safely, by checking each person's medication with their individual records before administering them, to confirm the right people got the right medication.

Staff recruitment files demonstrated that the provider operated a safe and effective recruitment process. This included the completion of an application form, a formal interview, the provision of previous employer references, proof of identity and a check under the Disclosure and Barring Scheme (DBS). This scheme enables the provider to check that candidates are suitable for employment. People could be assured that their needs were being met by staff that had been assessed as safe and competent, with the necessary skills for the job role they had been employed for.

The service had robust infection control systems in place. We observed throughout our visit staff maintaining high levels of cleanliness and infection control. Staff were trained and updated in food hygiene and infection control. Cleaning materials were organised and safely stored. Cleaning rotas and audits were available and updated. Communal areas were clean and inviting, the kitchen in which the food was prepared was organised and clean. Staff had access to protective clothing for example gloves and aprons and there were facilities to dispose of these safely.

Good

# Is the service effective?

## Our findings

People received care from staff that had the knowledge and skills to carry out their roles and to effectively meet people's needs.

A relative told us, "We give them ten out of ten here; they know exactly what to do when [relative] gets agitated they understand and calm [relative] down." Other comments included, "My [relative] has specific needs, they find it particularly difficult to make decisions, the staff will not rush him when he is making choices and will enable him to talk about his decisions."

Staff had the necessary skills to meet people's needs. They communicated and interacted well with the people who used the service. Staff were appropriately trained and supported for the roles they were employed to perform. All staff we spoke with told us they had been supported with training relevant to their role and how this enabled them to understand and meet people's needs. For example, they were able to demonstrate to us through discussion and our observations throughout the day of inspection; how they supported people in the areas they had completed training in such as moving and handling, dementia and falls prevention.

Staff told us they were supported with regular supervision, which included guidance on their development needs. Records we looked at confirmed this. One member of staff told us, "I find supervision's useful because I've improved from them." Staff also attended staff meetings where they could discuss both matters that affected them and the care management and welfare of the people who lived in the service, we saw that any issues were addressed and followed up. The manager had excellent dementia awareness knowledge and staff told us she shared her knowledge with them and supported them in their job role.

The manager and staff had an understanding of how the Mental Capacity Act was important and how people should always be assumed to have capacity unless there was proof to the contrary. Applications had been made to the appropriate professionals for assessment when people lacked capacity and needed constant supervision to keep them safe. This met the requirements of the Deprivation of Liberty Safeguards (DOLs.) Care plans showed that where people lacked capacity, decisions had been made in their best interest. Where people did have capacity we saw that staff supported them to make day to day decisions, and sought consent before providing care.

We saw that people were provided with choices of food and drink. Each dining area was made to look welcoming with serviettes, tablecloths, flowers and condiments on each table. People were able to eat in any dining room so if they were visiting a person in another unit they were able to stay and have lunch with them. People were offered a drink as they entered the dining room and people were not left waiting for long before everyone was served. The dining room during the lunchtime period was quiet and relaxed and none of the staff rushed or hurried people. Choices were clearly given and staff waited patiently, allowing people to take their time as they decided. Some people requested slight variations to the menu; these were always accommodated with one member of staff visiting the kitchen to ask the chef for a specific meal for a lady who did not want anything on the menu. One person came into the dining room and asked for his lunch to

be saved for later as he was not hungry at that time, and just wanted a cup of coffee. During the lunchtime period staff were supportive and helpful but encouraged people to be as independent as possible. If they noticed people struggling with cutting up their food they soon offered to help. A staff member asked one person, "Would you like me to help cut up your potatoes they are absolutely huge aren't they." Another staff asked, "Is there anything I can do to help? Are you coping okay?"
Staff always addressed people by name, and when speaking about people who were eating in their rooms, they spoke with respect and genuine affection. For example, one staff member gave a plate to her colleague, saying, "This meal is for the lovely [lady's name] she may want us to put it aside for later, let her have a look and decide first."

In the dining room for the dementia unit staff showed the choices on the menu by allowing the person to see each of the choices. The staff told us that they did this because some people with dementia would not remember what they had chosen from the menu the day before. Additionally, if the resident required their food to be pureed it was undertaken after the resident had made the choice and freshly pureed in the kitchen. All of the meals looked appetising. People's comments about the food were all positive one person told us, "We have a good choice of food it always tastes good."

The service had appropriately assessed people's nutritional needs and the Malnutrition Universal Screening Tool (MUST) had been used to identify anyone who needed additional support with their diet. Support form Speech and Language Therapist (SALT) had been sought where a risk of malnutrition had been identified as well as swallowing difficulties. Staff had received detailed guidance within support plans and associated risk assessments in supporting people identified to be at risk.

People's day to day health needs were being met and they had access to healthcare professionals according to their specific needs. People old us that staff took appropriate action to contact health care professionals when it was needed. One person told us, "When I am not well they always offer to call the doctor for me." A relative told us, "They always notice if [relative] is unwell and call the doctor and always let me know straight away."

We saw the service also had contact and support from other healthcare professionals in maintaining people's healthcare. These included district nurses, the chiropodist, dietician and physiotherapist. A health care professional told us the staff contacted them at an early stage which showed good monitoring and that staff listened and followed advice given to support people's health and well-being.

Good

# Is the service caring?

## Our findings

All of the people we spoke with, including relatives were complimentary about the staff and the manner in which people were cared for. One person told us, "The staff are so attentive they do not spend time chatting to each other we are always put first." One relative told us, "They are very good at TLC here, I don't have to worry about my [relative] this is the best home of all that I looked at." Another relative said, "The care staff are wonderful to [relative] I'm always warmly welcomed every day when I visit. You can always talk to them; I can honestly say I have never seen unkindness towards anybody here."

People told us that the staff were gentle, caring and kind. One person said, "They have to hoist me. I was a real baby I hated it at first, I was very anxious about it, the staff have been so understanding of my fears and very patient with me. They always explain what they are doing and warn me when I am going to move, and hold my hand for comfort. Now I am less worried I still don't like it but they have helped me to not be upset by it." Another person said, "The staff are all so caring and kind particularly the night staff they are wonderful, nothing is too much trouble they are so attentive and kind."

We observed people being spoken to in a gentle, reassuring manner. Staff showed genuine interest in what people spoke about. We saw lots of positive interactions and heard laughter and shared humour. One relative told us, "The staff listen to us we feel we are able to say anything to them."

We observed one person who was upset and crying the staff member listened and comforted them by holding their hand and stroking their hair the person became calm and stopped crying.

We looked at six people's care plans and saw that they contained some comprehensive information about people's likes and their personal history this gave staff the tools to open up a discussion with people.

People told us they were treated with dignity and their privacy was respected. One person told us, "I like to spend time in my room and the staff respect that." We saw that staff knocked on people's doors and waited for a response before entering, this showed us that people were treated with respect. We observed one person being supported to go to the bathroom and change as they had been incontinent this was done discreetly with the staff showing respect and dignity at all times.

People told us they were able to bring personal items including items of furniture if they wished to from their home. A member of staff told us, "Any resident that moves into the home we want their room to be and feel like home."

Care plans described how people wanted to be supported during the end stages of their life and their wishes were recorded. Where people had made a decision about resuscitation a completed 'Do Not Attempt Resuscitation' (DNAR) directive was in place. Where possible people had been involved in their care plan and when this had not been possible a family member had been consulted about the care their relative needed. One relative told us, "I am kept fully informed about all aspects of [relative] care." This assured us that people had been involved in making decisions and planning their care.

There were systems in place to request support from advocates for people who did not have families. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

Good

# Is the service responsive?

## Our findings

People and their relatives told us that they felt the service met their needs and they were satisfied with the care and support they received. They said they had been given the appropriate information and the opportunity to look around the home before moving in.

The service was responsive to people's needs for care, treatment and support. Each person had a care plan which was personalised. These comprehensively reflected people's personal choices and preferences regarding how they wished to live their daily lives. Care plans were reviewed and updated regularly to reflect people' changing needs. People's changing needs had been identified promptly and people and their relatives were involved in the review process. People's mobility needs, falls, moving and repositioning, and dietary requirements were detailed in order that staff could respond to their needs appropriately. The care plans were kept on a computer system which staff had access to at any time. There were work stations set up on each unit. The computer system included an electronic diary where people's appointments were logged. At the end of the month a review was generated which was an overview of the person's health and well-being which was then used towards the review process.

There was a range of activities available in the home and the home employed an activities co-ordinator. People were encouraged to make choices about where they wanted to be during the day and what activities they wanted to participate in. One staff member told us, "The activities co-ordinator spends time with people finding out what they like to do." Activities offered included arts and crafts, reminiscence or singing sessions, and bingo as well as one to one activities such as hand massage, or spending time in someone's room chatting to them. One person told us, "There is always something going on, but we don't have to join in if we don't want to." The manager told us they have linked up with the local school who come on a monthly basis and sing and talk to the residents, people told us they enjoyed these visits. During the afternoon of our inspection an outside entertainer visited the home performing songs dressed as Elvis Presley. People were incredibly engaged during the singing, they walked around the large lounge singing directly to people. The staff joined in and encouraged people to clap or get up and have a dance. After the show we spoke with the entertainer who told us, "I am really impressed with the levels of engagement with the staff here at Okelely. In some homes staff just sit in the corner and watch, but here they work with me to give the people a really good show, it makes all the difference."

The home held a weekly coffee morning in the main entrance area which was on the day of our inspection; this was well attended by residents and visitors. Several people told us they looked forward to these as it gave them an opportunity to speak with other residents from different units. Visitors also said that they had been able to build friendships with other resident's families and this had helped them enormously to be able to discuss any issues that arose with one another. Staff made themselves available during this time to answer any questions people may have.

The home has a couple of cats living there and the home arranged for therapy dogs to visit for stimulation. One person who hadn't spoken at all during our observations lifted their head when 'shelly' the cat came into the room and started to speak. The whole atmosphere in the room changed as people chatted about

the cat and engaged with each other.
The home has its own hair dressing salon and the hairdresser comes every week and will also do peoples nails. However, if people wanted their own hairdresser that was not a problem and they could still access the salon. This showed us that peoples preferences were taken into consideration and that people could still maintain links with the outside community.

The Environment of the home was responsive due to the fact that it was Easter and was appropriately decorated with Easter drawings and ornaments. The pictures on the walls were appropriate for the age group of the people that lived in the home for example pictures of film idols which enabled people to reminisce and stimulated conversation. The dementia unit had reminiscence objects of reference and we observed people using these throughout our inspection. The environment was dementia friendly, for example no corridors or locked doors people could walk freely without coming across barriers.

In the reception area there was a small shop were people could purchase toiletries or cards or small gifts and confectionary. People could request items they would like the shop to stock. Any profits from this went to the amenities fund and towards items for the garden.
We saw that the manager routinely listened to people through care reviews and organised meetings. There was a box in the reception area which was for suggestions, complaints and compliments with details of phone numbers for people to ring if they were unhappy with anything. The area manager picked up these questionnaires and collated the information passing it onto the manager. Comments included, staff are helpful and trustworthy and that people were pleased with the environment. The staff said that 'residents meetings' were held once a month but these were not very well attended people preferred to go to the weekly coffee mornings. The service had a complaints policy and procedure, which was available and within easy access to all people that used the service. One person told us, "I have no complaints; I think I am very well looked after." Relatives informed us they would have no hesitation in complaining if the need arose. One person informed us that the staff were highly responsive to requests and through this proactive and attentive approach; matters did not escalate to a complaint. At the time of inspection, there were no outstanding complaints. However, records of complaints received previously showed that they were acted upon promptly and were used to improve the service. Feedback had been given to people explaining clearly the outcome and any actions taken to resolve concerns.

Good

# Is the service well-led?

## Our findings

A relative told us, "I can't praise the manager highly enough." Another relative said, "The home appears well managed. There's a friendly and cheerful atmosphere. I can't think of anything that could be better."

The manager provided visible leadership within the home and led by example. This encouraged staff to follow their lead and therefore provide the best quality care. A relative told us that they were very impressed with the manager's caring attitude when they were first shown around the service. They said the manager's priority was always the welfare of the people in the home. Another person told us, "The manager is so approachable, we never have a problem talking to [manager] about anything."

We observed the manager and the deputy manager interacting with people in a positive caring way. They told us they worked on shift when the need arose to support the staff. Staff confirmed this and told us, "The manager and deputy manager are always there to support us if we need them to." People we spoke to referred to the management team by name explain that they were visible and very approachable.

Staff said they enjoyed working at the home, one told us, "I enjoy working here. Morale is good at the home and the manager is approachable, always there for us." They explained that the team, which consisted of both new and more established members, worked well together and supported each other. Staff felt able to raise concerns or make suggestions for improvement. They told us that communication was always inclusive and they were kept fully informed about any proposed changes. We saw evidence of this in the staff meeting minutes and also daily handover logs. A staff member gave us an example where she had raised concerns about someone's mobility to the manager she said, "I told the manager and straightaway she arranged for them to be referred so they do listen to you."
Staff were given a monthly newsletter to enable them to keep up to date with any changes within the home and organisation. People could nominate a staff member for 'employee of the month' nomination forms were kept in the reception area.

Actions were taken to learn from accidents and incidents. These were monitored and analysed to check if there were any emerging trends or patterns which could be addressed to reduce the likelihood of reoccurrence. Attention was given to see how things could be done differently and improved, including what the impact would be to people. We saw that one person following the analysis of an incident, had a referral made to a healthcare professional. Healthcare professionals told us that they had a good relationship with the manager and that communication between both parties was very good. Our records show that the provider also notified CQC as required with safeguards or notifiable incidents.

The manager carried out a range of audits to monitor quality within the service. These included health and safety checks, monitoring the management of medication, support plans and infection control monitoring. There was evidence that action plans had been implemented and followed up when areas for improvement were identified. We saw that the manager had sent out quality assurance questionnaires to people that lived

in the home their relatives and healthcare professionals in order for them to share their views. This was done on a twice yearly basis. We saw they feedback from the most recent survey and comments received were all positive and included, "Caring staff with an holistic approach", and "The staff do an excellent job always friendly and cheerful." One relative had commented that they thought it would be good for day trips to be arranged. Therefore management were looking into the possibility of a shared mini bus across the region. The manager also told us that they sent out questionnaires to people and their relatives about menu choices to enable everyone to have input.

Care files and other confidential information about people were kept in the main office. This ensured that people such as visitors and other people who used the service could not gain access to people' private information without staff being present.