

The Oaks Care Home

The Oaks Care Home

Inspection report

12 Loup Terrace
Blaydon On Tyne
Tyne and Wear
NE21 4PU

Tel: 01914141742

Date of inspection visit:
04 March 2019

Date of publication:
07 May 2019

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 provides personal care and support for up to nine people who have a learning disability, in one adapted building. The service was full at the time of our inspection.

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

People's experience of using this service: The registered manager had ensured improvements were made to medicines storage and administration practices in light of our previous inspection. Auditing and oversight of medicines and other aspects of the service were in place and effective. Staff demonstrated a good understanding of people's medicinal needs.

The registered manager continued to be supported by a team of dedicated staff, including an administration officer with comprehensive knowledge of the service. People spoke highly of the registered manager, as did staff. People were comfortable in the presence of the registered manager and staff had evidently developed strong bonds with them.

Regular meetings were held with staff and people who used the service. These meetings were an opportunity to openly discuss a wide range of topics, from safeguarding and complaints to activities and menus. People who used the service and staff confirmed they could raise queries or suggestions in a welcoming, inclusive atmosphere.

Good community links remained in place, particularly with a local community centre, where people attended a range of activities. The registered manager ensured people had opportunities to engage in their local community and beyond.

Records were accurate, up to date and person-centred.

The registered manager had been in post for several years and demonstrated an excellent knowledge of the needs people. Relatives and external professionals spoke of their confidence in the registered manager and staff team.

Turnover of staff remained low and staff morale was high.

Staff at all levels continued to deliver the caring, homely environment the service advertised and we found the culture remained focussed on ensuring people felt at home.

The care service was managed in line with the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities using the service can live as ordinary a life as any citizen.

Rating at last inspection: We previously inspected The Oaks in February 2018, at which time the service was rated requires improvement. At this inspection the registered manager had made the necessary improvements and the service was rated good.

Why we inspected: We inspected the service in line with our scheduled programme of inspections and to see if the registered manager had made the required improvements identified at the last inspection.

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 Care Home

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector completed the inspection.

Service and service type: The Oaks is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Oaks accommodates nine people in one adapted building.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

What we did: Before our inspection we reviewed all the information we held about the service, including changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted professionals in local authority commissioning teams, the enablement team, safeguarding teams, advocacy services and Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spent time speaking with three people who used the service and observing interactions between staff and people who used the service. We spoke with three members of staff: the registered manager, administration officer and one member of care staff.

We looked at three people's care plans, risk assessments and medicines records. We reviewed staff training and recruitment documentation, quality assurance systems, a selection of the home's policies and procedures, meeting minutes and maintenance records. Following the inspection we spoke with two relatives and two health and social care professionals.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures were in line with those of the local authority and well understood by staff. Regular refresher training took place to ensure staff were confident in identifying and acting upon concerns.
- The registered manager championed people's wellbeing. They spoke about how on one occasion there was a risk of people facing inappropriate conduct from a member of the public and they took prompt, decisive action to keep people safe. People told us they felt safe and at home.

Assessing risk, safety monitoring and management

- Risk assessments were in place, regularly reviewed and specific to the needs of each person. They struck a balance between keeping people safe and encouraging them to build independence. Risk assessments were informed by advice from external healthcare professionals where required.

Staffing and recruitment

- Pre-employment checks remained in place for new staff and all staff demonstrated an awareness of their safeguarding responsibilities. Staff demonstrated confidence and trust in each other.
- Staffing levels were appropriate to the needs of people's personal care and social needs; people were not placed at risk due to understaffing.

Using medicines safely

- Improvements had been made to the storage of medicines, and the means by which medicines administration was audited. The registered manager had established clear processes and checks to make sure people received their medicines in line with prescribed instructions, and to ensure the risks of medicines errors were reduced. Staff knowledge about people's medicinal needs was good. The registered manager ensured staff competence was regularly assessed through formal observations and training.

Preventing and controlling infection

- The service was clean throughout. People helped maintain standards of cleanliness, whilst the registered manager undertook regular 'walkaround' audits of the service to ensure it was clean and free from clutter. This meant people were not at risk of acquired infections or living in a home that was in need of repair. The boiler was in need of a replacement at the time of inspection. This had been well planned by the registered manager, with people going on holiday during the time remedial work was due to take place. At the last inspection we observed an area of damp in the living room. The registered manager was able to produce quotes for the work under consideration at the time of that inspection. At this inspection we saw the work had been completed. People confirmed there had been little disruption to their day to day lives.

Learning lessons when things go wrong

- Accidents and incidents were documented individually then analysed for patterns by the registered manager, to establish if practices could be improved or lessons learned.

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.

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 prior to using the service and reviewed regularly after that. Staff understood and acted on advice from external health and social care professionals to ensure they could meet people's needs safely and effectively. Good practice was adhered to. For instance, each person had a health action plan in place and had been supported to attend an annual health check.

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

- We saw evidence in care documentation of regular involvement with external health and social care professionals, such as podiatry, GPs and nurses. One external professional told us, "The manager and staff have all been very supportive with enablement approach. We have worked together to achieve better outcomes for [person]." One person's advocate told us, "I continue to be impressed by the person-centred approach taken by staff at The Oaks, and the proactive manner in which the home manager keeps me informed of issues regarding my client."

Staff support: induction, training, skills and experience:

- Staff received an induction which introduced them to the service's policies and procedures, and gave them ample time to get to know people and their preferences. The registered manager monitored training, with refresher training in place for staff in core areas such as safeguarding and moving and handling. Staff demonstrated a good knowledge of the training they had received.
- Staff received regular supervisions from the registered manager, along with informal support and observations.

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

- People told us they enjoyed the meals provided at the service. Some people preferred to make their own snacks and drinks but all people enjoyed the roast dinners prepared by staff. They enjoyed the traditional style of cooking as well as the communal aspect.
- Menus demonstrated that people were given healthy options and that their preferences (for instance, a fish option on a Friday) were respected. One person said, "I love a Chinese takeaway but that's not all the time – they are always trying to get me to have more salad!"

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

- The registered manager demonstrated an awareness of dementia friendly environments and planned to recarpet communal areas with less patterned carpets to help support people whose vision may be declining.
- The building had been refurbished and adapted with additional bathrooms, hand rails and a chair lift to

ensure people found it accessible. People told us they were happy with their accommodation.

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

- People enjoyed going to a local day centre which held a range of classes and courses. The registered manager was the oral health champion and demonstrated a good understanding of the need for clear oral health care plans, which were in place.
- Staff worked well with a local reablement team to ensure one person was given additional opportunities to develop daily living skills with a view to living more independently. We received positive feedback from the external professionals about how staff interacted with people and helped them achieve their goals.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager kept a record of who had a DoLS in place and when these needed to be reviewed. They had made appropriate applications to the local authority. People's consent was documented in care planning records and people we spoke with confirmed staff always asked them for their consent.

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.

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:

- Staff interacted with people warmly and with evident knowledge of their preferences. People said, "They are lovely here, they make it feel like home and I'm very happy."
- Some people chose to spend the majority of their week out and about in the local community whilst others preferred their own company. Staff respected this and care was tailored to meet people's needs.
- As at the previous inspection, staff confirmed, and we observed, that they had sufficient time to spend with people to get to know them as individuals, rather than merely focussing on tasks.

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

- People were fully involved in the planning and review of their care. For instance, people took part in regular reviews of their care needs and agreed to the support in place. House meetings took place to ensure people had more opportunities to raise any ideas or concerns. We saw where these forums generated suggestions the registered manager and staff acted on them, for instance when planning menus and holidays with people.
- People were also involved in the running of the service, where they were interested. For instance, people helped with meal preparations and putting up Christmas decorations.

Respecting and promoting people's privacy, dignity and independence:

- One person received specific support to help them improve their independence through working closely with an outside agency. An external professional told us, "They (staff) encourage them with enablement tasks and have agreed to follow our practice to maintain skills where every possible."
- People were encouraged to live full lives and to be independent, for instance pursuing relationships meaningful to them, whether existing family relationships or new ones, and following their chosen faith.
- People's rooms were decorated to their tastes and personalised how they wanted. People's rights to have visitors whenever they wanted were respected and the service felt extremely homely and welcoming. One relative told us, "It's so relaxed for them there – they are completely at home." People who used the service looked after a cat and stated they, "loved" having a cat in the service as it made them feel at home.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Care plans contained comprehensive levels of information regarding people's preferences and wishes. Staff demonstrated a sound knowledge of people's individual needs and preferences. An external professional told us, "Staff demonstrated that they have great personal individual knowledge of the people that live there."
- People were encouraged to provide feedback on an ongoing basis, through regular discussion about their care, house meetings and more informal conversations. One person said, "I can raise things with [registered manager] and they'll sort it out."
- People were supported and encouraged to pursue a range of hobbies and interests meaningful to them. One person had a passion for photography and this was enabled further by use of a printer to celebrate their photos. One person was attending a course regarding how to use an iPad and the registered manager had purchased an iPad for communal use. Uptake was at present low but they hoped more people would take an interest. They also hoped the person who already had an iPad may agree to share their own knowledge and skills with other people.

Improving care quality in response to complaints or concerns:

- Complaints were rare and there had been none since the last inspection. The provider had an appropriate complaints policy in place and this was accessible to people who used the service in easy-read format (along with other documents such as safeguarding information). This meant the provider acted in line with the Accessible Information Standard (AIS). The AIS is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

End of life care and support:

- No one using the service at the time of inspection required end of life support. The registered manager ensured people's wishes regarding prospective end of life care needs and preferences were discussed (if people were comfortable with this).

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- Where incidents or accidents occurred the registered manager was open and approachable with people and their families. They ensured the culture was accountable and centred on people's interests and preferences.

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

- The registered manager had made improvements since the last inspection in ensuring they undertook audits and observations in lines with planned timescales. They maintained good oversight of all core processes of the service and ensured records were up to date and accurate. They were receptive to feedback about new areas of best practice and ensuring more duties could be delegated where appropriate. Staff clearly understood and were passionate about their caring roles.

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

- People's individualities and disabilities were respected. Their independence and ability to live full lives was enabled by the registered manager and staff team. The registered manager and staff team had successfully maintained a welcoming, inclusive atmosphere. The registered manager was passionate about people receiving person-centred care and led by example to ensure this happened. They ensured external stakeholders and service providers valued and respected people's individualities.

Continuous learning and improving care:

- Improvements had been made since the previous inspection, notably in medicines auditing and storage. The registered manager was responsive to feedback at the last inspection and had acted on it. They were receptive to further feedback at this inspection about areas of best practice, for instance caring for older people with learning disabilities. They were not aware of this new area of guidance but had acted in line with its principles when considering what environmental changes may be needed to the service as people's needs changed with age.

Working in partnership with others:

- The registered manager had worked closely with a new pharmacy to ensure a move was well planned and any changes well communicated to staff and people. External professionals confirmed the registered manager worked well with them, for instance when people's needs required additional review.

