

Oak House Residential Home Limited

Oak House Residential Home

Inspection report

Pond Lane
Greetham
Oakham
Leicestershire
LE15 7NW

Tel: 01572812647

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10 March 2016

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 10 March 2016 and was unannounced. The inspection was carried out by one inspector.

Oak House is a service that provides accommodation for up to 25 people. There were 22 people living at the service at this time. Care and support was provided to enable people to live independently and as full a life as possible. People set their own goals and support was provided for people to achieve these.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Before the inspection we reviewed the information we held about the service. This included any notifications we had received. Notifications tell us about important events which the service is required to tell us by law.

During our visit we spoke with seven members of staff who worked in different areas of the service. For example, we viewed the kitchen areas and spoke with two chefs as well as support staff. We spoke with six people who lived at the service and two relatives. This was to gather their views of the service being provided.

We reviewed a range of records about people's care and how the service was managed. This included four people's care plans and associated documents including risk assessments. We also looked at three staff files including their recruitment and training records and the quality assurance audits that the management team completed.

People who used the service told us that they felt safe. Relatives also said that they did not worry about safety as they knew staff always made sure that people were safe and had what they needed. Everyone we spoke with said that staff were caring and treated people with dignity and respect. People also told us that staff knew their individual needs and choices. People accessed the local community and activities were regularly available.

Staff voiced a thorough awareness of how to protect people from abuse and avoidable harm. They also knew what actions to take if they suspected or witnessed any issues that they felt were unacceptable. This meant that staff ensured any incidents of concern were dealt with and reported in a timely manner.

Staff had the necessary training and skills to provide them with the knowledge to support people appropriately. We reviewed the training programme that ensured that basic training was completed by all new staff and then further refresher training was regularly updated. Staff said that they had a programme of

training to regularly update their skills. An induction programme was in place for all new staff that were employed at the service.

Relatives said that they knew they would discuss any concerns with staff. People were positive that any issues would be dealt with quickly and appropriately by members of staff.

Healthcare professionals were contacted when this was needed and any directions were followed by staff. Care plans had details of a person's individual conditions and how to provide the appropriate support. This was confirmed by our discussions with people who lived at the service and also through our review of care plans.

All staff were aware of the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) 2008. Our observations and review of records showed that people were encouraged to make independent decisions and choices. People who lived at the service confirmed that staff asked before any support was provided and that they decided how they spent their day.

There were systems in place to assess and monitor the quality of the service. This included regular discussions with people who used the service. The provider regularly issued questionnaires to gather the opinions and thoughts of individuals, the results were then collated and discussed with the staff team.

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.

People told us that they felt safe and that staff did listen to them if they had any concerns.

Staff recognised and knew how to deal with abuse. The provider had effective recruitment procedures and enough staff were deployed.

Staff had been trained regarding the safe and appropriate way to store and administer medicines. They handled medicines in the appropriate way.

People were supported and encouraged to make independent choices. Risk assessments were completed to support the safety of people.

Is the service effective?

Good ●

The service was effective.

The staff team were trained to have the skills and knowledge they needed to support and care for people.

People were supported to access healthcare professionals whenever this was necessary.

People told us that they chose and enjoyed their meals. Catering staff had undertaken extensive research that enabled the staff team to encourage people to eat a healthy, nutritious diet.

Staff had training on the Mental Capacity Act (2005) and of the principles of the Deprivation of Liberty Safeguards (DoLS) 2008.

Is the service caring?

Good ●

The service was caring.

People told us that they were treated with consideration and respect at all times. Their privacy and dignity was supported.

People were encouraged to be fully involved in making decisions about their daily lives and any support that they received.

We saw that staff treated people with consideration and provided choices for people.

Is the service responsive?

The service was responsive.

People's individual preferences had been assessed and were updated as needed. Care plans contained clear information about people's goals and choices.

There were regular activities planned both in the service and the local community.

The provider had a complaints procedure that was accessible to people.

Good ●

Is the service well-led?

The service was well led.

Staff were encouraged to give their suggestions about the development of the service. They were also able to ask for additional training that they felt was relevant to their role.

Feedback forms were regularly issued to gain opinions of the service that was provided.

The quality of the service and the premises were regularly audited and any actions required were completed to address any areas that required improvement.

Good ●

Oak House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

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During our visit we spoke with seven members of staff who worked in different areas of the service. For example, we viewed the kitchen areas and spoke with two chefs as well as support staff. We spoke with six people who lived at the service and two relatives. This was to gather their views of the service being provided.

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Is the service safe?

Our findings

People we spoke with told us that they felt safe at all times, particularly when staff provided any support or care. One person said, "I do feel safe, all the time." Another person told us, "I am very safe, happy and content." Everyone we spoke with about safety told us that the staff team made sure that they were safe.

All staff that we spoke with had an understanding of different types of abuse, how they would deal with this and what the policy was for Oak House. All staff had no hesitation in confirming that they would report and discuss any forms of concern that they had. Policies and procedures were in place to support staff with handling abuse. Staff also understood about whistleblowing and told us that they worked together and were open with each other. They said that they would speak out about any issues of concern that may arise. People who lived at the service also had information and telephone numbers of agencies they could speak to if they had concerns. However, everyone we spoke with said that they had not had any concerns and that they would speak directly to staff as, "Staff are very approachable, they help and discuss any worries."

We reviewed care plans that contained risk assessments and clear actions for staff to undertake to reduce or eliminate any risks. Risk assessments covered such areas as a person's daily routines and risk that may be associated with a person who needed support with moving or handling. This meant that wherever possible people were kept safe from harm and from any risks that may be faced during their daily routines and when receiving support.

Staff had appropriate training regarding the storage and administration of medicine, in line with current guidelines. This was regularly refreshed to ensure practices met with current standards. A review of the medicine administration records sheets evidenced that staff completed records correctly and these were up to date. Any pain relief or medicines taken as required were recorded to ensure the staff were aware of exactly what people took and what amount had been given. This supported the safety and wellbeing of people. Regular audits and spot checks of medicines and the associated records also ensured that medicines were safely administered.

Any incidents or accidents were fully recorded, monitored and addressed for the safety of people. For example, if a person was at risk of choking due to a swallowing difficulty, the chefs and support staff worked together to ensure that the individual received appropriately textured foods and assistance as needed. Any actions required were put into place to either reduce or eliminate avoidable risk to people.

Regular audits of the premises made certain that all areas were safe for people and the service was bright and free of any obstacles that may present a risk. Fire signage and exits were appropriately on display throughout the building. There were regular fire drills to ensure the safety of people in such an event and the alarm systems were checked regularly.

Staff told us that they felt there were enough staff to meet the needs of people who lived at the service. The staff rotas reflected regular staffing levels and we observed staff providing support in a calm and unhurried manner. Showing that staff were able to meet people's support and care in a safe way. People we spoke

with agreed that they felt staffing levels were appropriate. One person said, "I always know staff are there when I need them." Another person told us, "Oh yes, staff are always helping us if we need it, they are always about.

Care and support was provided by a suitable staff team because the provider followed robust recruitment procedures. We looked at the files of three staff members and found that all appropriate pre-employment checks had been carried out before they started work. Files included identification, a record of a Disclosure and Barring (DBS) check to ensure that the person was suitable to work at the service and sufficient references. This meant that people could be confident that safe recruitment practices had been followed.

Is the service effective?

Our findings

People who used the service told us that the staff knew what support they needed and they had the knowledge to support them appropriately. One person told us, "They [staff] know me well, they are always ready to help." Another person said, "I never worry, the staff know just how I like things."

Staff we spoke with told us that they had received an induction when they first started work at the service. They confirmed that they had completed training, got to know people and worked with an experienced member of staff until they were able to competent to work alone. This was again confirmed when we reviewed staff files.

We checked the training records and these showed that a number of training courses had been completed on a regular basis. These included training in moving and handling, safeguarding and the safe handling of medicines. This meant that the staff team were appropriately trained to carry out their role within the service.

Members of staff in all areas of the service that we spoke with felt supported by the management team. The ethos of the service was regularly discussed and staff worked as a team to achieve their goals. One member of staff told us, "We all work to provide people with the best quality of life and support them to remain as independent as they wish."

Records we reviewed and discussions with members of staff evidenced that staff had received regular supervision sessions and unannounced spot checks had also been carried out. This was to check that each member of staff was completing their duties in an appropriate and skilled way. This also identified if any further training or support was required.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. This 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 make 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. We found that the service was working within the principles of the MCA.

Staff we spoke with had an understanding of the MCA and about the principles of depriving a person of their liberty. This meant that people were supported to make their own decisions and assessed to ensure they had the capacity to do so. When we spoke with people who used the service, they confirmed that they included in any decisions about their care and support and staff always asked before they carried out any care or assisted a person. One person told us, "Staff always ask if I want help or not. Some days I do and

others I don't."

Records we looked at showed us that when concerns were identified regarding people's health and welfare the staff team had acted appropriately. This included contacting a person's GP when it was felt that this was necessary. Records showed that other external health professionals, such as chiropodist, optician and dentist were also accessed as needed. This demonstrated to us that staff took measures to ensure the wellbeing of people who used the service.

The catering staff worked diligently to find new ways of encouraging people to eat when they lacked an appetite. For example, they had found that tests showed that certain odours prompted people to eat a little more by stimulating their appetite. At this inspection we found that various areas of the dining room contained such equipment that also enhanced the dining experience for people. People we spoke with all provided complimentary comments about the food they were served. One person told us, "The food is wonderful, I eat too much."

Nutrition and hydration were also very important to all staff and particularly with regards to meals. All food eaten, liked or disliked was noted and alternatives developed to meet individual needs. We saw that there were coloured glasses for fluids on the tables. This has been found to highlight drinks on the table more than clear glass, thereby encouraging people to drink. There were none slip mats set on tables and we observed the meal time period which was relaxed, with people smiling and chatting with each other and with staff.

Food smelt and looked appetising and all special diets were catered for and investigated to ensure all meals met requirements. People also enjoyed an alcoholic drink, if they chose to, with their meal. There were snacks available at the snack bar for people to help themselves to at any time. Research and informative publications had been completed by catering staff and an in depth review of catering for people who required pureed food. The various methods of monitoring and presenting foods that are eaten have been developed along with foods for people who lived with dementia.

Is the service caring?

Our findings

People who used the service made complimentary comments about the service and the staff members. One person told us, "Goodness, they are really caring and helpful." Another person said, "Staff are so thoughtful, really good." One person told us, "I feel so much better since being here, happier."

People told us that they felt happy with the care that they received and that they always felt listened to by staff at the service. People told us that they felt involved in making decisions about their care. One person told us, "The staff always ask if I want help and we often have meetings about my care." Another person confirmed, "Oh yes, my family come and we have a talk about how I am doing."

Family members had regular meetings as well as the people who used the service. We saw minutes of these meetings and how the wishes and suggestions of people had been implemented. For example one person told us, "I love growing things and staff just sorted out a greenhouse. How good is that? They ask if I want help, but I prefer to do things myself. They listen but always ask me."

People told us that the staff encouraged them to do things for themselves. One person told us, "I like the idea of doing what I can while I can, do you know what I mean?" Staff told us that they encouraged people to be independent and to make choices as much as possible. This meant that staff were supporting people to maintain the skills that they had while recognising that this may change from day to day. The answer would depend on how the person felt on a daily basis.

People told us that staff provided care in a dignified way and respected their privacy. We saw that staff came down to each person's level when they spoke to people to ensure confidentiality when discussing matters. There was much laughter and smiles throughout this inspection. One person said, "We have a good time." Another person smiled and nodded in agreement.

The returned questionnaires from people who lived at the home were all very complimentary and included statements such as, "Very happy and content," and "Completely free from worry." There were also letters of thanks to all the staff from family members that included statements such as, "Words of thank you seem inadequate for the gratitude I want to express to you all. The end of life care was peaceful and dignified."

Our observations showed us that staff asked people for their permission when offering any assistance. Discussions were undertaken quietly, unless the person wanted other people to join in. We saw that many people enjoyed their friendships and were relaxed and smiling.

Is the service responsive?

Our findings

Care plans contained detailed information about any support needs that people had, what they wished to aim for or achieve and also what they enjoyed or disliked. This provided a clear picture of the person, how they liked to be addressed and precise details of any particular areas that needed specific attention, such as night routines or what size meal a person preferred.

Each person had a very personalised plan that included such information as how a person liked to spend their time, what made them happy, what kept their spirits up and what a person may worry about. These areas of knowledge meant that staff had a picture of the personality of each person and not just their physical routines and needs.

Our discussions with people who used the service showed us that they were supported to join in a variety of activities, both inside and outside of the service. Photographs were available for different events that had been undertaken. For example activities such as music, aromatherapy, flower arranging and books of people's choice were offered. These and other opportunities had been discussed in a meeting for everyone who lived at the service. These were held to discuss any new issues, any planned events for the service and to allow people to discuss anything they wished. We found that minutes of the meetings showed that people were kept continually informed of any new plans or developments to the service. The minutes also showed that follow up discussions were held where any new suggestions had been put forward.

A regular newsletter was also produced for people to be aware of what had been enjoyed and what was planned for the future. For example, there was news of the new kitchen being installed and how this was progressing. The service took part in a local open garden event of the first time and we saw that various times of year were fully supported by including local groups in the community and also the from local schools.

People we spoke with told us that their family and friends were always welcomed into the service. Our observations throughout this inspection also confirmed this was the case. One person said, "My family visit a lot and they always feel at home and very welcome." Another person said, "I am happy my visitors are welcomed, it makes them feel that they can come back and not worry. It helps us all that way."

People had comments and opinions recorded in minutes and the provider told us that there have been no formal complaints in the last year. Records and discussions regularly held with people showed that staff took action when needed.

Is the service well-led?

Our findings

People told us that they felt the service was well run and very organised. One person said, "The whole thing is very good." Another person told us, "Things are as good as they get, everything is really good."

The management structure of the service was clearly set out, this enabled people who lived at the service, as well as all their visitors, to know who staff members were. There were clear lines of communication and regular meetings with staff, visitors and people who lived at the service to make people fully aware of all events and issues they needed to be aware of. Our discussions and review of records confirmed this.

People who lived at the service were regularly provided with the opportunity to share their views and be involved in development of the service. When we discussed this with people, they said they did feel involved in the service and were fully aware of what was happening at any time.

Questionnaires were regularly issued to gather the views of visitors, professionals and people who lived at Oak House. These replies were collated and any follow up actions or matters needing attention were then dealt with and discussed.

Staff members we spoke with told us that they felt supported by the senior staff and management. Staff felt able to speak with any member of staff as we were told and observed, that staff worked as a team to provide support. Members of staff told us that they were able to discuss things as they arose, as well as in supervision sessions. They had no problem with speaking out about anything and felt included in developments at the service. We saw that staff meetings took place regularly and that the staff team again had the opportunity to be involved in how the service was run.

Regular audits had been carried out to monitor the quality of the service being provided. These had been carried out by both the branch manager and the provider's quality manager.

There were regular audits completed for the premises and also of the records that were held. These audits included safety and quality audits, observations of staff practices and areas such as cleanliness around the building, hygiene in bathrooms and medication administration practices and storage. This showed us that the management regularly monitored the service that was provided to ensure that the standard was as planned. These audits also highlighted areas that may require improvement.

Staff were regularly observed throughout the working day by the manager for their approach and attitude towards people who used the service. Staff told us that part of their supervision session included discussions about the needs of people, how they received support and if staff had any difficulties meeting individual needs.

Senior staff were aware of their legal responsibility to notify the Care Quality Commission of any deaths, incidents and injuries that occurred or affected people who used the service. This was part of their registration requirements.