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Little Oaks Residential 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

This inspection took place on 24 and 25 November 2015. This was an unannounced visit to the service.

Little Oaks is a care home for older adults, some who may be living with dementia. It is registered to provide accommodation for 35 people. At the time of our inspection 25 people lived at Little Oaks.

We previously inspected the service on 19 July 2013. The service was meeting the requirements of the regulations at that time.

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.

Little Oaks is a family run and managed business. The home had a relaxed atmosphere and staff supported people in a respectful and friendly way. Staff understood the needs of people they supported and independence was encouraged.

People told us they felt at home at Little Oaks. They felt safe and had confidence in management to deal with any concerns. Relatives told us they were very happy with the service their family member received. They had confidence that people were supported in a dignified manner.

People had access to healthcare services, and any changes in health were quickly reported and responded to.

People's medicines were stored safely and were administered correctly.

People had access to a range of activities. We observed people undertaking activities that were important to them, for instance reading the daily paper or knitting.

We observed people laughing and joking with staff in a way that was respectful. People had developed good relationships with peers and staff.

Risk assessments and care plans were person centred and reviewed regularly. Risks were assessed for a variety of topics including falls. A falls dairy was used to monitor and evaluate reasons for falls.

The service was led by an experienced team of senior staff and management. The service had a long standing 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 were protected from harm because staff received training to be able to identify and report abuse. There were procedures in place for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk.

Is the service effective?

Good

The service was effective.

People received safe and effective care because staff were appropriately supported through a structured induction, supervision and training.

People received the support they needed to attend healthcare appointments and keep healthy and well.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy and dignity were upheld and promoted. People and their families were consulted with and included in making decisions about their care and support.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

The service responded appropriately if people's needs changed, to help ensure they remained independent.

People were supported to access a range of healthcare and appointments were made promptly when needed.

Is the service well-led?

Good

The service was well-led.

People and relatives had confidence in the management. Management were visible and accessible.

Staff felt supported by the management team. Staff were confident that any issues raised would be dealt with.

Little Oaks 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 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.

The inspection took place on the 24 and 25 November 2015 and was unannounced; this meant that the staff and provider did not know we were visiting. The inspection was carried out by one inspector.

Before the inspection we reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with the five people living at Little Oaks who were receiving care and support, six relatives; the provider, seven care staff and the chef. We reviewed five staff files and five care plans within the service and cross referenced practice against the provider's own policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe at Little Oaks. Comments included "I feel safe as there is always someone around," and "I feel safe, the staff are good and the environment has that home comfort feel." Relatives told us that "I don't worry like I used to, as I know X is safe".

People were protected from abuse. The service had a safeguarding procedure in place. Staff received training on how to safeguard people. Staff had knowledge on recognising abuse and how to respond to safeguarding concerns. Contact details for the local safeguarding team were displayed in the care office. People we spoke with felt they would raise any concern to member of the management team. One person told us "Y is very approachable I can talk things over with them, I have a tremendous respect for them."

The service operated robust recruitment processes. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.

We observed there was enough staff to support people within the home, this was supported by what people and relatives told us. We observed that call bells were answered swiftly. People and relatives told us they felt there was enough staff. On person told us "you only have to press the button and they (staff) come." The provider advised us they based their staffing levels on dependency levels of people living at Little Oaks. They had a system in place to monitor dependency and as such staffing levels could be adjusted.

Incidents and accidents were recorded and acted upon as required. Staff were aware of the need to report accidents and felt confident to do so.

People were protected from potential risk and the service had a risk management policy. Risk assessments were written for a wide range of activities including falls and fracture risk. Risk assessments were reviewed by the deputy manager on a regular basis. The service kept a falls diary for each person, this allowed the service to monitor falls and identify any patterns relating to falls.

People's medicines were managed safely. Staff who provided support with medicines had received training. Medicines were stored securely. We observed good hygiene techniques prior to and whilst medicines were administered. We observed that records were accurate and updated as required. For instance, one person who was prescribed Warfarin had additional records to ensure that the staff knew what dose to provide as prescribed. Where people were prescribed medicines for occasional use, staff ensured that the person was asked if the medicine was needed, rather than assume.

The service had procedures in place to deal with emergencies. Personal emergency evacuation plans were in place for each person. These detailed the support people required in the event of an emergency. Fire procedures were displayed in many areas within the service. Staff were knowledgeable on what to do in the event of a fire. One member of staff commented that fire was taken very seriously and as part of their induction an emphasis was placed on learning about the fire panel.

People were protected against the risk of unsafe premises. The service ensured that maintenance and safety of the building was kept up to date. Equipment used by people was inspected routinely. Electrical and gas safety certificate were in date. The service was supported by maintenance staff. Care staff communicated with them so that repairs could be undertaken quickly to ensure safety was not compromised.

The service was supported by housekeeping staff. The building was free of any odours and maintained to high standards of cleanliness.

Good

Is the service effective?

Our findings

People and relatives told us they felt staff were knowledgeable. People received effective and compassionate care, from staff who understood people's preferences, likes and dislikes.

The service supported new staff through an induction period. This involved shadowing existing staff, regular one to one meetings and training. One member of staff told us "I felt very supported by senior management", another staff member said "I had two weeks of shadowing more experienced staff. I felt no pressure on me, I feel that the induction period was really good, I felt 100% supported."

Staff undertook a wide range of training to assist them in their role. Staff we spoke with were knowledgeable about the subjects they had been trained in and spoke highly of the training they had received. Staff training was a mixture of face to face and e-learning and watching DVDs. Some staff within the service had been registered to study for the care certificate. The Care Certificate sets out explicitly the learning outcomes, competences and standards of care that will be expected by health and social care workers.

People were supported by staff who had a good understanding of the Mental Capacity Act 2005. Staff had received training and were able to tell us what their understanding was. 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. The application procedures for this in care homes and hospitals are 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 were being met. In one case we saw that the service had applied for a Deprivation of Liberty Safeguarding (DoLS) assessment in relation to providing accommodation and support. We noted that the service had a copy of the legal documentation detailing that the person had a Power of Attorney (POA) in place. We also noted that the service had been involved in a best interest meeting.

On the days of inspection we observed that the front door was locked and people had to seek permission from staff to leave. Where people lacked capacity to identify risk posed to them if they went out, a DoLS was in place. We spoke with the provider about how people who wished to go out could do so freely. The provider informed us that an additional override push button was pending installation. Whilst the inspection process was still underway we were advised that this button was in place. This meant that people were not deprived of their liberty without authorisation.

We observed two lunchtime meals and spoke with the chef. People advised us that they felt the food was "pretty good, I have put on weight" another person told us "the main meals are superb". People had access

to fruit and drinks throughout the day. One person was being spoken to by a member of staff about how they felt light headed at night time. A suggestion was made that they have a supply of biscuits. Moments later after the discussion had finished the person was offered a choice of biscuits for them to have in their room.

People were supported to access healthcare when needed. The service had daily support from the district nursing services who provided a daily injection for a person living at Little Oaks. We observed that one person was supported to get ready for a medical appointment. We noted that important information about people's care and treatment was recorded in a daily diary, any changes in health observed were noted and appropriate referrals to district nursing services was made.

Good

Is the service caring?

Our findings

People were supported by staff who provided caring and compassionate care. People told us that Little Oaks was very much a home. Comments included "staff could not be better", "they (staff) are all friendly and nice", "staff are so caring", "I don't think that they (staff) could much more for you, you only have to ask." Relatives told us "staff genuinely care about people", "Little Oaks is homely, friendly, caring and staff are approachable."
Staff we spoke with were enthusiastic and positive about their role within the service. We observed staff speak to people in a manner that promoted dignity and respect. Staff we spoke with were knowledgeable on how to promote peoples dignity. We observed people knocking on doors and waiting for a reply from the person prior to entry into a room. People appeared very relaxed in the company of staff and were observed to be laughing and joking with staff.

We observed that people were relaxed in each other's company and group discussions were respectful. People we spoke with had developed friendships with each other. People told us they felt valued by the staff. One person told us "they (staff) always treat me with dignity and respect."

People's confidentiality was respected. Information regarding people was kept securely. Handover meetings took place away from people as to ensure sensitive information was not discussed in the open.

We observed that rooms were personalised and people advised us that they really do feel at home. Comments included "it really does feel like home, Y settled very quickly", "if you have got to be somewhere, this is the place to be."

The service identified staff to work with each person. The staff member was responsible for monthly care plan reviews. People we spoke with knew who they would speak to about their care and treatment.

Where people were able to undertake their own personal care this was respected, staff would offer support as required.

Relatives we spoke with felt confident to visit at any time and advised us that they always find the staff helpful and caring. One health care professional we spoke with told us that "the service is very good; I would put my mum there if needed."

The service asked people about end of life care, we saw evidence of advanced care planning which detailed end of life care wishes.

Good

Is the service responsive?

Our findings

Pre-admission assessments were undertaken prior to moving into the service. Important information was gathered about previous life history, as well as important relationships. People received individualised care that met their needs. The service undertook person centred care planning and we saw a wide variety of person centred information. This included an individual care plan and life history document. These documents recorded things people liked to do and their dislikes. Information on what was important to each person was recorded. Care plans were reviewed regularly and any changes were recorded.

People we spoke with were aware of their own care plan. One person told us that they had spoken to the staff about their preferred time to get up and that this was respected.

Staff were expected to read any changes to care plans made. Details of when they had read and understood the change was recorded on each person's care file. Care plan review meetings were held with family members at least once a year.

Relatives we spoke with were contacted by the service when important events took place. For instance, one relative informed us that they were always contacted when their family member was unwell and the GP had been called.

We observed an exercise group being carried out. This was held on a weekly basis. There was good engagement with the activity. The service had support twice weekly from an external person who offered activities to people. We heard mixed reviews of these activities. With the majority being happy with the type of activity offered. However two people we spoke with and one member of staff stated that there could be more offered. One person we spoke with used a computer on a regular basis and had sky television. Other people were encouraged to continue with activities they used to do prior to moving into the service. For instance one person watered the plants in the garden.

The service had a complaints procedure and information on how to make a complaint was available. We saw that the service responded to complaints. People and relatives we spoke with were aware of how to raise concerns if needed. One relative told us, "I would not hesitate to contact the manager if I had concerns." Another person told us "Z is on the ball".

One healthcare professional we spoke with advised that the service is in regular contact with them and very responsive to changes in health. They felt that one person health in particular had improved since moving into the service as their medical condition was managed very well by the staff.

Good

Is the service well-led?

Our findings

People were supported by a service which was well- led. We received positive feedback from healthcare professionals; one advised us "Little Oaks is one of the best homes in the local area." Relatives told us "we find the service to be excellent", "There is good communication, I feel X is looked after."

Staff informed us the registered manager was approachable and always available to offer support. One staff member described the service as being "open with good communication." Another staff member told us "I feel valued as a member of staff", "I feel very supported." One person told us the manager "will always sort something out if needed, most to the time they are aware of what is going on and will have already addressed it."

Staff felt able and had confidence to make suggestions on how to improve the service. One staff member had made a suggestion to improve medicine administration. This was taken on board and a new form was implemented to monitor a particular condition.

A number of staff we spoke with had been working at the service for in excess of ten years. The provider told us that they are proud of their staff and like to employ people who understand the philosophy to provide a high quality service.

The service undertook quality surveys and collected information about improvements to be made. The provider told us that they will be investing in a barbeque for use by people and their relatives. Social events throughout the year were facilitated to offer family members an opportunity to meet up with relatives who lived at Little Oaks.

We saw that staff meetings and relatives and resident meetings were held. One member of staff felt that these could be offered more regularly. The Service had a variety of policies in place to assist with the running of the home; these included safeguarding people, infection control and equal opportunities. Staff we spoke with were aware of these policies.

Monthly risk assessments were undertaken on the building and equipment to ensure this did not pose a risk to people. This included checking flooring, wiring, light and the call bell system. Senior staff would regularly undertake quality checks with staff, observing practice to ensure that they were providing a quality service.

The service had worked with the local Clinical Commissioning Group with a project developed to help identify people who may be suffering from a dementia who lived in care homes. More recently the service had been invited to join a project carried out by the clinical trials team at Kings College, London on age-related diseases.

Staff we spoke with were aware of the vision for the service. People who lived at Little Oaks described it as home and relative told us that they choose Little Oaks after viewing lots of other care homes and found Little Oaks to have the most "friendly feel" and "it's so homely and welcoming."