

Elder Care (North West) Ltd

Red Oak Care Home

Inspection report

196 St Annes Road
Blackpool
Lancashire
FY4 2EF

Tel: 01253349702

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11 April 2017
13 April 2017

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30 May 2017

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 visit took place on 11 and 13 April 2017 and was unannounced on day one and announced on day two.

Red Oak care home provides care and residential accommodation for up to 17 older people who do not require nursing care. The home is situated in a residential area of Blackpool and is in close proximity to the shops, local amenities and public transport. There is a communal lounge and a dining room on the ground floor. Bedrooms are on the ground and first floor. A passenger lift provides access between floors. The rear garden provides a safe, secure outdoor area for people's use. Parking is available on the forecourt of the home.

At the last comprehensive inspection on 07 January 2015 the service was rated overall as good.

At this inspection we found the service remained good.

There were procedures in place to protect people from abuse and unsafe care. We saw risk assessments were in place which provided guidance for staff. This minimised risks to people.

Staff supported people with medicines safely. Medicines were stored securely, administered as prescribed and disposed of appropriately.

Infection control practice was good and staff had received training in this area.

There were sufficient staff available to provide people with personal care and social and leisure activities. Staff received training to carry out their role and knew how to support and care for people. They had the skills, knowledge and experience to provide safe and effective support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People told us they were happy with the variety and choice of meals available to them. Staff knew people's food likes, dislikes and any allergies people had.

Care plans were personalised detailing how people wished to be supported. People who received support or where appropriate their relatives were involved in making decisions about their care. Their consent and agreement were sought before providing care.

People knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise any concerns.

Senior staff monitored the support staff provided to people. Audits of care and support records and risk assessments were carried out regularly. People and their relatives were encouraged to complete surveys

about the quality of their care.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Red Oak Care 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 checked 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 visit took place on 11 and 13 April 2017 and was unannounced on day one and announced on day two.

The inspection team consisted of an adult social care inspector.

Before our inspection on 11 and 13 April 2017 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We checked to see if any information concerning the care and welfare of people who were supported had been received.

Some people at Red Oak care home had limited verbal communication and were unable to converse with us. However we spoke with ten people who lived at Red Oak and three relatives. We also observed staff interactions with people who lived at the home. We spoke with, two health professionals, the registered manager, the deputy manager and five staff members. Prior to our inspection visit we contacted the commissioning department at the local authority and Healthwatch Lancashire. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked around the building to ensure it was clean, hygienic and a safe place for people to live. We looked at care and medicine records of three people and arrangements for meals. We looked at staff rotas to check staffing levels, looked at staff recruitment, and training records and records relating to the management of the home. We also spoke with two care professionals. This helped us to gain a balanced overview of what

people experienced whilst living at the home.

Is the service safe?

Our findings

People and their relatives who spoke with us told they felt safe and at ease with the staff who supported them and were pleased with the care they received. One person said, "All the staff here are good. It is a special place. I feel so safe and cared for." A relative told us, "I can walk in any time of day and everything is good. There is nothing hidden here."

The service had procedures to minimise the risk of unsafe care or abuse. Staff explained the process to follow to report any concerns about people's safety. They were knowledgeable about the actions they needed to take and had received training on safeguarding vulnerable people.

Risk assessments were in place which assisted people to remain as independent as possible while assisting staff to provide safe care. We saw these included ways to reduce risks related to mobility, equipment, activities and managing behaviour that challenged. Staff were able to provide information about the risk assessments in place for people they supported.

Staff said there were procedures for dealing with emergencies and unexpected events. We saw emergencies, accidents or incidents were reviewed for any lessons learnt and shared with the staff team.

People said staff supported them with their medicines safely. Their care and support records identified the support they provided. Staff received medicines training to ensure they were competent to administer medicines. They confirmed they had been trained to support people to take their medicines.

People able to speak with us told us there were enough staff to provide personal care and support and to join in activities if they wanted. We saw staffing levels were sufficient during the inspection. We talked with staff who told us they had enough time to support people without rushing and we looked at rotas to check staffing levels. A member of staff said, "There are always plenty of us on shift and we can always call for [the deputy] for help if we need it." We also checked that staff had the skills, knowledge and experience to support people. Senior staff monitored staffing levels to make sure there were enough staff to support people. We saw they increased staffing levels where people needed extra support.

We saw the home was clean and maintained. There was good infection control practice and staff had received training in this. There was a rolling programme of refurbishment including new flooring, a new wet room and redecoration of the dining room and lounge, with colours chosen by people who lived in the home. We saw maintenance and repairs were carried out promptly.

Is the service effective?

Our findings

People told us the meals were 'excellent'. One person said, "Fantastic meals. I eat every bit." Another person said, "They are excellent cooks here. There hasn't been anything I didn't like." Staff were able to tell us about people's likes and dislikes. This knowledge helped them to provide meals that each person enjoyed. They told us they had received training in food safety and were aware of safe food handling practices. Training records seen confirmed this.

People told us they had choices of meals and there were always alternatives if they didn't want the planned meals. We saw care plans described people's food preferences and dislikes and any allergies. Staff were aware of people's cultural and health needs in relation to their diet. We saw people were involved in setting and clearing tables with support if they wanted to. We observed people chose the meals they wanted. Lunchtime was relaxed and unhurried with people laughing and joking with staff and each other. The food was well presented and people said it was tasty. One member of staff told us they felt mealtimes should be enjoyable and help people socialise if they wanted to.

We saw staff monitored people's health and supported people to attend healthcare appointments and to remain in the best possible health. People told us staff made prompt referrals for health problems and provided support to attend appointments. A relative told us staff informed them if their family member had health problems.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff demonstrated an understanding of the legislation as laid down by the MCA. Records were in place to indicate that people consented to their care. Care plans included information in relation to the level of the person's capacity and staff had followed the correct processes to ensure people's legal rights were protected.

We saw staff were trained and knew how to support people. We looked at training records and certificates and spoke with staff. All staff had achieved national qualifications in care as well as extended training courses. This assisted them to provide appropriate care. Staff told us they were encouraged to complete any training relevant to their role. They were able to request additional in-depth training to improve their understanding and enhance people's experience in the home. Records seen and staff spoken with confirmed they received regular supervision and appraisal of their performance.

Is the service caring?

Our findings

People we spoke with told us staff were polite, willing and considerate. Staff and people shared warm and friendly relationships. One person said, "I came for a short stay but I am not going home. I have company here and the staff are wonderful. I am staying." Another person told us, "This is such a friendly place, I am rather glad I came." A relative said, "I am very happy with the care here. [Family member] loves it here and has settled well. The staff are fab." Another relative said, "It is a lovely family run home. The staff are amazing and people so well looked after."

Staff had a good understanding of protecting and respecting people's human rights. They knew and responded to people's diverse cultural and spiritual needs and treated people with respect and care. We saw staff respected people's family and personal relationships and encouraged these. People looked cared for, dressed appropriately to their age and personality and well groomed.

We saw staff treated people in a respectful way and were aware of people's individual needs around privacy and dignity. People told us staff were sensitive and discrete when individuals needed personal care. They told us they knocked before entering their bedrooms and protected their privacy and dignity. One member of staff said, "I treat people with respect. It is what I would like for me or my family."

People's end of life wishes were recorded where possible so staff were aware of these. Records showed and the registered manager told us they had supported people to remain in the home as they headed to the end of life. Staff told us they felt it had helped people to be in recognised surroundings, supported by familiar staff.

We looked at three people's care records. We saw their personal information was easily accessible to them. It was personalised and people had been involved in developing and updating their care plans.

Before our inspection visit we contacted external agencies about the service. They included the health and social care professionals and Healthwatch Lancashire. They had no concerns about the service.

Is the service responsive?

Our findings

People said they received good care that met their needs and wishes and helped them to remain as independent as possible. They told us staff supported them to remain active and occupied with daily living, social and leisure activities. We saw one person living with dementia was sat contentedly folding tissues, smiling at people as they carried out 'their task'. Despite losing some abilities they were able to engage in activities. We observed people chatting together and involved in household tasks with staff. One relative said, "It is so good that [family member] is allowed to set table and help to wash up. It helps them being occupied as they used to be at home. Otherwise it can be a long day for people used to being busy."

We saw staff were proactive in encouraging people to chat and interact with them and each other. We saw people laughing and talking and involved in games with staff, apparently enjoying their company as there was lots of laughter. People said they were able to choose when to get up and go to bed, what to do and whether to get involved in activities in the home. A relative said, "There is always something going on, singing, games, exercises or days out." People told us staff responded quickly to any requests for support and assisted them in the way they wanted at a time they wanted. A member of staff commented, "I love to spend time with people and getting to know about what they like."

We looked at three people's care and support records. These were informative, personalised and provided guidance to staff on how to support people with their daily routines and personal care. They were regularly reviewed and amended as people's needs changed. We saw from care records and talking with people they and their relatives where appropriate, were involved in developing and reviewing care plans.

People told us knew how to make a complaint if they were unhappy with their care or had concerns. We looked at the complaints policy which told people how their concerns would be dealt with. Everyone we spoke with said they were satisfied with the care they received and had no complaints. People said staff listened to them and responded quickly even to minor issues. One person said, "I have no complaints. This is a fabulous place."

The service had not received any formal complaints since our last inspection, but kept in contact with people to check there were no issues or concerns. A relative said, "[The registered manager] often asks if everything is ok and I am sure would help if there was a problem."

Is the service well-led?

Our findings

People told us the home was well led and the management and staff team were approachable, interested and willing to listen. They said the management team worked in the home daily and routinely had informal 'chats' with them. We saw people approached the registered manager and staff team in a relaxed, friendly manner.

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 2008 and associated Regulations about how the service is run.

The home had a clear management structure in place. The management team demonstrated they understood their roles and responsibilities and legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations. They showed good leadership and encouraged staff to develop skills and knowledge. They were 'hands on' and involved in care and activities on a daily basis. They had systems in place to effectively govern, assess and monitor the quality of their service and the staff. The outcome of audits and checks had been documented and any issues found on audits were acted upon promptly.

We found the registered manager had sought the views of people about their care and the service provided by a variety of methods. These included meetings and family and friends surveys.

We saw the management team supervised, supported and encouraged staff to develop their skills and knowledge and provide good care. This motivated them to support people in the way each person wanted. Staff said they found the management team approachable and supportive. One person said, "I want to be here for a long time. It is a good place to work with great managers."

We saw staff meetings and supervisions were held to involve and consult staff. Staff told us they were able to contribute towards care practice and development of the service through team meetings, and supervisions.