

Mr Mohedeen Assrafally & Mrs Bibi Toridah
Assrafally

Oakview Residential Care Home

Inspection report

19 Oakwood Avenue
Gatley
Cheadle
Cheshire
SK8 4LR

Tel: 01614910106

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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 10 and 16 August 2018 and the first day was unannounced. The inspection team consisted of one adult social care inspector.

At our last inspection in October 2016 we found two breaches of regulations relating to the safe management of medicines and a lack of robust audit procedures. At this inspection we found improvements had been made and the service was now meeting these requirements.

Oakview is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Oakview is a residential care home in the Gatley area of Stockport and can accommodate 12 people. The home has a communal lounge overlooking the enclosed rear garden and a dining room. There are four bedrooms on the ground floor and six bedrooms on the first floor. Two of the bedrooms can accommodate two people.

People told us they felt safe living in the home and staff demonstrated they understood how to keep people safe and how they should report any concerns about people living in the home.

Risks to people were assessed and their care records explained how people needed to be supported in order for them to do the things they wanted, in the way they wanted, in the safest way possible.

Staff had time to spend with people living in the home and supported them in an unhurried way. Rotas confirmed the staffing levels we observed were normal for the home.

Medicines were stored safely and people were supported appropriately to ensure they received them as they had been prescribed. Documentation was audited regularly to ensure people were receiving their medicines safely.

People's needs were assessed and detailed care plans were in place explaining about people's needs and choices. This enabled staff to support people in the way the person preferred.

Staff told us they felt very supported by the management in the home and had regular training and supervisions. Records we looked at confirmed that regular training and supervisions took place.

Meals were cooked freshly in the home's kitchen and people told us they enjoyed the food. A variety of food was available for people to suit their cultural preferences.

Visiting healthcare professionals spoke highly of the home and told us staff in the home worked closely with

them to ensure people living there were cared for well. Professionals visiting the home were encouraged to make suggestions to improve the care people received.

People living in the home were involved in choosing the décor and had recently chosen new wallpaper, carpets and curtains for the lounge. People were encouraged to personalise their bedrooms.

Consent was always sought from people before they were supported and where people lacked the capacity to give consent, procedures were in place to ensure they were supported in line with their best interests. People were encouraged to make choices about their care and we saw their choices were respected by staff.

People living in the home knew the staff well and told us they supported them in a very caring and compassionate way. Staff were very good at treating people as individuals and we observed staff supporting people in different ways according to the person's preferences.

A range of activities were available for people to take part in within the home, in the local community and in other homes owned by the provider.

People told us they hadn't needed to complain but if they did have any concerns they could speak to any member of staff and were confident their concerns would be listened to and addressed.

The home had a registered manager in post. The 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 told us the management team were very approachable and encouraged them to make suggestions to improve the home and their suggestions were acted on.

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 received their medicines as prescribed.

Risks to people were assessed so they could be supported in the way they chose as safely as possible.

A variety of safety checks were completed regularly in the home to ensure the building continued to be safe.

Is the service effective?

Good ●

The service was effective.

People's care records were detailed and reviewed regularly to ensure they were kept up to date.

Staff were well trained and felt well supported by management.

People told us they enjoyed the food and were supported to keep well hydrated.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect by staff that knew them well.

People were encouraged to remain as independent as possible.

People's privacy and dignity were protected.

Is the service responsive?

Good ●

The service was responsive.

People were treated as individuals by staff in accordance with the person's culture and choices.

People felt able to raise concerns and concerns were acted upon.

As people approached the end of their life they were able to receive the support the needed in the home.

Is the service well-led?

The service was well led.

Since our last inspection improvements had been made to the quality checks in the home.

People told us the management team were very approachable and sought to improve the service.

The staff and management in the home worked well with other organisations to ensure good outcomes for people.

Good ●

Oakview Residential 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 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 10 and 16 August 2018 and the first day was unannounced. The inspection team consisted of one adult social care inspector.

During the inspection we spoke to four people living in the home, four relatives of people using the service and a district nurse visiting the service. We also interviewed two care workers working for the service, the registered manager and the deputy manager. We conducted a SOFI which is a way of capturing the experiences of people using the service who may not be able to express this for themselves.

We reviewed a sample of three people's medicine records, three care files, four staff recruitment records, staff training and development records, records relating to how the service was being managed such as records for safety audits and a sample of the services operational policies and procedures. We also saw feedback from people given directly to the service.

Prior to the inspection we considered information we held about the service, such as notifications in relation to safeguarding and incidents which the provider had told us about and contacted the local authority and the local Safeguarding team to seek their views about the service. The feedback we received highlighted no concerns. We asked the provider to complete a Provider Information Return (PIR) before the inspection and this was completed within the required timescale. A PIR 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.

Is the service safe?

Our findings

At our last inspection we found the service was in breach of Regulation 12 of the Health and Social Care act (2008) (Regulated Activities) Regulations 2014 Safe care and treatment, as we found the number of tablets recorded as having been given to people did not correlate with the number of tablets recorded as having been in stock and the number of tablets left in stock.

At this inspection we found people's medicines were stored securely in a locked trolley. The temperature of the room was recorded daily to ensure it remained in the safe range to store medicines. People were only supported with their medicines by senior care workers who had completed both the home's own training and training provided by the local pharmacy. The senior member of staff was responsible for the safe keeping of the keys to the medicines trolley while they were on duty and there was a handover process when they finished their shift.

Audits of the medicines were conducted every week which included counting the number of tablets to ensure the number of tablets remaining was correct and the medicine administration sheets (MARs) had been correctly completed. We looked at a sample of people's MARs and found they were easily legible and were fully completed. We counted a sample of medicines, including controlled drugs and found the balances to be correct.

Some people were prescribed medicines to be taken as required (PRN). Where these medicines had been prescribed, protocols explaining what the medicine was for and if a person could not ask for the medicine, symptoms they may display that would indicate they needed the medicine were described.

We reviewed some MARs for people that had been prescribed PRN medicines and found people were being administered them only when they needed them rather than as a matter of course.

The above demonstrated that the service was now meeting the requirements of Regulation 12 of the Health and Social Care act (2008) (Regulated Activities) Regulations 2014 Safe care and treatment.

People told us they felt safe. One person we spoke with told us, "They're looking after me well." Relatives confirmed they felt their family members were safe in the home. One relative told us, "If there are any problems they let me know and everything is sorted. I can't speak highly enough of them." Another relative said, "[My relative] is safe, there's always some staff about." Another person told us, "I don't have to worry about them, I know they are fine. Staff will phone me if there is a problem."

Staff we spoke with demonstrated they knew the signs of abuse and told us they would have no hesitation in speaking up if they had any concerns. Staff told us they had confidence any concerns raised would be dealt with appropriately by the management in the home.

People's care records contained assessments of people's needs and choices and where risks had been identified, additional assessments had been done to identify how people could receive support in the way

they chose, in the safest way possible. These assessments were kept under regular review and we saw examples of how they had been updated as people's needs changed.

People living in the home told us there were always staff available when they needed them. During our inspection we observed people being supported at their own pace and staff had time to stop and chat to people living in the home. Staff members we spoke with told us they also felt there were enough staff on duty. One member of staff told us, "It works well. We have got enough staff and we don't use agency now. We have four staff on in the morning as we have people like GPs, District Nurses and relatives coming in so there are extra staff in case they need us to do anything."

Recruitment records for staff showed appropriate checks were made on people's background and previous conduct. These included checks made with the Disclosure and Barring service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks helped to ensure only suitable applicants were offered work with vulnerable adults.

People were protected from the risk of infection. The home appeared very clean and had no malodour. A relative of a person living in the home told us, "It is clean. You'll find nothing dirty here." Staff had received training in infection control and food hygiene and during our inspection we observed staff following good infection control techniques, using personal protective equipment (PPE) like disposable gloves and aprons where appropriate.

We saw records confirming a variety of safety checks were done on the building and equipment in the home to ensure it was safe. All the checks were up to date and where issues had been identified they were remedied quickly.

The management in the home were open to learning lessons to improve the service. Staff told us they felt able to raise concerns and management in the home investigated these and took appropriate action. One staff member told us, "If I know something I will speak up. If something goes wrong then we have to speak up so we can learn why it has gone wrong and fix it." Another staff member said, "They take on board what you say. They will try it, sometimes it works and sometimes it doesn't. We all work together." The deputy manager of the home told us, "Staff have power to take control of suggestions and let us know about them."

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. We found the service was meeting these requirements.

People's care records contained assessments of people's capacity. There was a very clear explanation on the assessments that they needed to relate to specific decisions at a specific time and so the person's ability to give consent must always be time specific. Where people had been assessed as having a permanent limitation to make some decisions, their records showed what decisions they were able to make and what support they needed. One record read, "I have limited capacity due to Alzheimer's so my mental capacity needs to be reviewed regularly. I am able to engage with staff and consent to receive assistance with my daily living tasks." We saw that this person's capacity had been reviewed monthly.

Staff told us they felt very supported by management and had the training and knowledge to allow them to support people safely. Staff told us they were encouraged and supported to study for nationally recognised vocational qualifications. One care worker told us, "We do all the mandatory training and then do extra courses on particular conditions if we need them to do our job." Another care worker told us, "Over the last two years we've had more training than ever. [The management] push you to be better."

The deputy manager explained that an optician had come to the home to do training for staff to help them understand what it was like to have a visual impairment. They said, "The staff loved it. We made them walk with blurred vision. We wanted them to understand what it was like." Staff confirmed they found the training very good.

Staff received regular supervision and appraisal but told us they could raise issues at any time with the management rather than waiting for a supervision. One care worker told us, "I can go to [the management] if I've got a problem. They are very supporting both in my job and outside." Another care worker told us, "They've always supported me and helped me if I wanted to progress. They are nice people and nice people to work for."

People told us they enjoyed the food in the home. Meals were freshly prepared in the home and people's cultural preferences were reflected in the meals offered to them. We sampled the food and found it was very tasty. The meal was well balanced with three seasonal vegetables served along with a good portion of roast

meat, potatoes, Yorkshire pudding and gravy. A variety of options were available for breakfast to suit people's cultural preferences, for example some people had chapatis, some people chose cornflakes.

Where people needed support from care staff with eating and drinking, support was given in a kind and patient way and people were allowed to eat at their own pace. A care worker we spoke with told us, "We just gently encourage them [to eat]. We ask them what they want and then give them time to think about it and eat it."

At the time of our inspection, the weather had been particularly warm and people living in the home were gently encouraged to keep hydrated. Drinks were regularly offered to people and people were given prompts to keep drinking.

The service worked well with other care providers to ensure people received the support and treatment they needed. Care records demonstrated advice had been sought from Speech and Language Therapists (SALTs), GPs and District Nurses, where staff in the home felt people may need additional support. The deputy manager told us, "The GP visits once a week. We encourage everyone to register with the same GP but they have the choice not to. The GP and the District Nurse teams are very helpful."

We spoke with a District Nurse who was visiting the home during our inspection. They told us, "They are brilliant. Everything we ask them to do they will do. They report things on time and aren't afraid to ask if they aren't sure. They don't have any issues with pressure area care here."

The communal areas had recently been redecorated and the people living in the home had chosen how it was decorated. The deputy manager told us, "We brought in samples of wallpapers, curtains and carpet for people to look at. They asked that we use the same wallpaper in the dining room. People also told us that the lights in the lounge were too bright so we changed the tube lights for yellow lights which people have told us they prefer."

Is the service caring?

Our findings

People told us they were always treated with kindness and respect. One person we spoke with told us, "Staff are wonderful, they are caring people. They are quite amazing." Another person told us, "They are very good. They're very caring. Top marks, 100%." Relatives we spoke to told us, "I've seen staff hugging other residents when they haven't known I'm here so it's not for my benefit." Another relative commented, "It's very peaceful here and [my relative] appreciates that. This is how they would have been at home." Another relative added, "They keep that element of fun. I've seen [my relative] laugh more here than I have in a long time. 100% we wouldn't change it. We wouldn't move them from here. [My relative] loves it here."

People living in the home and staff knew each other well. During our inspection we observed staff interacting with people in a friendly, compassionate way and supporting them in ways that demonstrated they knew the person and understood their preferences and choices. One relative we spoke with commented, "It's very personal here. [The home] always has the same staff so they get to know them very quickly." Another relative said, "[The staff] are all so dedicated. It's a vocation for them not just a job. I can't thank them enough for the care, empathy and compassion they show [my relative]." A member of staff we spoke with joked, "I don't know my kids as well as the people here."

During our inspection we observed people being given choices about the support they received. People told us they felt able to get up and go to bed when they chose and had a choice about which room to sit in. One person we spoke with told us, "We can do what we want." Relatives we spoke with told us they felt involved with decisions relating to their relatives' care. One relative we spoke with told us, "They treat the relatives with the same respect as the people living here. We can ask anything and they will tell us." A member of staff we spoke with told us, "We try to encourage people but we ask them what they want and when they want it and give them time to think about it."

Following our last inspection, we recommended that a new privacy blind and lock be fitted to one of the shower rooms in the home. At this inspection we found that a lock had been fitted and the window had been glazed with opaque glass to protect people's privacy. Where people needed assistance with personal care, staff spoke to them quietly and supported people discreetly.

People's dignity was protected. We saw the address of the home had been printed on a removable note and had been attached to the wall in the reception area. The manager explained, "It's for a person who likes to phone themselves a taxi but can't always remember the address. It reminds them without them getting embarrassed about asking and they can take it with them for reassurance."

People were encouraged to be as independent as possible. People's care records highlighted to staff the importance of encouraging people to remain as mobile as possible and during our inspection we observed staff encouraging people to do the things they could for themselves and supporting them patiently. A relative we spoke with told us, "[My relative] wants to do what she wants as best she can do it. The staff encourage and help her do it rather than doing it for them." Another relative said, "[The people] are helped but only when they need it. [The staff] encourage people to do things themselves."

Is the service responsive?

Our findings

People's care records contained information about the person's personal history and reflected their cultural and emotional needs. We saw care plans were regularly reviewed and people and their relatives had been involved in both the planning and reviewing of the care plans. Relatives we spoke with commented, "People are more of an individual here. It's more of a home from home." Another relative said, "They know their individual needs."

People were enabled to attend religious services and information about activities at local churches and a mosque were available in the home. During our inspection we observed a person sitting in a quiet area of the lounge praying. Staff saw the person was praying and gave them space and privacy until they had finished before approaching them. We spoke with staff who told us they knew what times the person chose to pray and ensured there was somewhere quiet for them and that noise was kept to a minimum. They said, "We don't want to go banging around while someone is praying." The manager told us that ministers of different faiths would attend the home if people wanted them to.

People were encouraged and enabled to maintain links with people that were important to them and the wider community, such as staff accompanying people to the local shops and making adjustments in the home so visitors with different needs could visit. We saw comments from relatives thanking staff for enabling their relative to have video calls with them when they were unable to visit.

Staff in the home arranged outings to local places of interest and other social events and people living in the home were invited to activities that had been arranged in other homes owned by the provider. The deputy manager told us that chair based exercise sessions were put on. They said, "The residents enjoyed it and have asked for more."

During our inspection a musician performed in the home and the residents were engaged and enjoyed his performance. The musician knew the residents and made comments like, "[Person's name] your favourites are coming up." The deputy manager explained "He's been coming for about ten years. He gets to know the residents and which songs they like."

The home also had a large enclosed garden and we saw a number of plants in the garden that had been grown from seedlings by people living in the home. People we spoke with told us they enjoyed the garden and liked seeing the flowers they had grown.

The Accessible Information Standard sets out a specific approach to meeting the communication needs of people using care services. We saw people's communication needs had been identified and recorded and their care plans indicated what support they needed to communicate effectively. This information was in a format that could be shared with other healthcare professionals if required.

The home had a complaints policy and details of how to complain were on display in the home. People we spoke with told us they felt able to raise concerns with both care staff and management and their concerns

had been resolved without the need to complain formally. A relative we spoke with confirmed, "The response to every comment I make... I couldn't ask for more."

At the time of our inspection no one was receiving care at the end of their life, however the home had processes and procedures in place to enable people to be supported in this way. The deputy manager explained, "We have provided end of life care in the past. We have best interest meetings to ensure it's the right thing to do and if people and their families really want to stay with us then we will work with the GP and District Nurses to make it happen." We saw thank you cards from relative of people who had been supported in the home at the end of their life, thanking staff for their compassion and kindness.

Is the service well-led?

Our findings

At our last inspection we found the service was in breach of Regulation 17 of the Health and Social Care act (2008) (Regulated Activities) Regulations 2014 Good governance, as we found the audits in place relating to people's medicines had not identified the discrepancy between the number of tablets recorded as being in stock and the number actually in stock.

At this inspection we found the way the medicine audit was completed and the frequency of the audit had changed to make the process more robust. A number of other regular quality audits were conducted in the home to identify any improvements that could be made.

Any learning identified from the audits was implemented within the home. Learning was also shared between the other homes owned by the provider to see if improvements identified in one home would improve the service in another.

The service welcomed visits from other organisations such as the local authority and clinical commissioning group (CCG) and we saw notes from recent visits where these organisations had performed their own medicine and infection control audits. Improvements and suggestions identified in these audits had been implemented.

This meant the service was now meeting the requirements relating to Regulation 17 of the Health and Social Care act (2008) (Regulated Activities) Regulations 2014 Good governance.

Staff we spoke with told us they felt very proud to work in the home and that the culture was open and friendly. One member of staff we spoke with told us, "I just love it. It's family orientated. It's family run and they want it to feel like a family." Another member of staff told us, "They are nice people, nice people to work for." A relative we spoke with said, "[My relative] is here because it is a home." Relatives spoke positively of the culture in the home. One relative told us, "There's a real community feel between the residents too." Another relative said, "I'm kept updated every day of [my relative's] wellbeing.

Staff told us they felt respected and involved in developing the service for the benefit of the people living there. One member of staff told us, "My colleagues are not just people I work with. We have respect for each other." Another member of staff commented, "We can have differences of opinions but we talk about it to understand why the disagreement is happening. We discuss things and try to do what's best for the people here." Relatives we spoke with told us they also felt involved and were able to make suggestions to improve the home.

Visitors to the home, whether visiting in a personal or professional capacity, were encouraged to complete anonymous questionnaires which were analysed to identify improvements that could be made to the home. The feedback from the questionnaires was very positive. Comments from visitors we saw included, "This is a lovely, safe, comfortable environment and happy with the care provided" and, "All of the staff go out of their way to meet the needs of each individual resident. Well done, and I can be a tough marker when completing

surveys however in this case well deserved."

The home employed a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 registered manager understood their responsibilities and was notifying CQC and other organisations when certain events happened in the home in line with their responsibilities. The manager was supported by a deputy manager and experienced senior care staff who demonstrated they knew their roles well.