

HC-One Limited

# Oak Tree Mews

## Inspection report

Hospital Road West  
Moreton In Marsh  
Gloucestershire  
GL56 0BL

Tel: 01608650797

Website: [www.hc-one.co.uk/homes/oaktree-mews](http://www.hc-one.co.uk/homes/oaktree-mews)

Date of inspection visit:

24 January 2020

27 January 2020

Date of publication:

14 February 2020

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Oak Tree Mews is residential care home providing personal care to older adults, some of whom are living with dementia. The service can support up to 20 people. Five people lived at the home at the time of our inspection.

### People's experience of using this service and what we found

During our previous inspection we found improvement was needed to ensure tools used to assess people's needs would always be completed appropriately to ensure staff would have accurate information about people's needs. At this inspection we found further improvements in relation to the use of assessment tools had been made and sustained.

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

People were safe. Risks to people were assessed, monitored and well managed. A person told us, "I feel very safe here."

Staffing levels met people's personalised care needs. Staff followed good practice guidelines to prevent the spread of infection and gave people their medicines safely. The home was clean and tidy.

People were supported to access health and social care professionals. Dietary needs were assessed, and guidance provided in care plans. People received enough food to eat and drink. People told us they thought the food was excellent.

People received quality care that contributed to their wellbeing. Caring relationships were formed between staff and people due to the approach and continuity of staff. People were treated with dignity and respect.

Staff recognised people as individuals and worked to ensure people felt fulfilled and had access to a range of activities and social stimulation. Staff actively supported people to remain as independent as possible, and to retain their mobility and range of movement.

People's care plans contained detailed, personalised information that the management team kept under constant review. The registered manager carried out regular checks on the quality and safety of the service and understood their regulatory responsibilities.

People and their relatives gave positive feedback about the service and its managers. Staff were also positive, stating the registered manager was open and supportive.

People's communication needs were identified and planned for. The service had a clear process for managing complaints. People expressed confidence they could raise any issues or concerns and that these would be addressed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good. Published (12 June 2018).

#### Why we inspected

We received concerns in relation to the management of people's care needs (person centred care). As a result, we brought forward our planned comprehensive inspection. Our inspection found that people were in receipt of person centred care, their needs had been assessed and were met by staff who were caring.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Please see our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Please see our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Please see our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Please see our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Please see our well-led findings below.

# Oak Tree Mews

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### Inspection team

The inspection was carried out by one inspector.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We reviewed feedback we had received from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with five members of staff; the registered manager, deputy manager, housekeeper, activities lead and a member

of care staff. We also spoke with the relatives of one person living at Oak Tree Mews. We reviewed a range of records. This included two people's care records and multiple medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We reviewed and analysed all the information gathered during the inspection.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us the service was safe. One person told us, "I feel very safe here."
- There were systems and processes in place to protect vulnerable people from the risk of abuse. Staff received training in safeguarding vulnerable adults and were able to describe steps they would take to identify and report potential abuse. A member of staff told us, "Safeguarding is about making sure no harm comes to anybody. If anything was to happen we would report it to the managers."
- The registered manager understood their responsibilities to report incidents of safeguarding to the local authority and CQC.

Assessing risk, safety monitoring and management

- Risks to people were appropriately assessed and monitored. Risk assessments were person-centred and reviewed regularly. Staff used nationally recognised tools such as the malnutrition universal screening tool (MUST) and a falls risk assessment tool to assess and reduce risks to people.
- The service had a range of equipment in use to monitor the safety of people living there. For example, there were call bells that people could use to summon help.
- People's oral health was fully assessed on entry to the care home in line with current guidelines and there were detailed oral health care plans in place. Records we reviewed confirmed people had visited dental health professionals when required.

Using medicines safely

- The provider's medicines policy guided staff to ensure people's medicines were administered in line with their individual needs. The medicine administration records [MARs] were used by staff to record when people were supported with their medicines.
- Controlled medicines were stored and managed safely. Records in relation to stock control and administration of controlled medicines had been completed as required.
- Boxed and bottled medicines had a record of when they had been opened and when they would expire. This helped ensure people were given their medicines in line with the manufacturer's instructions.
- Lessons had been learnt where things had gone wrong. For example, we saw that when a member of staff had made a medicines error, they had a meeting with the registered manager and had been re-trained and their competency re-assessed to ensure they were safe to continue with administering people's medicines.

Staffing and recruitment

- The provider's recruitment process was robust and ensured skilled and experienced staff were employed at the service. Pre-employment checks were completed on staff before they came to work at Oak Tree Mews. The checks included conduct in previous roles, the right to work in the UK, proof of identity and a criminal

record check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care services.

- There were enough staff on duty. The staff rota for the days we were on inspection accurately reflected the numbers of staff on duty. The registered manager used a dependency tool to monitor the amount of staff who were required to meet people's needs. Staff told us that there were enough staff to support people's needs. A member of staff told us, "In my role as activity co-ordinator I am also trained in care so I can step in and provide support if needed."

#### Preventing and controlling infection

- Effective cleaning practices were in place. The home was visibly clean and tidy throughout. Staff had received training in infection control practises. The housekeeper told us they had received effective training in housekeeping as part of their induction program.
- There was an adequate supply of personal protective equipment (PPE) to help minimise the risk of cross infection. A member of staff told us, "I know I need to use PPE for my role. I change my gloves for each room I go in. I use a colour coded mop, cloths and dustpan for separate areas. There are laminated guides if I am ever unsure."
- Systems to manage laundry within the home were effective. There were clear processes within the homes laundry area to minimise the risk of cross-contamination.

#### Learning lessons when things go wrong

- The provider had processes in place to ensure lessons were learnt when things went wrong.
- The registered manager carried out a review of falls and incidents, so lessons could be learnt and to prevent reoccurrences.
- The registered manager had a robust system for identifying and responding to medicines errors.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager completed a detailed assessment of people's needs before they came to live at Oak Tree Mews. This was to make sure people's needs could be fully met and the home had a detailed understanding of how they wanted their support to be provided. Any protected characteristics under the Equality Act 2010 were identified, such as religious and cultural needs and lifestyle preferences.
- There was a holistic approach to assessing, planning and delivering care and support. Best practice guidance had been referred to. For example, people's skin integrity was measured against any significant risk factors such as the person's age and weight.
- Staff we spoke with clearly knew the support needs of the people they were supporting. We monitored a variety of staff interacting and supporting one resident throughout our inspection. All interactions were person centred, caring and met the person's assessed needs as detailed in the person's care plan.
- Relatives we spoke with, told us people's needs were met effectively. One relative said, "[name of person] legs have reduced in swelling due to the home supporting her health needs."

Staff support: induction, training, skills and experience

- People thought the staff were effective in their roles. A person told us, "Its faultless as far as I'm concerned."
- New care workers were supported with an effective induction and to complete the Care Certificate. This is an identified set of standards that health and social support workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new support workers.
- Staff told us they received ongoing support and supervision from the managers at Oak Tree Mews. We viewed a variety of records in relation to staff support during our inspection which confirmed this. One member of staff told us, "I have had meetings with [name of registered manager and the deputy manager]. They are both really good."
- Training was provided in subjects such as moving and handling, fire safety, medicines, infection control, end of life, oral health, safeguarding adults and pressure care. This meant staff had the knowledge and skills to support people effectively.

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

- People's dietary needs were met. Most people told us they liked the food and they could choose alternative foods if they did not want what was on the main menu. One person said, "The food is excellent. They ask me what I would like, I always know what I am going to have."
- Staff were aware of people's dietary needs and preferences. During the inspection, we observed people were given choices of food and drinks. Food was well presented, and the portion sizes were relevant to the

individuals preferences.

- The kitchen was clean. The Food Standards Agency had rated the home four stars at their last inspection which meant the hygiene standards were good.
- People had a choice over the meal they received. During our inspection we saw how staff supported people to make a choice. On one occasion we saw how a person had decided they didn't want what they had previously chosen, so an omelette was freshly prepared for them. The person told us that they had enjoyed this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff recognised changes in people's health and sought professional advice appropriately. Records showed staff contacted local GPs and health care professionals promptly and followed their advice.
- People's oral health care needs were met. Care records provided guidance for staff about meetings people's oral care needs. One record we reviewed showed a person had visited a dentist recently to have their dentures repaired.
- People had support to access effective nail and foot care. The activity co-ordinator explained this was part of her role and that they enjoyed taking care of people's nails. They told us, "I know the residents needs really well in my role. Residents will chat about their families whilst I do their nails. Nail care is very effective here. Our residents like to have their nails done. Some residents really enjoy having their nails painted."

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

- People's rooms were individualised with pictures, paintings and small items of furniture.
- There was a suitable range of equipment and access adaptations to support the needs of people using the service.
- The registered manager told us there were plans in place to redecorate the homes communal area. They showed us some wallpaper that people had chosen, that featured rabbits. The registered manager explained the people in the home had chosen this wallpaper as rabbits often visited the homes garden.
- The service had ensured that there were robust systems to keep the environment well maintained. The home had a maintenance worker who was completing a range of maintenance tasks throughout our visit.
- People and their relatives told us that Oak Tree Mews was a homely place to live. One person told us, "I like my room, I can sit up in bed and look out of the window." A relative said, "We feel very happy in ourselves. We have peace of mind knowing she is here. We are very pleased with the home. I love the place."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were encouraged to make choices about how and where they spent their time, what they may want

to eat and when they had snacks or drinks. Care plans contained information to help staff understand how each person might communicate their needs and choices whilst using the service.

- When people could not easily express their needs, care plans contained information from people who knew the person well, for example, families, primary carers and professionals involved in the person's support.
- Records in relation to DoLS were kept under constant review. This meant that any conditions imposed as part of the DoLS authorisation were met. The registered manager continued to make appropriate applications for DoLS when these were needed. Staff understood the individual ways people using the service gave or withheld consent when they were not always able to communicate verbally.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's and relatives views about the staff were positive. Comments included, "Staff are very caring.", "The attitude of the staff is very family friendly." And "The carers are so kind to her."
- Through talking to people, staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.
- Staff were knowledgeable about people's care and support needs. Staff were motivated and recognised that their contact with people was important to their well-being. A member of staff told us, "Every individual should be treated with kindness and how you would want to be treated. I try to ensure I am not condescending and treat people as their equal."
- We observed multiple, positive interactions between staff and people living at the home. Staff were attentive, and people responded positively to them. People told us staff were responsive to their needs and listened to them. One person told us, "Staff are excellent."

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

- People and their families were able to contribute to their care planning.
- Reviews of people's care plans recorded people's comments and opinions. When people asked for changes to their care and support, we saw this was actioned. A person told us, "I am involved in my care as I can tell staff what do, I'm an Irish bossy boots."

Respecting and promoting people's privacy, dignity and independence

- During our inspection we saw that staff respected people's privacy and encouraged people to be as independent as possible. For example, we saw that staff knocked on people's bedrooms doors and waited for a response before entering. We also saw how the activities co-ordinator encouraged people to extend their arm movement by catching and throwing a soft ball.
- Staff understood the importance of respecting people's privacy and supporting them to make their own decisions about their care. A staff member told us, "You have to know your residents to understand their capacity. When you are working with them for a long period of time you know what they like and decisions they can make. You wouldn't take that option away just because it's easy for me as a member of staff."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

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

- During our previous inspection we found improvement was needed to ensure staff would have accurate and up to date information in relation to people's needs. At this inspection we found there was a good level of information about people's needs and preferences in people's care records. For example, where people's needs were changing, we saw there was clear review of the person's assessed needs, and the assessment tool updated. This helped ensure that the information that the staff used to support the person was kept up to date and relevant to the person's needs.
- People received personalised care from staff who knew them well. The care plans we reviewed included people's likes and dislikes and their preferences for how their care should be delivered. Staff told us that people's care plan gave them the information they needed to meet people's needs.
- Care plans were reviewed monthly. Any changes were shared with staff during handovers and team meetings to ensure people received care that met their current needs.
- Staff told us processes within the home to share information were effective. Staff said that vital information was shared during handovers and at the daily heads of department meeting. A member of staff told us, "We have daily meeting at 11am. We have a five-minute briefing about what we are doing each day and if there are any concerns. We have an update on resident's well-being, it's really nice to be all together as a team and share information."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were engaged in activities to occupy them. Activities included games, exercise classes and puzzles. A person told us, "I attend quite a number of things. I attended when the vicar visited."
- People enjoyed performances from external musicians and entertainers who visited regularly to entertain people. Pupils from the local school also visited periodically to perform and engage people in activities. One person's relative told us, "Residents are kept busy they do knitting and some singers came in."
- People maintained relationships which mattered to them. During our inspection some relatives were visiting their loved ones. We saw how they were welcomed and that they were given the space and time they needed with their relative. The home had also invited visitors to have lunch with their relatives on Valentine's day.

Meeting people's communication needs. Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified through care planning. This included people's needs with

regards to their hearing, sight and speech. People who needed hearing aids and glasses had them on or had access to them. People were supported to attend appointments with their optician and audiologist.

- We observed that staff were patient when communicating and adjusted themselves down to people's level, so they could hear and see them more effectively.

Improving care quality in response to complaints or concerns.

- People and relatives knew how to raise concerns if they were unhappy about the service. A relative told us, "I would speak to [name of registered manager] if I had a concern she is very approachable."

- A record of concerns and complaints made about the service was maintained. Records showed issues were resolved in line with the provider's complaint procedure.

- There was clear evidence the registered manager used feedback from people to develop the service.

Lessons learnt were discussed and shared with staff and across the providers national network as part of improving service quality.

End of life care and support

- Where applicable, people's care plans contained end of life information. The registered manager was aware of the importance of discussing and recording people's end of life wishes. Information in relation to people's funeral plans, where they had one, was well-documented.

- Staff at Oak Tree Mews had received training in relation to providing end of life care. Staff were knowledgeable about the importance of dignity at this time in a person's life. A member of staff told us, "Mouthcare is really important when caring for someone at the end of their life."

- The home had received compliments in relation to end of life care and treatment. There were numerous cards sent to the home following a person's death and there were numerous compliments in relation to end of life care left on a care home review website. A comment on the website stated, "During this very difficult time, the staff went above and beyond the call of duty. They cared for her in every way possible to make her passing more comfortable and dignified and they also cared for us, the family, nothing was too much trouble. Words cannot convey how very grateful we are. Thank you all."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff commented positively on the support they received from the registered manager. One staff member said, "She [the registered manager] is very easy to talk to and I know she would listen if there were any problems." Another told us, "I can go to the deputy or manager at any time. No matter what. I really can't fault them at all. They are so helpful."
- Relatives and visitors were positive about the support provided to people living in the home. One visitor said, "I would definitely recommend the home to others. Since [name of relative] has been here she's been more settled."

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

- The registered manager advised that they had received good support from the provider. They advised that they had regular contact with them through formal meetings and telephone contact.
- The registered manager was working with a robust system to accurately record the training staff completed, when they completed it and when training was due for renewal. This meant the registered manager and provider had sufficient oversight of staff training to ensure staff at the home were suitable for their roles.
- Staff were clear about their roles and responsibilities and understood the importance of raising issues if necessary to improve any aspect of the support provided to people in the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff told us they felt involved in the running of the service. For example, one staff member told us, "I feel I am a valued member of the team. It was a bit wobbly at first but I now know my role is as vital as anybody else's."
- The registered manager and staff said that they had a good working relationship with healthcare professionals and other agencies who were involved in supporting people.
- We saw evidence that staff acted upon advice and changes to support plans that had been suggested to ensure that people received the best possible outcomes from the support provided.
- The registered manager and staff knew which people could speak up for themselves, and which people needed staff, families or advocates to do this for them. Feedback forms were completed by people using the service and their families on a regular basis. Where people at Oak Tree Mews could not provide feedback via

a feedback form, the registered manager ensured they spoke to the person to gain feedback verbally.

- The registered manager worked alongside staff on different shifts and knew people and staff well.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager had a clear understanding of the duty of candour and told us that the provider had clear processes in place to share information with relatives and others should any incidents occur. The home's CQC rating was displayed on the provider's website and in the home.
- Staff followed the provider's policies and procedures when incidents and accidents occurred and reported them to the appropriate authorities.
- The registered manager had a series of audits that they completed regularly. The results from these audits were utilised in the home to help identify if there were aspects of care and support that could be improved.