Oak Mount Care Home Limited

Oak Mount Care 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

We previously inspected Oak Mount Care Home on the 18 and 19 May 2015 and identified three breaches of the Health and Social Care At 2008. People were not protected against risks of infection and hot water was not provided throughout the building in a safe way. People were not protected against the risks of dehydration and malnutrition and people's needs were not always appropriately assessed. We also found quality assurance systems were not robust.

At this inspection we found the provider had made significant improvements and met all requirements issued from our last inspection.

This was an unannounced inspection which took place on the 24 and 25 January 2017 and carried out by two inspectors.

There is a registered manager at Oak Mount Care Home. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The service provides care and support for up to 21 older people who may be living with Dementia.

The provider had systems in place to respond and manage safeguarding matters and make sure that safeguarding alerts were raised with other agencies.

People who were able to talk with us said that they felt safe in the home; and if they had any concerns they were confident these would be quickly addressed by the staff or manager.

Assessments were in place to identify risks that may be involved when meeting people's needs. Staff were aware of people's individual risks and were able to tell of the strategies in place to keep people safe.

Staff knew each person well and had a good knowledge of the needs of people.

There were sufficient numbers of qualified, skilled and experienced staff deployed to meet people's needs. Staff were not hurried or rushed and when people requested care or support, this was delivered quickly.

The provider operated safe and effective recruitment procedures.

Medicines were stored and administered safely. Clear and accurate medicines records were maintained. Training records showed that staff had completed training in a range of areas that reflected their job role.

Staff received supervision and appraisals were on-going, providing them with appropriate support to carry out their roles.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. At the time of our inspection applications had been submitted by the managing authority (care home) to the supervisory body (local authority) and had yet to be authorised. The manager understood when an application should be made and how to submit one.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

The food menus offered variety and choice. They provided people with nutritious and a well-balanced diet. The chef prepared meals to meet people's specialist dietary needs.

People were involved in their care planning, and staff supported people with health care appointments and visits from health care professionals. Care plans were amended to show any changes, and care plans were routinely reviewed every month to check they were up to date.

People were treated with kindness. Staff were patient and encouraged people to do what they could for themselves, whilst allowing people time for the support they needed. Staff encouraged people to make their own choices and promoted their independence.

People knew who to talk to if they had a complaint. Complaints were passed on to the manager and recorded to make sure prompt action was taken and lessons were learned which led to improvement in the service.

People's needs were fully assessed with them before they moved to the home to make sure that the home could meet their needs. Assessments were reviewed with the person their relatives and where appropriate other health and social care professionals.

People were encouraged to take part in activities and leisure pursuits of their choice.

People spoke positively about the way the home was run. The management team and staff understood their respective roles and responsibilities. The manager was approachable and understanding to both the people in the home and staff who supported them.

There were effective systems in place to monitor and improve the quality of the service provided. We saw that various audits had been undertaken.

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. Risk assessments contained detailed guidance on how to respond to risks associated with people's care needs.

The home had sufficient numbers of suitably skilled and competent staff deployed to keep people safe. Staff were subject to safety checks before they began working in the service.

Medicines were appropriately stored and disposed of. People received their medicines when they needed them. Staff had received training in how to administer medicines safely.

Is the service effective?

Good

The service was effective. Staff had received robust training and ongoing development to support them in their role. They had received an effective induction and strong on going development that related to people's needs.

Staff were knowledgeable about the requirements of the Mental Capacity Act 2005 (MCA). The provider had effective arrangements and plans in place to ensure people's liberty was not restricted without authorisation from the local authority.

People who were at risk of dehydration or malnutrition were appropriately supported.

Is the service caring?

Good

The service was caring. Staff were kind, compassionate and treated people with dignity and respect. The service had a culture that promoted inclusion and independence. People and relatives told us they felt valued by the staff and management.

Healthcare professionals, feedback reviews from relatives and people told us Oak Mount Care Home provided good care. Care plans were personalised and provided detail about people's hobbies and interests.

Is the service responsive?

Good

The service was responsive. People's care needs were regularly reviewed and staff were knowledgeable about the care they required.

The provider had arrangements in place to deal with complaints. People and relatives consistently told us any issues raised were dealt with in good time.

People were provided with a range of activities.

Is the service well-led?

Good

The service was well-led. The registered manager and the provider had good relationships with professionals. Relatives told us various professionals visited the home to assess people's care needs.

People, their relatives and professionals were regularly asked for their feedback and this information was used to help improve the service.

Good leadership was seen at all levels. Relatives told us the senior staff and management were approachable and took any concerns raised seriously.

Oak Mount 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 took place on the 24 and 25 January 2017 and was unannounced.

The inspection team consisted of two inspectors.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with the registered manager, the head of care, three care workers, three relatives, four healthcare professionals, five people living at the home and an external activities coordinator.

We pathway tracked four people using the service. This is when we follow a person's experience through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment.

We looked at staff duty rosters, four staff recruitment files, feedback questionnaires from relatives and checked the provider's quality assurance processes.

We observed interaction throughout the day between people and care staff. Some of the people were unable to tell us about their experiences due to their complex needs. We used a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who are unable to talk with us.

We last inspected the home on the 18 and 19 May 2015 and identified three breaches of the Health and Social Care At 2008. People were not protected against risks of infection and hot water was not provided throughout the building in a safe way. People were not protected against the risks of dehydration and

malnutrition and people's needs were not always appropriately assessed. We also found quality assurance systems were not robust.

At this inspection we found the provider had made significant improvements and met all requirements issued from our last inspection.

Good

Is the service safe?

Our findings

Healthcare professionals and relatives told us staff at Oak Mount Care Home provided safe care. One healthcare professional said: "I've been here a few times and the staff always seem to know what they are doing" and "There is a good amount of staff here, it's a lot better staffed here compared to most other places I have seen". A relative said: "I am really happy with the girls, (Care staff) they always take their time". One person said: "I've seen them (Care staff) giving people their tablets at lunch time and I think they do a great job".

The registered manager and the provider had taken appropriate steps to reduce the possibility of the spread of infection. Hand washing facilities were available for staff and visitors which provided hand gel, paper towels and hand dryers. Detailed infection control guidance was located in various parts of the home including the communal toilets and shower areas. The chef was knowledgeable about the risks associated with infection control and followed the providers cleaning guidelines. The provider had installed a new cooker and dishwasher to which was described as a "God send". We observed staff consistently wearing personal protective equipment during domestic tasks and when assisting people to eat and drink. New boilers had been installed to ensure hot water was supplied throughout the home. Each of the communal toilets and shower areas had equipment in place to check the water was safe and hot enough for use. Records showed the water temperature was checked regularly. Weekly infection control audits were carried out to check the homes cleaning procedures were being followed and were operating effectively.

There were enough skilled staff deployed to support people and meet their needs. During the day we observed staff providing care and one-to-one support at different times. Staff were not rushed when providing personal care and people's care needs and their planned daily activities were attended to in a timely manner. Staffing levels had been determined by assessing people's level of dependency and staffing hours had been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people's changing needs. Staff told us there were enough of them to meet people's needs. We observed staff providing care in a timely manner to people throughout our inspection. Staff responded to call bells quickly. People said call bells were answered promptly and staff responded quickly when they rang for help. People who were unable to use this system were checked by staff at regular intervals to ensure their safety but also monitor their needs. The provider said: "We are getting a new call bell system because some of the staff have told us our current system can be a bit problematic".

The service had rigorous processes for reporting any incidents of actual or potential abuse. Staff were fully aware of their responsibilities for recognising and reporting abuse, and for reporting any poor practice by colleagues. We were given examples of issues appropriately raised by staff and were told senior staff were very supportive. We saw from our records that the service notified the Commission of all safeguarding incidents and other agencies, such as the local authority safeguarding team in a timely manner. The provider had an up to date safeguarding policy. This detailed what staff should do if they suspected abuse. We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. All staff said they would feel confident raising any concerns with the manager. They also said they would feel comfortable raising concerns with

outside agencies such as CQC if they felt their concerns had been ignored.

The registered manager told us how risks to people's safety and well-being were managed. They were able to tell us how they put plans in place when a risk was identified. For example, they described the action they had taken to minimise the risk for one person who was at risk of falls. There was a plan in place which staff were aware of and used. Where people's needs changed, staff had updated risk assessments and changed how they supported them to make sure they were protected from harm. For example, where people were identified as at risk of developing pressure ulcers, specialist equipment such as pressure relieving mattress had been obtained reducing the risk of them developing skin break down. Safety checks had been carried out at regular intervals on all equipment and installations. Fire safety systems were in place and each person had a personal emergency evacuation plan (PEEP) to ensure staff and others knew how to evacuate them safely and quickly in the event of a fire. The provider ensured the premises and equipment were maintained. Health and safety records we looked at confirmed regular environmental checks were undertaken and any issues swiftly remedied.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. We saw a Disclosure and Barring Service (DBS) check had been obtained before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions.

Good

Is the service effective?

Our findings

Staff told us they felt supported in their role and healthcare professionals said they had good relationships with staff. One member of staff said: "We have supervisions but it's a pretty supportive home, the manager is always out and about helping us and has an open door policy if you need advice". A healthcare professional said: "I have confidence in the staff here, when I speak to them (Staff) they sound like they really know people and they explain things pretty well".

People who had been identified as being at risk of choking, malnutrition and dehydration had been assessed and supported to ensure they had sufficient amounts of food and drink. Nutritional risk assessments were carried out and where appropriate food and fluid intake was monitored and recorded. A malnutrition universal screening tool (MUST) was used to identify people who may be underweight or at risk of malnutrition. Any risks identified such as weight loss were shared with relevant professionals such as their GP or district nurse. People were provided with choice about what they wanted to eat and relatives told us the food was of good nutritional quality and well balanced. The chef offered a menu that took account of people's preferences, dietary requirements and allergies. Staff were knowledgeable about people's dietary needs and accurately described people's requirements. We observed people enjoying their food at meal times. We saw examples of good practice where staff patiently assisted people with drinking fluids. Staff sat at the same level as people when helping them to eat and supported them appropriately at their pace without rushing them.

GP's visited as and when required and people's treatment was reviewed and changed if necessary according to their medical condition. Records confirmed there were systems in place to monitor people's health care needs, and to make referrals within a suitable time frame. Care records were up to date and contained suitably detailed information. Staff implemented the recommendations made by health professionals to promote people's health and wellbeing. For example, in respect of one person who required assistance to reduce the likelihood of skin damage. A visiting healthcare professional said: "Anytime I've come back to review someone the staff have helped the situation and have reduced the chances of people developing pressure sores".

New staff undertook a period of induction before they were assessed as competent to work on their own. The care staff told us that their induction incorporated the Care Certificate. The Care Certificate is designed for new and existing staff, setting out the learning outcomes, competencies and standards of care that are expected to be upheld. We saw that staff cared for people in a competent way and their actions and approach to their role demonstrated that they had the knowledge and skills to undertake their role. There was a consistent approach to supervision and appraisal. These are processes which offer support, assurances and learning to help staff development. Support for staff was achieved through individual supervision sessions and an annual appraisal. Staff said that supervisions and appraisals were valuable and useful in measuring their own development. Supervision sessions were planned in advance to give staff the time needed to prepare. A member of staff said: "Sometimes the dates of or supervision change but we do get them and if we ever need any help it's always there".

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. At the time of our inspection four people were subject DoLS. The home was complying with the conditions applied to the authorisations. The manager knew when an application should be made and how to submit one. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Where people were unable to express their views or make decisions about their care and treatment, staff had appropriately used to The Mental Capacity Act 2005 (MCA) to ensure their legal rights were protected. The Act 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. People's mental capacity had been assessed and taken into consideration when planning their care needs. The MCA contains five key principles that must be followed when assessing people's capacity to make decisions. Staff were knowledgeable about the requirements of the Act and told us they gained consent from people before they provided personal care. Staff were able to describe the principles of the Act and tell us the times when a best interest decision may be appropriate. A member of staff said: "You must assume someone has capacity unless you have a reason to suspect they may not".

Good

Is the service caring?

Our findings

People and relatives told us staff were caring. One person said: "They (Staff) are lovely people, I am so lucky to have them, they work so hard for little reward". A relative said: "Anytime I have visited I have always been pleased with how the staff speak to people, they sound kind and sometimes they give (Person) cuddles which is really important".

People were supported to make sure they were appropriately dressed and that their clothing was arranged to ensure their dignity. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if chosen. Staff provided clear explanations to people before they offered support, for example when people were helped to move from an armchair to their wheelchair using specialised equipment. Staff checked at each stage of the process that people were comfortable and knew what to expect next. Staff promoted independence and encouraged people to do as much as possible for themselves.

Each person's physical, medical and social needs had been assessed before they moved into the service and communicated to staff. Pre-admission assessment of needs included information about people's likes, dislikes and preferences about how their care was to be provided. Care plans also included information about people's upbringing, early life, education, teenage years, career and work, social and recreational interests and personal achievements. Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements. This ensured that the staff were knowledgeable about the person and their individual needs.

People were able to spend private time in quiet areas when they chose to. Some people preferred to remain in a quieter sitting area when activities took place in the main lounge. This showed that people's choices were respected by staff. There were other areas within the home to allow relatives opportunities to speak with staff privately about the care provided to their loved one. One person told us they did not wish to take part in an activity so they chose to vacate to the conservatory. They said: "I don't want to sit and listen to that music so I will sit in here for now".

Staff addressed people by their preferred names and displayed a polite and respectful attitude. They knocked on people's bedroom doors, announced themselves and waited before entering. Some people chose to have their door open or closed and their privacy was respected. Staff covered people with blankets when necessary to preserve their dignity. People were assisted with their personal care needs in a way that respected their dignity. A member of staff said: "We make sure we treat people the way we want to be treated. I would never rush care and I always speak to people during personal care to try and make them feel relaxed".

People were involved in their day to day care. People's relatives were invited to participate each time a review of people's care was planned. A relative told us, "I am updated all the time and I have been to meetings before where we have talked about (Person's) care". People's wishes and decisions they had made about their end of life care were recorded in their care plans when they came into the service. When people

had expressed their wish regarding resuscitation this was clearly indicated in their care plan and the staff were aware of these wishes.

Good

Is the service responsive?

Our findings

People told us they felt their care needs were consistently met. One person said: "The staff are wonderful, I have no complaints at all. They help me to get dressed, have a shower and they are like my friends". Another person said: "I have to say, I was worried about getting old and coming into a home but I am happy here". A relative said: "There are always professionals coming in and out of this home so it shows you they respond quickly if there is ever anything to worry about".

Care plans described what support was needed in sufficient detail to ensure that consistent support was provided. People's preferences were detailed, such as, whether they preferred a shower or a bath and how they liked to take their tea. Staff knew people well and understood what preferences they had and this helped to ensure people received the support they wanted. Care planning information prompted staff to ensure people retained as much independence as possible by reminding them to encourage people to do as much as possible for themselves. Staff put this into practice, for example, by encouraging one person to eat independently as much as possible. Records showed and staff described how people at times refused care, for example if they did not wish to be helped to wash and dress at a particular time and staff said this was respected. They would return at a later time to support them instead.

Records showed care plans were reviewed regularly including, for example, monthly reviews of risk assessments for preventing falls. Where necessary, external health and social care professionals were referred to as part of the response to people's changing needs. Information about people's preferred daily routines included when they liked to get up and whether they preferred to eat breakfast in their own room or with others. The provider had effective tools in place to assess, monitor and review people's care needs. Nutritional screening documentation, moving and handling assessments and monthly observations records including blood pressure and weight checks were used to review and change people's care when needed, for example one person was referred to the speech and language team after it was noted they had lost weight over a period of time. People received medical treatment in response to accidents and investigations were conducted appropriately. For example, an incident record showed how staff responded effectively after someone had a fall. Their care plans and risk assessments had been reviewed and updated to reflect the change in their care needs. The records relating to the person showed many healthcare professionals were involved in reviewing their care. A healthcare said: "We have been keeping an eye on (Person) for a while, I have been impressed with the homes response and engagement with us".

People were provided with a wide range of activities to take part in. One person said: "We are always encouraged to take part but some people don't want to and that's ok". During the inspection we saw staff interacting with people playing memory games. We also observed an external worker visit the home to lead an exercise session with people. Most people took part and it was clear they enjoyed themselves. A relative said: "There is always something to do, yes there are times people are sitting watching tv or listening to music but people are also encouraged to keep up with their personal hobbies". One person was passionate about knitting and was proud to share their work with us.

The complaints procedure was displayed on the notice board in the home. A complaints procedure for

visitors and relatives was displayed also. It included information about how to contact the ombudsman, if they were not satisfied with how the service responded to any complaint. There was also information about how to contact the Care Quality Commission (CQC). Records showed any complaints made had been appropriately investigated. Relatives told us they were aware of the complaints procedure but said informal conversations with management usually resolved any issues they felt they had. One person said: "I don't really ever have anything to complain about but if I do then I just have a word with (Staff member) and it gets sorted pretty sharply".

Good

Is the service well-led?

Our findings

Healthcare professionals and relatives consistently told us the leadership within the home was good. A healthcare professional said: "I am always made to feel welcome here, I have never asked a question the staff didn't know so it must be managed well". A relative said: "There is always management around, they are really approachable and I think they have a good home here. The issues in your last report were mostly about maintenance and appliances but that's all sorted now".

The service had an open culture where people had confidence to ask questions about their care and were encouraged to participate in conversations with staff. Relatives and people told us they were motivated by staff and the care they received was specific to their needs. We observed staff interacting with people positively, displaying understanding, kindness and sensitivity. For example, we observed one member of staff smiling and laughing with one person when playing games. The person responded positively by smiling and laughing back. These staff behaviours were consistently observed throughout our inspection.

The registered manager was able to demonstrate they understood people's individual needs, knew their relatives and were familiar with the strengths and needs of the staff team. The service had a system to manage and report accidents and incidents. All incidents were recorded by support staff and were reviewed by the management team. Care records were amended following any incidents if they had an impact on the support provided to people using the service. Staff consistently told us the provider was a regular presence in the home and provided support to management when needed.

As part of the registered manager's drive to continuously improve standards they regularly conducted audits to identify areas of improvement. These included checking the management of medicines, risk assessments, care plans, DoLS, mental capacity assessments and health and safety. They evaluated these audits and created action plans for improvement, when improvements were required. Audits also included environmental checks in respect of infection control, fire safety and night time checks. Quality assurance records provided good detail about any improvements that were identified, such as maintenance requests or additional training that may be required.

Staff told us they felt able to raise concerns. The service had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it necessary.

Staff told us that team meetings took place regularly and they were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them to constantly review and improve the service. We looked at staff meeting records which confirmed that staff views were sought and confirmed that staff consistently reflected on their practices and how these could be improved.