

Three Oaks Care Home Limited

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Inspection report

14 Gwynfa Close
Welwyn Garden City
Hertfordshire
AL6 0PR

Tel: 01438712939

Date of inspection visit:
06 January 2016

Date of publication:
03 February 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of Three Oaks Care Home on 27 August 2015 at which we acknowledged that some improvements had been made regarding the quality of the care provision. However, we found that further improvements were required across all areas to ensure that people received quality care which was safe and that the improvements were sustained in practice.

In November 2015, a member of the provider's senior management team left the service and we received concerns from the local authority in relation to the support provided for the manager. We undertook a focused inspection on 06 January 2016 to check that the home was being managed in the best interests of the people who lived there and that the provider had the necessary arrangements in place to support the manager.

This report only covers our findings in relation to whether the home is 'Well-Led'. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Three Oaks Care Home on our website at www.cqc.org.uk

Three Oaks Care Home provides accommodation and personal care for up to 16 people with learning disabilities who may also have complex associated needs. There were 13 people using the service when we inspected.

The manager was in the process of submitting their application to register with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At our focused inspection of 06 January 2016 we found that there had been significant improvements in how the home was managed. People's relatives and the staff team gave us positive feedback about the home manager and the stability they had brought to the service. It was acknowledged that there was still work to be done to ensure that people received a safe, effective, caring and responsive service however, it was clear that the manager's vision and ethos had been communicated to the staff team and that improvements were being made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

The service was not always well-led.

The manager was not registered with the Care Quality Commission.

The manager did not receive formal 1:1 supervision to provide them with support or effective challenge about their practice or decisions.

The manager shared a clear vision and ethos for the service with the staff team and demonstrated visible, supportive, responsive and proactive management.

The manager had made significant improvements in the service provision since coming into post in May 2015. These included recruitment of a management team to support effective leadership in the home.

Requires Improvement ●

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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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall management of the service.

We undertook a focused unannounced inspection of Three Oaks Care Home on 06 January 2016. This inspection was undertaken to confirm that the provider had suitable arrangements in place to support the manager in their role. We inspected the service against one of the five key questions we ask about services: is the service well-led. The inspection was undertaken by two inspectors.

Before our inspection we reviewed the information we held about the home, this included the provider's improvement plan, which set out the action they would take to improve the quality of the service provided and we spoke with representatives of the local authority commissioning team.

During the inspection we observed interaction between staff and people who used the service. We spoke with the manager, the deputy manager, a care co-ordinator, two senior support workers, three support workers and the chef. We spoke with six relatives on the telephone subsequent to our visit to obtain their views about the management of the service.

Is the service well-led?

Our findings

The manager had been in post at Three Oaks Care Home since May 2015. They had completed their application for registration with the Care Quality Commission and were currently awaiting receipt of their criminal records check in order to submit the application.

The provider's Nominated Individual had resigned from post in November 2015 and since then another company director had provided the manager with support in areas as recruitment and finances. The manager said that they did not receive formal supervision from the provider; however, they said they did meet with the provider at least weekly and discussed matters relating to staff and people who lived at the home. The manager agreed that they would make a written note of all discussion topics and the outcomes and ask the provider to sign it at each meeting. This would provide a record of the support the manager received and the discussions and decisions they reached relating to the home.

The manager said that the provider had supported the improvements and innovations they had introduced at the home however; they did not have any budgetary guidelines. They told us that this meant they did not have an overview of the budgets that they had to work to in respect of such areas as staffing, food, activities or environment. The provider visited the home a minimum of weekly and the manager reported that the provider always checked if they needed anything.

Relatives of people who used the service gave us mixed views about how the management team communicated with them. The manager told us that they had agreed with relatives to develop a quarterly newsletter to keep them abreast of staffing changes and events taking place at the home. The manager was in the process of developing the first of these newsletters to be sent out at the end of January 2016 however, a relative told us that they had been waiting for this for three months.

The manager also told us that they were in the process of developing a quality assurance questionnaire that would be ready to distribute to relatives, professionals and other stakeholders by the end of January 2016. The feedback from this survey would highlight areas of improvement and assist the manager in making changes to benefit the lives of the people who used the service.

Relatives we spoke with in order to gain their views of the management of the home said they were impressed with the improvements that the manager had implemented in the short time they had been at the home. One relative told us, "It's getting better quite quickly. They are all working together; the staff seem to be much happier working under [Manager]. The manager has told me that there is still more to do to get the home to the standard that they are aiming for but the improvements made so far are really clear." Another relative said, "I am very happy, they seem to be getting there really quickly. Staffing is getting more settled which means they have to use less agency staff which is a good thing. The manager really seems to be on top of things."

All staff commented that the manager was constructive and they all felt motivated to be working in the service. All staff without exception commented positively on the improvements made to the service since the new manager came into post in May 2015. One staff member said, "Our manager is excellent; I cannot

describe the differences she has made to both residents and staff. She advocates for everyone and this place is unrecognisable since she arrived, really. Residents are so much happier and the majority of staff. There will always be staff who find change harder."

Staff told us that one of the improvements the manager had made was to increase the staffing levels on each shift. A staff member said, "The staffing numbers on each shift have been increased and we are very pleased. I actually have some time now to consider the needs of my residents." Staff told us that when they needed agency staff to cover the service, they had developed a good relationship with the agency and were able to book regular agency staff to cover. One staff member said, "We can book regular agency staff if we are short of our increased staffing numbers which is such a positive improvement, before we just had to get through as best we could."

Staff and relatives told us that the manager had helped to support staff to increase the activities and stimulation provided for people. A staff member said, "It is fantastic to be able to get out into the community with our residents; they are so much happier being able to do this." Staff told us that there was now more emphasis on enabling people to be more independent. One person said, "Having more time with residents allows us to take time to enable them to do more for themselves which they really appreciate."

Staff told us that they now had more time to provide care that was centred around the individual with much less emphasis on tasks to be undertaken. This resulted with people being offered more choice and being encouraged to express likes, dislikes and preferences. A staff member told us, "I have got to know much more about my resident's likes and how they like to do things. Yes this can be more time consuming but my resident is so much happier and challenging behaviour has reduced a lot which I believe is as a direct result of allowing them choices and time to express preferences."

People who used the service were not able to share their views with us about how the improvements the manager had made had affected their lives. However, we found that the atmosphere in the home was calmer than previously noted and that people were laughing and smiling. We saw that staff spent time with people on a 1:1 basis which meant that people were engaged and stimulated.

Staff told us that the manager demonstrated visible, supportive, responsive and proactive management. One staff member said, "I have raised concerns and these have been picked up and dealt with straight away." Another staff member said, "Our manager is available and approachable."

It was clear from talking with the staff team that the manager was developing a culture of challenge and positive service improvements and ideas for the development of the service were encouraged. One staff member said, "We are encouraged to pick up lead areas and set out a process for development, this really motivates me." Another staff member said, "You are never made to feel uncomfortable, no matter what you raise." Staff said they were actively encouraged to come up with ideas to develop the service and make improvements. One person said, "I have made a number of suggestions to improve our resident's independence and they have been taken on board, for example changing the pace of work to suit the resident and not staff."

Staff told us that the manager had introduced regular staff team meetings and 1:1 supervision sessions. One staff member said, "We have regular team meetings now and we are encouraged to raise any issues or ideas." Another staff member said, "I have supervision where I can think about residents as well as my own development needs."

The manager had recently made a successful appointment of a deputy manager and a care co-ordinator

which meant there was now a structured management team in place. The manager said that systems were now in place to ensure that all areas of the service were audited regularly and this just needed time to be embedded. These included audits of all areas of the service provision, review and development of care plans and policy development. Some audits had been undertaken by external bodies. These included health and safety audit and infection control audits. The manager audited care files a minimum of monthly and the deputy manager was responsible for auditing medicines in the home. A staff member told us, "We are planning audits to prioritise our service development work. We will look at practice, resident and family involvement, training, policies, the environment, moving and handling, supervision, appraisals, mentoring and quality of care plans."