

Sussex Housing and Care Oakwood Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Oakwood Court is registered to provide support to a maximum of 35 people and 32 people were living at the service at the time of our inspection. The registered manager confirmed two bedrooms that could be used for double occupancy were used as single rooms. The service is intended for older people, who may be living with a physical disability, sensory impairment or a dementia type illness.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

People told us they were very happy living at the service.

- Whilst the provider had quality assurance systems to review the support and care provided, the systems did not pick up some areas of record keeping we identified. Person centred aspects of some people's care plans had been missed. Actions points from weekly medicine audits had not been followed up and a fluid chart for one person did not demonstrate they always received enough to drink.
- There was a delay between day one and two of inspection. This was a result of a virus which meant the home was closed to visitors. During this time the provider had addressed all matters raised on the first day of inspection. Following the inspection, we received actions plans that detailed the actions taken and to be taken in relation to matters raised on day two of our inspection. As a result, there is no breach of regulation, but further time will be needed to embed the changes made and ensure they become part of everyday practices.
- There were safeguarding systems and processes that protected people from harm. Staff knew the signs of abuse and what to do if they suspected it. A staff member told us, "I would report it to a senior or manager and they would deal with it. If they didn't I would use the whistleblowing procedure."
- People and relatives provided very positive feedback about the care, staff and management. One visitor told us, their relative had improved so much since moving to the home and was now eating better and taking more interest in life. This was put down to staff understanding and encouragement and attention to good care.
- All fire safety equipment was serviced and checked at regular intervals. Regular water testing was completed, and a risk assessment had been completed in relation to Legionella.
- All areas of the home were clean and there were effective systems to audit in relation to infection control.
- There were enough staff to meet people's individual needs. People told us they felt safe and people were seen to be comfortable in their surroundings. Staff knew how to safeguard people from abuse and what they should do if they thought someone was at risk. Incidents and accidents were well managed.
- People's needs were effectively met because staff had the training and skills to fulfil their role. This included training to meet people's specialist needs in relation to living with dementia.
- Staff attended regular supervision meetings and received an annual appraisal of their performance.
- People were treated with dignity and respect by kind and caring staff. Staff had a good understanding of

the care and support needs of people and had developed positive relationships with them.

- Staff were aware of their responsibilities under the Mental Capacity Act (MCA) and Deprivation of Liberties Safeguards (DoLS).
- People were supported to attend health appointments, such as the GP or dentist.
- People had enough to eat and drink and their menus were varied and well balanced. People's meals were served in a way that respected their specific needs.
- People were supported to take part in a range of activities to meet their individual needs and wishes.
- There was a detailed complaint procedure, and this was displayed so that anyone wanting to raise a concern could do so.
- The provider had embraced new developments in technology. For example, a new electronic care planning system was being introduced. The new system included portals that enabled people and where appropriate, their relatives to comment on the care plans. Alexa, a voice-based electronic device that enables you to instantly connect to play music had been installed in the lounge.
- The service demonstrated they listened to people and staff. Feedback received had highlighted that people and staff felt there were shortages in staff at key points in the day. Agreement had been reached to provide an extra care staff member in the afternoons and in addition a general assistant and part time activity coordinator.

Rating at last inspection:

At the last inspection the service was rated Good. (published 9 August 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Oakwood Court

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Oakwood Court is a care home. People in a care home receive accommodation and nursing or personal care. 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 was an unannounced, comprehensive inspection. The inspection started on 22 March 2019 and finished on 2 April 2019.

What we did:

- We reviewed information we had received about the service since the last inspection. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.
- We spoke with 13 people to hear their views of the service. We also spoke with seven relatives who visited the service.
- We spoke with the regional manager, registered manager, deputy manager, a senior care assistant and a

care assistant.

- During the inspection we also spoke with two healthcare professionals. Before the inspection we received feedback from one healthcare professional.
- We reviewed a range of records. This included four people's care records and medicine records.
- We looked at recruitment records for two staff, supervision and training records of all staff.
- We reviewed records relating to the management of the home including audits and meeting minutes.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- Window restrictors were checked monthly. Records over the past two years showed there had been a 'drop' in some windows. It was not clear what this meant but the registered manager assured us that windows were safe, and the restrictors were working. The maintenance worker had wanted further checks carried out in relation to the windows, but this had not been considered urgent. Following the inspection, the registered manager confirmed professional advice was sought in relation to the windows. They also clarified the reference to a drop in some windows related to a small amount of movement over time creating a minor misalignment between an opening window and the frame, such that the window or lock may catch slightly, but they still operated fully and safely.
- People's ability to evacuate the building in the event of a fire had been considered and each person had an individual personal emergency evacuation plan (PEEP). However, we noted that 16 of the PEEPs had been completed in December 2017 and had not been reviewed six monthly in line with the home's policy. There was an emergency grab box that provided details of emergency contacts for people's relatives in the event of a fire. There was up to date information within the box about people's mobility needs in the event of a fire. We spoke with a staff member and they were able to describe the evacuation process in the event of a fire. Documentation however, did not include up to date information about how people would respond in the event of a fire. For example, if people were likely to display behaviours that might challenge should they be asked to leave the building unexpectedly. Following the inspection, the provider confirmed a weekly review was carried out of all peeps but this had not been documented. They have now introduced a system to ensure these reviews are recorded. This is an area that requires improvement.
- One person displayed behaviours that were perceived as challenging. There was no support plan to guide staff in how to support the person in these situations. The service had sought advice from a health care professional who had asked them to monitor all incidents. Whenever incidents occurred, behaviour charts were written. However, these charts did not describe in detail what led to each incident and how they had been managed. We discussed the use of antecedent, behaviour, consequence (ABC) charts to document incidents. By the second day of our inspection, a support plan had been written and ABC charts had been introduced as a way of assessing and understanding what led to incidents and to ensure lessons were learned to minimise the risk of incidents reoccurring.
- A fire risk assessment had been carried out by an external professional and all recommendations had been addressed.
- Risks associated with the safety of the environment and any equipment had been identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire.
- People lived in a safe environment because the service had good systems to carry out regular health and

safety checks. These included servicing of gas safety and electrical appliance safety. The business contingency plan provided guidance to assist staff in a range of emergencies such as extreme weather, infectious disease, damage to the premises and loss of utilities.

- A legionella risk assessment had been carried out and water testing undertaken to ensure safety guidelines were met.
- A maintenance tracker was kept that showed when work was needed and that it had been addressed in a timely manner.
- Where risks were identified there were appropriate risk assessments and risk management plans. These helped people to stay safe while their independence was promoted as much as possible. For example, if someone was at risk of falls risk assessment documentation stated the measures taken to prevent further falls and where appropriate, advice had been sought from the local falls team.
- One person had been assessed at risk of dehydration and a second person's relative had requested their relative's fluid intake be recorded. There were two different methods to capture this information and there was conflict between the information held in both. As a result, it was not possible to accurately say how much fluid each person had received. By the second day of our inspection a new fluid chart had been introduced to accurately record how much fluid both people received over the 24-hour period and clear guidance was given to staff about how to complete the forms.

Learning lessons when things go wrong

- Records were kept of accidents and incidents along with the actions to be taken to reduce the likelihood of the event reoccurring. It was noted however, that some incidents had been recorded in daily records, but incident reports had not been written. Equally some falls had been recorded in daily notes but were not recorded in the falls records. Audits were carried out based on the incident reports and falls records and did not refer to the daily notes, so they were therefore not accurate. The registered manager confirmed following the first day of inspection that record keeping had been tightened up to ensure all incidents and falls were recorded appropriately. We confirmed that staff had been advised to ensure records were detailed and to ensure all incidents were fully recorded.
- Analysis of the recorded accidents, incidents and falls had been completed by the registered manager to review the time and location of accidents and incidents and if people's guidelines had been followed.

Staffing and recruitment

- Checks had been completed before staff started work at the service including references and employment history. Within one staff file there were gaps in the staff member's employment history that had not been explored with them at interview. In a second staff file dates of employment in one setting had not been completed so it was therefore not clear if there had been a gap in employment. As both staff members were still within their probationary periods the registered manager told us they would discuss the gaps with them. Since the inspection, the provider has made changes and amendments to their recruitment processes to ensure such issues are checked and explored at the time of recruitment. However, we cannot be reassured these changes have been embedded into practice and therefore this is an area for improvement.
- A Disclosure and Barring Service (DBS) check had been carried out for all staff to help ensure staff were safe to work with adults in a care setting.
- We received mixed views from people and relatives about staffing numbers. One relative told us, "I sometimes worry that there aren't enough staff because people who have lived here a long time are now getting frailer." They did say however, "There are a lot of new carers just started." Another told us, "They used to have a very stable staff team and it was fantastic, but it isn't as good as it used to be because of the staff changes."

- We discussed these views with the registered manager who confirmed there had been some staff turnover. However, vacant hours had been covered through staff working overtime and with regular agency staff. Staff had since been recruited. The home had also recently reviewed staffing levels and they had advertised for a staff member to increase levels in the afternoons by one member of care staff. A general assistant was also being recruited to assist in a variety of tasks such as meal times and helping with drinks throughout the day. The home had advertised for an activity coordinator to work 17.5 hours a week. The registered manager felt that the additional posts would complement and enhance the care provided to people.
- There was a long-standing and well established management team. Steps had been taken to address any short-term vacant hours and positive and proactive steps taken to increase staffing levels to improve levels of care.
- We assessed that the measures taken ensured there were enough staff to meet people's needs and keep them safe.

Using medicines safely

- We observed medicines given to people at lunchtime on the first day of our inspection. The staff member followed national guidelines in terms of giving medicines safely. However, each time they left the medicine trolley, they left the doors wide open. As mealtimes are one of the busiest periods, this left the potential risk of medicines going missing. The home's medicine policy stated the trolley should be kept in sight at all times. We discussed this with the registered manager who agreed that the trolley should have been kept locked each time the staff member left the trolley, and the trolley kept in sight, in line with national guidelines and local policy. By the second day of inspection the new procedure had been introduced.
- Some people took medicines on an 'as and when required' basis (PRN) for example, for pain relief. There were protocols in use that clearly described when to give these medicines and how people liked to take them.
- Staff had received training in the management of medicines and had been assessed as competent to give them.
- Medicines were correctly ordered, stored, administered and recorded. We checked people's medicines administration records (MARs) and found medicines were given appropriately.
- There were body charts to demonstrate where creams should be applied. People's records clearly stated how they chose to receive their medicines and we saw this happened in practice.
- Where needed, there were records to show people who used pain patches had the sites rotated, to prevent risk of tissue damage.
- People's medicines were reviewed regularly by healthcare professionals.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I would talk to a carer, but I don't have any worries about living here as its very safe." A relative told us, "I am very pleased my mother lives here. We have no worries about her care and know she is safe."
- The provider had effective safeguarding systems and staff had a good understanding of how to make sure people were protected from harm or abuse.
- Staff had received training and knew how to recognise signs of abuse. A staff member told us, "I would report it to a senior or manager and they would deal with it. If they didn't I would use the whistleblowing procedure."
- The registered manager had made appropriate referrals to the local authority safeguarding team as needed.

Preventing and controlling infection

- Between both days of our inspection some people living at the home had a virus that meant they were closed to visitors. Eight people and four staff were affected. Staff followed advice from Public Health England and a process of deep cleaning was implemented to ensure any further spread of infection was contained. The outbreak was successfully contained.
- All areas of the house were clean. Staff had received training in food hygiene and infection control. There were cleaning schedules that ensured cleaning tasks were completed on a daily, weekly or monthly basis.
- There was an infection control champion. They told us meetings were held to share ideas about how they could improve infection control. A recent change had been the introduction of handwipes at mealtimes.
- Audits were carried out to ensure tasks had been completed. Aprons and disposable gloves were available for staff use and were used during our inspection. Hand gels were strategically placed for use throughout the building.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. In care homes, 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- Where appropriate, applications for DoLS authorisations had been sent to the local authority and the home were awaiting final decisions. The applications included detailed information about why restrictions were needed.
- Staff ensured that people were involved as much as possible in decisions about their care. They understood the process that needed to be followed when people were not able to make decisions. A staff member told us, "I attended training two days ago. The training gave me ideas of how to assess people's capacity. It was very informative."
- People were involved and consulted about day to day decisions. People were asked for their consent before personal care was undertaken or assisting them with their medicines. We saw staff offering people choices of drinks and offering them choices of activities.
- Staff had received eLearning training to ensure their knowledge and practice reflected the requirements set out in the MCA.

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

- People's needs were appropriately assessed before moving to the service. However, we met with one person who had suffered a bereavement before moving in. There was no guidance in the care plan about how to support the person with their loss should they want to talk. This person told us that moving to the care setting had been hard, but this had been nothing compared to their recent loss. We discussed this with the registered manager and a support plan had been added by the second day of our inspection. The

registered manager also confirmed they would ensure this area was added where appropriate, to any future pre-admission assessments.

- One visitor told us, "We looked at several places before making a choice and my husband felt this gave the best first impression and welcome when they showed us round."

Staff support: induction, training, skills and experience

- The training programme confirmed that staff received training and refresher training. Essential training included safeguarding, infection control, moving and handling, health and safety, infection control, equality and diversity and fire safety.

- Specialist training was provided to ensure staff could meet the needs of people living at Oakwood Court. This included dementia awareness training. In a recent staff meeting we noted that a section of the meeting had been devoted to discussing recent training on dementia and nutrition so that all staff could benefit from the most up to date guidance.

- Staff had recently completed eLearning on oral care to help them support people more effectively. As a result of training received by the diabetic champion a hypo kit had been introduced and was available if needed in an emergency situation.

- Staff told us they were supported through supervisions and records confirmed this. Records showed staff had received supervisions as well as appraisals. We asked a staff member if they felt supported. They said, "Oh yes, the manager is very approachable and always available." A process of staff support sessions had also been introduced. Staff had been invited to give positive and negative experiences of working at the home. A result of this process was the introduction of the general assistant role that had recently been advertised.

- New staff completed the provider's induction process. This included working supernumerary (in addition to the staff levels on a shift) to get to know people and understand the policies and processes at the service. A staff member told us they felt well supported throughout their induction. They said, "They were very good. When I started I was new to care. I requested extra shadow shifts to build my confidence and this was agreed."

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

- People had enough to eat and drink. One person told us, "The food is good here with lots of homemade things."

- There were pictures of each of the meals to assist people in making informed choices.

- Each person was informed about the menu choice shortly before the meal was served. A staff member told us, "If we ask too early some people will forget so we try to leave it as late as we can."

- People's dietary requirements were met. For example, some people needed food to be cut. Some people needed specialist cups or plates and one person wore a tabard to protect their clothing. The manager told us some people had requested new cutlery and this had been bought but some said the cutlery was too heavy, so they had ordered lighter weight cutlery.

- We noted that when one person was not eating their meal the staff member asked they if they wanted assistance and they sat with them and successfully encouraged them to eat their meal.

- People were offered a choice of drinks throughout the day and could help themselves when they wanted more.

- The service had looked at different ways to encourage hydration. Fruit kebabs were offered as a snack in the afternoon of our inspection. We also saw records that smoothies were provided. One example shown was an immune boosting cold and flu buster which contained orange, lemon, ginger and turmeric.

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

- One person told us, "If I wanted to see the Doctor, I would ask."
- Where appropriate, referrals had been made for specialist advice and support. District nurses visited in relation to wound care. A nurse from the community mental health team visited a small number of people monthly.
- People were supported to attend healthcare appointments or, if assessed as needed, professionals visited them at the service. A local GP came to do a weekly review of their patients.
- A health professional told us, "Staff know people really well. There is always someone about to talk to and a lovely level of involvement with people. I would be happy for a relative to come here." Another professional told us, "Any observations or recommendations that I make are always addressed immediately."
- The service had recently introduced a 'safe journey bag.' The bag had been used for one person who had been admitted to hospital and contained information staff at the hospital needed to know to support the person and meet their needs. They told us feedback from the hospital had been very good.

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

- People were encouraged to bring photographs, furniture and ornaments with them when they moved in to ensure bedrooms could be as homely as possible.
- The toilets off the communal lounge had a push button entry system which meant that people who had difficulty with door handles could access this area more easily.
- The service had worked hard on ensuring the environment followed current guidelines on supporting people who live with dementia. Work had started to have all corridors decorated in a range of different scenes. Themes chosen by the resident's council included a seaside theme. The intention was to enable people to orientate themselves round the building more easily. We were told that a local school was coming in to help paint one of the themes and that the corridor would be unveiled at the national care homes open day.
- All parts of the service were wheelchair accessible, including the garden.
- People had a choice of where they could spend their time. There was a large open plan lounge/dining area. This area had bifold room dividers that could be used as needed for activities. There was also a gallery area which included three separate areas that could be used for entertaining guests. A second communal quiet lounge was available for people to use. This opened out on to a patio area.
- Those who chose, had a memory box hanging outside their bedroom doors. This helped them to find their rooms.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence.

- In the dining room we observed that staff at the serving counter organising meals for people referred to people by their room numbers rather than names. We asked why this was done. The registered manager said this was to comply with General Data Protection Regulations (GDPR) and people's right to confidentiality. GDPR relates to the storage of confidential information. The registered manager recognised that in trying to respect confidentiality they had lost the personal touch. It was not clear if people had been aware that they had been referred to in this way, but the procedure was immediately rectified. It was noted however, that when meals were served, staff referred to people by name.
- People's right to privacy and confidentiality was respected. A staff member told us, "We always knock on doors and make sure curtains are closed when giving personal care. We have a privacy hanger for the door, so others know not to enter as personal care is being provided. We have dignity screens for use as needed. We make sure we explain to people what we are doing and why we are doing it." We saw that this happened in practice.
- One relative said, "We are very impressed. Mum was in another home and we moved her after a month as the care was so poor. She never left her room and staff barely spoke to her. She has made friends here and sits in the lounge more than her room which is good company for her."
- Within some bedrooms there was a large laminated picture on display. The rear of the picture gave details of how the person wished to be supported. This meant the person's dignity was protected but staff who needed this information and particularly agency staff had access to key information to enable them to support people.
- People were encouraged to maintain their independence. At breakfast time food was laid out so that those who could, helped themselves to whatever they wanted.

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

- People received care that was kind and compassionate. One person told us, "Staff are all very kind, they couldn't do more for me." Another said, "They are very kind and always ready to help me."
- A visitor to the home told us their relative had improved so much since moving to the home and was now eating better and taking more interest in life. This was put down to staff understanding and encouragement and attention to good care.
- People's equality and diversity was recognised and respected. A staff member told us, "We are a diverse staff team. We respect each other. People are different and like things done differently we make sure their individual needs are met."

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

- People and families were involved in planning their care delivery. One person said, "I get up and go to bed when I want, and staff help me when I need help."
- People said they had a choice of how and where to spend their day. One person told us they preferred to stay in their room and, sometimes would go downstairs to eat.
- A visitor told us, "The home arranges social events which families are always invited to Mother's Day tea, barbecues, birthdays, Christmas. There is always something happening."
- A staff member told us, "We offer a wide choice of drinks. When we are supporting people to dress we always offer a choice of clothes."

Is the service responsive?

Our findings

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

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

- Care plans had been reviewed regularly, and when people's needs changed, and were up to date. Visitors told us they were kept up to date with any changes in their relatives' care and one visitor said that the care plan was reviewed every three to six months by the registered manager and they were invited to attend. They said, "We feel very in touch."
- Staff knew people well, and knew their likes, dislikes and background.
- We observed staff supporting people in a person-centred way; they adapted their approach from person to person.
- All organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss.
- There was guidance about how people communicated their needs and how staff should engage through verbal communication or recognition of body language. Picture prompts were used so that people could make an informed choice. If people had a visual or hearing impairment this was documented to help staff to get to know people and provide appropriate care.
- People were supported to take part in meaningful activities.
- Two people were in the process of doing large jigsaws and whilst these were done on foldable mats there was plenty of space where people could do these within the communal areas.
- On the first day of our inspection there was a singing group. This was attended by eight people. They had folders with the lyrics and were assisted to find the right page. Interaction between the person running the group and people was very positive. A visitor told us, "Mum loves the singing and any musical activity."
- External entertainers visited such as pet therapy, singers and a piano player. There were regular exercise sessions offered, along with bingo, arts and crafts, reminiscence, poetry, quizzes, flower arranging and nail care. People told us they were happy with the activities provided.
- There was a tuck shop with a variety of sweets and toiletries for sale. A variety of cards were also available for people to buy as needed.
- There was a water dispenser and a juice dispenser in the communal lounge, so people could help themselves to drinks when they wanted one.
- A hair salon was available two days a week and this was also available at other times with an appointment. If someone wanted to continue to use their own hairdresser when they came to the service, their hairdresser was able to use the salon for this purpose.
- Some people's spiritual needs had not been assessed. However, it was noted that people were offered the opportunity to attend a bible study group twice a month and a communion service every fourth Thursday.

Improving care quality in response to complaints or concerns

- Records were kept of all complaints to the service. There was evidence that complaints were fully investigated and responded to appropriately.
- The complaints procedure was displayed in the entrance hallway of the home. The procedure was also available in an easy read pictorial format.
- One person told us, "I have no reason to complain, people are very kind to me here and we are well looked after."
- A visitor told us they would speak with the registered manager if they had any concerns. They gave examples of two maintenance issues that had needed attention and they said both were attended to immediately.
- During the first day of our inspection one person and their relative told us five items of clothing had gone missing, but they said they had not spoken with the registered manager about this. We discussed this with the registered manager on the second day. The registered manager told us following our first day of inspection the person had discussed the matter with them. Some items had been found and others had since been replaced. Recently the service had introduced trolley boxes in an attempt to reduce problems with laundry going missing. They had also recognised that labelling clothes was a problem and had looked at different ways of labelling/markings clothes.

End of life care and support

- The registered manager and staff worked with other healthcare professionals to ensure people could remain at the service at the end of their life and receive appropriate care and treatment.
- This included having 'anticipatory medicines' available, so people remained comfortable and pain free.
- People were offered the choice to complete an advanced care plan/end of life plan. Some people chose not to complete this process as they found it upsetting or stressful. We were told that if a person did not have capacity an advanced care plan was sent the person's next of kin to seek their views. Some relatives did not return these forms. We asked the registered manager if some of the people who no longer had capacity would have been able to make decisions about their end of life care when they moved to the service. They confirmed some could have made decisions about how they would have wished to be supported. The registered manager said they would change their procedure to make sure assessments could be completed as soon as possible to capture people's wishes.
- One person was approaching their end of life. Their care documentation had reflected that care had been adjusted for this stage of their life. It emphasised the need for constant monitoring of pain and of ensuring that food and fluids should be offered regularly in small amounts.

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.

Service management and leadership required some improvement around the support and the delivery of high-quality, person-centred care.

- Audits and checks were carried out in relation to a range of areas including medicines, infection control, care planning and health and safety. However, the systems had not identified some of the shortfalls we found. We found that care plans had been checked in terms of contents but not in terms of quality and therefore, individual PEEPs had not been reviewed, some people's spiritual needs or end of life wishes had not been assessed. Person centred aspects of some people's care had been missed with no or limited guidance for staff to support some.
- A weekly audit of the MAR charts was carried out. Records regularly showed, 'some missing signatures.' There was no record of how many, who was responsible and what was done about it. This did not demonstrate that there had been any learning from the shortfalls. However, we saw that when a medication error had occurred the staff member concerned repeated their training and was reassessed as competent before handling medicines again.
- There were systems to analyse accidents and incidents to monitor for trends and patterns and learn from them. However, as stated earlier, not all incidents or falls had been recorded accurately and therefore this made analysis of numbers and patterns or trends difficult.
- Records showed one person's fluid intake was extremely low. Whilst staff had been advised to encourage fluids, it had not been identified through monitoring, that recording keeping in this area needed to be improved. A new chart was introduced following our inspection and this demonstrated the person's fluid intake had significantly improved.
- One person spoke very negatively of the home. They complained about the food, the activities and that they did not feel safe. They spoke negatively of staff etiquette, in particular if staff did not complete a sentence fully. We spoke with the registered manager about this person. They confirmed they could be negative but equally if they appreciated care provided they could be very complimentary. They told us about a time the person had not felt safe and how this had been successfully resolved. They told us they tried to engage the person in activities they liked but records did not demonstrate this. There was no advice in the care plan to guide staff in how to support the person in dealing with their feelings. The registered manager confirmed following the inspection that the person's care plan had been updated to provide a more person-centred approach.
- All of the matters raised on day one of the inspection had been addressed by day two. Following the inspection, we received actions plans that detailed the actions taken and to be taken in relation to matters raised on day two of our inspection. As a result, there is no breach of regulation, but further time will be needed to embed the changes made and ensure they become part of everyday practices.
- A series of quality assurance checks had been introduced that meant on a daily basis, bedrooms were checked, medicines were given appropriately, any incidents or accidents were recorded and that daily records were written. Staff had been given areas of responsibility. For example, in relation to fire safety,

maintenance and medicines. This ensured staff took responsibility and were accountable for any shortfalls in these areas. Records showed that when tasks had not been completed this had been identified with the staff responsible.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- Staff meetings were held regularly and provided an opportunity for staff to share any concerns, to talk about people's changing needs and to be updated on any changes in care practices.
- A wide range of meetings were held with staff at all levels and they ensured everyone had a say and were involved in decisions about the running of the service. The care home managers group meeting ensured any learning in one home, positive or negative, was shared with all homes within the group to ensure there was learning as a result. For example, the medicine procedures discussed on day one of our inspection had already been discussed with all the other registered managers within the group.
- The registered manager was aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred. The service had notified us of all significant events which had occurred in line with their legal obligations.

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

- There were good support systems for the registered manager. Sussex Housing and Care is a not for profit housing association led by a Board and an executive team including the CEO, finance director and director of housing and care. The registered manager was supported by a regional manager whose background was in care home management.
- The CEO held 'Core Brief' at each care home every three months to update staff on what was happening in the business. This provided the opportunity for staff to ask any questions and share their views on the running of the service. A variety of topics were discussed at these meetings.
- A visiting professional told us, "Management has always been very supportive to me and the clients. The communication between me and the manager is always good and polite. From my observations, clients and relatives respectively always have high praises for the management at Oakwood Court."
- A staff member told us, "The manager and staff are supportive. There is good teamwork here, we help each other."
- Another staff member said, "The manager is very supportive. You can approach her. We were short of staff at night and it was a struggle. We have now recruited new night staff. Whatever is requested is taken on board."
- The registered manager told us they attended regular supervision meetings and felt valued and totally supported in their role. We were told the registered manager was carrying out leadership training.
- A general staff meeting had been used to share the organisation's vision for providing outstanding care teamwork. Discussion had taken place about how negative feedback received through the supervision process had been addressed to ensure staff felt supported.
- Each of the senior staff had clearly defined roles and routines that ensured responsibility and accountability at all times and that documentation was kept up to date.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Regular feedback was sought from staff in the form of questionnaires. This was used to inform the provider how well the service operated. These surveys were collated, and the survey outcomes shared with staff. In response to staff surveys, staff rotas had been changed to enable staff to use public transport to get to work and staff had received a pay increase.
- A staff member told us, "We are a diverse staff team and there is a respect for colleagues and our different needs. One staff member's breaks are arranged to ensure their religious needs can be met."
- Residents' meetings were held regularly to give people the opportunity to share their views about the service and to ensure people were updated about changes in the home. For example, staff changes were discussed. If a person had died or a new person had moved in, staff made sure everyone was aware. At a recent meeting there had been a discussion about having a, 'You said, we did' board. The registered manager said there had been a delay in getting the board as they had not found the interactive board they wanted. However, this had just been found and was on order.
- In addition to the residents' meetings a resident's council meeting was held every two months. A local volunteer chaired these meetings and there were no staff present. Recent discussions had included requests for items for the home's tuck shop. People had also been informed about the addition of entertainment technology in the form of, 'Alexa' in the lounge. People were also told they could take turns to have it in their bedrooms if they wanted. Alexa is voice-based electronic device that enables you to instantly connect to play music.
- A newsletter was also produced regularly to keep people and relatives informed of activities and initiatives. For example, the Autumn newsletter highlighted a coffee morning that had raised money for a charity and highlighted some of the recent activities in the home.

Continuous learning and improving care

- A staff member told us, "We are always trying to improve people's choices, activities and menus. The chef meets with people to hear their likes and dislikes and menus are tailored to this."
- There were plans to introduce an electronic care planning system in April 2019. As part of this process people and their relatives, where appropriate, would have access to portals to ensure they had their say on the care provided. There were plans to ensure that those who had access to this received training on its use.
- There was a learning and development policy. Staff needs and learning aspirations were discussed through supervision and appraisal. The deputy manager and senior support carer had enrolled on a NVQ level 5 management course and were due to start in the near future. A staff member told spoke positively about the opportunity this gave them to enhance their skills and knowledge.
- Extensive work was carried out to monitor staffing levels, vacancies and the use of agency staff. The service also looked at ways of improving staff retention. For example, a new system to nominate a staff member in recognition of their work had been introduced. A box was positioned at the entrance to the home along with cards for people, staff and visitors to make a nomination. We were told results would be reviewed three monthly and an award would be given to the staff member with the most nominations.
- A range of measures had been taken in response to uncertainty over Brexit. Regular meetings had been held to look at planning needed. A risk assessment had been drawn up to consider possible impacts. A range of areas had been looked at including the purchase of an extra month's supply of dry goods. Contact had been made with the local pharmacy to check if there were any anticipated delays in obtaining medicines. Checks had been made to determine how many staff would be able to get to work on foot if there were problems with transport.

Working in partnership with others

- The organisation had formed a website committee which involved input from relatives to help design a more user-friendly site. Whilst the website was up and running a formal launch of the website was also planned.
- The home had signed up to a system called DoCoBo and had for a period of time been part of pilot project. The system was no longer used but there were plans to implement it in the future. The system involved using a care portal device to capture each person's general observations such as pulse, blood pressure, temperature and ECG on a weekly basis. These records would be held at a central source and GPs and paramedics could have access to them to see any patterns. The intention was to help reduce unnecessary admissions to hospital.
- There were plans to introduce a memory café at the home and to invite people living in the wider community and their carers. The purpose was to support people to maintain their independence.
- A lunch club was held, and we were told that some people from the sheltered housing next door and from the wider community joined the home for lunch on Sundays. One person came daily.
- A toddler group also visited the home regularly and people enjoyed interacting with the children.
- Two volunteers from the Duke of Edinburgh scheme came to the home weekly and helped with activities such as assisting with drinks and chatting with people.
- The service had joined the integrated response team which was part of the care homes forum. This forum was looking to improve communication between the local surgeries, hospital and care homes. The aims of the above initiatives were to ensure a strong community both in and outside the service.