The Oak Residential Homes Limited

The Oaks Residential 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

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

The Oaks is a 26 bed service providing accommodation and nursing care for older people, including those living with dementia. The service is accessible for people with mobility difficulties and has specialist equipment to support those that need it. For example, hoists and adapted baths are available.

At the last inspection on 8 and 12 October 2015 the service was rated 'Good'. At this inspection on 6 and 7 December 2017, we found the service remained 'Good'.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the home is run.

People continued to receive safe care. Risks were identified and actions were taken to minimise these risks to support people as safely as possible. Systems were in place to ensure medicines were administered safely and when needed. There were enough staff on duty to support people.

People continued to be supported by experienced staff who received training and support to enable them to continue to provide an effective service. People's nutritional needs were met. The staff team worked closely with other professionals to ensure that people remained as healthy as possible and received the healthcare they needed. Staff provided caring support to people at the end of their life and to their families. This was in conjunction with the GP and the local hospice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice, for example policies on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards . People continued to receive care and support that was responsive to their needs.

People continued to be supported by kind, caring staff who treated them with respect. Their privacy and dignity were maintained. Staff knew how to keep people safe. We saw that staff supported people patiently and encouraged them to do things for themselves. Staff were attentive and supportive. They engaged with people and chatted and laughed with them throughout the day.

Management systems ensured the service continued to be well led. The management team monitored the quality of service provided to ensure that people received safe and effective care and support that met their needs.

People were involved in decisions about their care and about what happened in the service. They were able to provide feedback on the running of the service and this was acted on. Arrangements were in place to meet people's social and recreational needs.

The provider's recruitment process ensured that staff were suitable to work with people who needed support.

Systems were in place to ensure that equipment was safe to use and fit for purpose. People lived in a clean, safe environment that was suitable for their needs.

Further information is in the detailed findings below.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

The Oaks Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 unannounced comprehensive inspection took place on 6 and 7 December 2017. The inspection team consisted of 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 service.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. Before our inspection we reviewed the information we held about the service. This included a Healthwatch 'Enter and View' report and any concerns or notifications of incidents that the provider had sent us since the last inspection. Care providers are legally obliged to inform the Care Quality Commission of certain events, such as safeguarding allegations and the death of a person using the service. These are known as notifications. We also contacted the commissioners of the service to obtain their views about the care provided.

During our inspection we spent time observing care and support provided to people in the communal areas. We spoke with ten people who used the service, seven relatives and friends, three care workers, the chef, the deputy manager and the registered manager. We looked at four people's care records and other records relating to the management of the service. This included three staff recruitment files, duty rosters, accident and incidents, complaints, health and safety, quality monitoring and medicines records.

Good

Is the service safe?

Our findings

Systems were in place to safeguard people who used the service. Staff had received safeguarding training and were clear about their responsibility to ensure people were safe. They were aware of different types of abuse and knew what to do if they suspected or saw any signs of abuse or neglect. They felt confident that the management team would deal with any concerns they raised.

Care was planned and delivered in a way that ensured people's safety. We found that risks were identified and systems were put in place to minimise risk and to ensure people were supported as safely as possible. People and their relatives told us The Oaks was a safe place to be and that staff provided safe support. One person said, "I feel safe. I have had no falls. We are well looked after in this place." A record was kept of any accidents or incidents. The registered manager reviewed these and followed up any issues or actions that were needed to lessen the risk of reoccurrence.

From our observations, from looking at staff rotas and from talking to people we found that staffing levels were sufficient to meet people's needs and to support them safely. We saw that staff had time to talk to people. One person told us, "There are enough care staff .The staff we've got are very good." Another person said, "This is a care home. I have never thought they are too busy for us. I always feel looked after."

People received their prescribed medicines safely and when they needed them. Medicines were administered by staff who had received medicines training and been assessed as competent to do this. Medicines administration records (MAR) were up to date and provided a record of medicines people had received. In addition to the MAR charts, staff also logged medicines administration on the computerised record system. If medicines had not been given this was 'flagged up' and could then be followed up straight away by the management team.

Medicines, including controlled drugs, were securely and safely stored in appropriate cupboards and a metal trolley that was chained to the wall, when not in use. We found that medicines storage facilities were very cramped and included an excess stock of medicines. Although people were receiving the correct medicines there was on occasion more than one bottle or packet of the person's medicine in use. This made the auditing and checking process less effective and increased the risk of error. However, the registered manager had identified these issues and taken action. They had signed a contract for medicines to be provided by a different pharmacy. The new contract also included staff training, medicines audits, improved storage facilities, a new medicines fridge and improved stock control.

The provider's recruitment process ensured that staff were suitable to work with people who need support. This included prospective staff completing an application form and attending an interview. The necessary recruitment checks had been carried out before they began to work with people.

People were cared for in a safe environment. Safety checks, audits and when necessary servicing were carried out on the environment and services, such as gas and electricity, to ensure they were safe. For example, staff carried out weekly checks on fire alarms and appropriately qualified professionals carried out

an annual gas safety inspection.

Appropriate infection control systems were in place. Staff had received infection control training and protective equipment such as gloves and aprons were readily available and used when necessary. Cleaning schedules were in place, all areas of the service were clean and there were not any unpleasant odours.

Systems were in place to keep people as safe as possible in the event of an emergency arising. Staff had received emergency training and were aware of the evacuation process and the procedure to follow in an emergency. For example, in the event of a fire. Each person had a personal emergency evacuation plan detailing their needs in the event of evacuation being necessary.

Good

Is the service effective?

Our findings

People's needs were assessed before they started to use the service. Information was obtained from other care professionals, social workers, relatives and as far as possible, the person. Assessments included equality and diversity and made note of people's preferences and backgrounds, such as their religion, ethnicity and sexuality.

People were supported by staff who received appropriate training to enable them to provide an effective service that met their needs. A member of staff told us, "I have done lots of training. I have just finished training on medicines, moving and handling, mental capacity and dementia. Another member of staff said, "There is so much training and it's updated. We are encouraged to learn. The dementia training was really helpful." One relative said, "Staff know what they are doing."

People were supported by staff who received effective support and guidance to enable them to meet their assessed needs. Staff told us they received good support from the management team. This was in terms of both day-to-day guidance and individual supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service). One member of staff said, "We have supervision but can raise things at other times. [Registered manager] is open." Another member of staff told us, "There is always someone on call and they say we can always ring them." Systems were in place to share information with staff including staff meetings, shift planners and handovers.

People's healthcare needs were monitored and addressed to ensure that they remained as healthy as possible and the GP visited for a weekly 'surgery'. We saw that appropriate requests were made for input from specialists such as a speech and language therapist, dietitian and palliative care practitioners. One person told us, "The doctor comes here but if I wanted to go and see someone they would arrange it." In a recent quality assurance survey a relative had commented, "Excellent. Quick response to [family member's] recent chest infection. GP was called straightaway."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised by the Court of Protection. We checked whether the service was working within the principles of the MCA.

Systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty. The registered manager was aware of how to obtain a best interests decision or when to make a referral to the supervisory body to obtain a deprivation of liberty safeguard. Staff had received MCA training and were clear that people had the right to make their own choices. We saw that staff asked people's permission before they carried out tasks. For example, asking if they had finished their meal and if it was okay to take away their plate.

People were provided with a choice of suitable nutritious food and drink. There was a choice of meal and people were asked to choose from the menu each day what they wanted for lunch. People told us they enjoyed the food. One person said, "Food is good, you have a choice. I'm satisfied with what I get."

People were supported to eat and drink sufficient amounts to meet their needs. They were offered drinks throughout the day including lunchtime. Some people ate independently and others needed assistance from staff. We observed that staff sat with people who needed assistance, encouraged them to eat and checked that they were ready before giving them more food. People were appropriately supported and not hurried. When there were concerns about a person's weight or dietary intake, we saw that advice was sought from the relevant healthcare professionals.

People were supported to have meals that met their needs and preferences. The chef told us that the service was able to cater for a variety of dietary needs. This included diabetic, vegetarian, soft and pureed diets. In a quality assurance survey one relative had commented, "Thank you for giving [family member] a diabetic diet." The chef knew people's likes and dislikes and catered for these. For example, one person preferred to order in ready meals and the chef cooked these. None of the people required any specific diet due to their culture or religious beliefs but the chef said these would be catered for if needed.

The environment met people's needs. The service was provided in a large house in a residential area and was accessible throughout for people with mobility difficulties. Adapted baths and showers were available as was specialised equipment, such as hoists. There was appropriate signage and adaptations around the building to assist people living with dementia.

Good

Is the service caring?

Our findings

People told us staff were kind and helpful. A relative told us, "This place is very homely. Staff are very caring. People always help." We saw that staff supported people in a kind and gentle manner and responded to them in a friendly and patient way. They took time to reassure people and explain things so they knew what was happening. People were treated with respect. People's personal information was kept securely and their confidentiality, privacy and dignity was maintained. For example, a member of staff assisted one person to walk to the bathroom and then asked the person if they wanted them to stay with them or not. We saw that the member of staff then waited outside the bathroom until the person called them to enter.

People were encouraged to remain as independent as possible and to do as much as they could for themselves. One person told us, "You have to do things yourself." A member of staff said, "We always encourage people to do things for themselves."

People were provided with information and were involved in decisions about their care and about what was happening at the service. A relative told us, "We are involved. Staff always tell us everything." Residents and relatives meetings took place and we saw that topics discussed included food, activities, fire safety, outings and personal care. When a new lounge carpet was purchased people were shown samples and picked the one they wanted.

People were supported to maintain contact with family and friends. Relatives told us they could visit when they wanted and were made to feel welcome. They were invited to social events held at the service.

People's cultural and religious needs were identified and respected. To support those who wished to follow their faith, a visiting church service and a visiting church communion service took place each month. None of the people were from any other religious or cultural backgrounds but the deputy manager told us that different cultures would be welcomed and supported.

Good

Is the service responsive?

Our findings

People received care and support that met their individual and changing needs. In a feedback questionnaire a healthcare professional had commented, "It's clearly evident that staff show personal commitment and care for every patient as an individual." Each person had a care plan which contained information about their likes and dislikes, what they preferred to be called and their life history. Care plans were developed and discussed with the person and, if they wished, their relatives. We saw that care plans were reviewed each month and were updated when needed. Changes were communicated to staff at team meetings and handovers to enable them to respond to people's current needs.

People were encouraged to make choices and to have as much control as possible over what they did and how they were supported. For example, one person said they were not feeling well and was reassured that it was okay not to participate in the exercise activity. Another had slept late and missed lunch. They were offered lunch when they got up at about 3pm.

People were supported and encouraged to raise any issues they were not happy about and the complaints procedure was displayed in a communal area. People knew how to complain and who to complain to. One person said, "If there is anything wrong I point it out to member of staff. I had a problem with no hot water and they sorted it." A relative told us, "I have had nothing to complain about but if needed to I could come and see [registered manager] and they would help you out." There had not been any recent complaints.

Arrangements were in place to meet people's social and recreational needs. Unfortunately, the activity coordinator had not been able to work recently and a new activity coordinator had been recruited but had not started work. In the interim, other staff and work experience students had continued with activities as far as possible. For example, on the day of the inspection there was a quiz and an exercise session facilitated by an external person. In addition, the registered manager had organised a Christmas tea with other local care homes and some people attended that.
One person told us, "I have just been in the quiz. If there is anything going on I'll join in." Another person said, "I do things I like to do. It's nice to have exercises." A relative commented, "[Family member] is happy and has made friends."

Staff provided caring support to people at the end of their life and to their families. This was in conjunction with the GP, district nurses and the local hospice. The service had made links with the local end of life care coordinator and they had attended a relatives meeting to talk about the issue. Staff told us they had received end of life care training. We saw that people had a 'palliative care' plan in place when needed.

A person centred software system was used. This computerised system included people's care plans and risk assessments and recorded staff interventions. Staff found that this saved time on recording and administration and meant they had more time to spend with people. The system also indicated when reviews, updates and interventions were needed and helped to ensure that people received support in a timely way. Pictorial information and signage was used to support people to find and identify facilities such as toilets.

Good

Is the service well-led?

Our findings

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

Relatives and staff were positive about the management of the service. One relative said, "The manager is excellent." In a quality assurance survey a relative had written, "I am so pleased with the running of the Oaks." A member of staff said, "The service is improving all the time. It's organised and systems are in place to give us the confidence to run the shift without the manager or deputy."

Staff said the registered manager provided good advice and support and were confident they would always take action in response to any concerns or issues raised. One member of staff said, "[Registered manager] is active and deals with things."

The registered manager monitored the quality of the service provided to ensure people received the care and support they needed and wanted. This included direct and indirect observations and discussions with people who used the service and staff. One member of staff told us, "[Registered manager] will pop in sometimes at weekends or at night when they are not expected." The computerised recording system enabled the registered manager to access information remotely and check that people were being supported as required.

People's opinions and feedback were actively sought and valued. This was done at 'residents' meetings, during reviews and quality assurance surveys. Feedback was sought from stakeholders (relatives and other professionals) by means of quality assurance questionnaires. Actions were taken to respond to any issues that had arisen.

There were clear management and reporting structures. There was a registered manager and a deputy manager in overall charge of the service. In addition to care workers, there were senior carers who led each shift. Staff felt that leadership and teamwork were good and said they enjoyed working at the Oaks. Staff told us they were clear about what was expected of them. One member of staff said, "[Registered manager] is clear on what they expect from staff."

The service worked in partnership with other professionals and organisations to improve and develop effective outcomes for people. This included GP's, end of life care facilitators, district nurses and other care home providers.