Mr Kevin Hall

The Oaks Private Residential Home

Inspection report

Oak Avenue
Hindley Green
Wigan
Greater Manchester
WN2 4LZ

Tel: 01942521485

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16 November 2016

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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 two storey purpose built care home in Hindley Green, Wigan. The home is registered to provide personal care for up to 31 adults.

This was an unannounced inspection that took place on 16 November 2016. There were 20 people using the service at the time of the inspection.

There was a registered manager in post at the time of the inspection. 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 the inspection on 12 April 2016 we found nine breaches of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to: safe care and treatment, person centred care, safeguarding service users from abuse and improper treatment, privacy and dignity, meeting nutritional and hydration needs, premises and equipment, complaints, good governance and staffing. The home was rated as 'Inadequate' overall and in four of the five domains inspected. As a result of our findings the home was placed in special measures which meant they would be kept under review.

At our inspection on 16 November 2016 we found that significant improvements had been made and that the breaches from the previous inspection had been actioned and addressed.

The recruitment process was satisfactory to help ensure suitable staff were employed at the service.

Appropriate policies were in place with regard to safeguarding and whistle blowing. Staff had received training in safeguarding and those we spoke with were aware of the issues and confident of the reporting procedure.

The induction programme helped ensure new employees were equipped with the skills, knowledge and competence to work at the home. Training was on-going and mandatory training was refreshed regularly.

People's nutritional and hydration needs were assessed and recorded appropriately. Special diets were adhered to by the chef and people were given choice with regard to meals.

People we spoke with felt the care was good and staff were kind and caring. We observed good interactions between staff and people who used the service throughout the day. People who used the service and their families were involved in discussions about the delivery of their care. Staff respected people's dignity and privacy.

People who were nearing the end of their lives were cared for, as far as possible, in accordance with their

wishes.

Care files we looked at evidenced that care was delivered in a person centred way, taking into account people's preferences, likes and dislikes. People we spoke with said staff responded quickly to call alarms.

There was a programme of activities at the home and people were encouraged to participate if wish to. Someone to one interaction were undertaken with people who were unable to participate in group activities. A residents/relative committee had been formed to help plan and delivery activities.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA). Deprivation of Liberty Safeguards (DoLS) authorisations were in place where required and staff were aware of the implications of these.

Medication systems were robust and medicines were managed safely at the service.

Individual and general risk assessments were in place. Equipment was fit for purpose and was regularly serviced and maintained to ensure it was in good working order.

There was an appropriate complaints policy and this was displayed throughout the home. Concerns were responded to in a timely and appropriate manner and the service had received a number of compliments and thank you cards.

People told us the staff and management were approachable. Staff felt the manager was supportive towards them. Staff were receiving staff supervisions.

We saw evidence of regular checks and audits that took place at the service to help ensure continual improvement with regard to care delivery.

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

People told us they felt safe at the home. A dependency tool was used to calculate the level of need for each individual and help ensure sufficient staff were on duty.

The recruitment process was satisfactory.

Appropriate policies were in place with regard to safeguarding and whistle blowing.

Medication systems were robust and medicines were managed safely at the service. Individual and general risk assessments were in place.

Is the service effective?

Good

The service was effective.

The induction programme helped ensure new employees had the right skills and knowledge to work at the home. Training was on-going and mandatory training was refreshed regularly.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's nutritional and hydration needs were assessed special diets were adhered to.

Is the service caring?

Good

The service was caring.

People we spoke with felt the care was good and staff were kind and caring. We observed good interactions between staff and people who used the service throughout the day.

People who used the service and their families were involved in discussions about the delivery of their care. Staff respected people's dignity and privacy.

Staff had undertaken appropriate training in end of life care and

people's end of life care plans were documented.

Is the service responsive?

Good

The service was responsive.

Care files evidenced that care was delivered in a person centred way and people we spoke with said staff responded quickly to call alarms.

There was a programme of activities at the home one to one interaction was undertaken with people who were unable to participate in group activities.

There was an appropriate complaints policy and concerns were responded to in a timely and appropriate manner.

Is the service well-led?

Good

The service was well-led.

People told us the staff and management were approachable and staff felt the manager was supportive towards them.

Regular team meetings were held and staff were given supervisions and there were residents' and relatives' meetings.

We saw evidence of regular checks and audits that took place to help ensure continual improvement with regard to care delivery.

The Oaks Private Residential 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 16 November 2016 and was unannounced. The inspection team comprised of two adult social care inspectors.

Before this inspection we looked at the notifications we had received for this service. We reviewed the information including the action plans following our last inspection. We reviewed all of this information to help us make a judgement about this care home.

We looked at a selection of record including four people's care records. We looked at the staff file of the last person to be employed since our last inspection. We also reviewed records relating to the management of the service including: policies and procedures, quality assurance, medication, staff training, supervision and appraisal records and complaints records.

We carried out a Short Observational Framework for Inspection (SOFI) where we observed people over the lunch time period. This helped us to understand the experience of people who were not able communicate with us to see how staff interacted with people.

We spoke with four visitors, three people who used the service, four members of staff, the activity coordinator, the chef and the registered manager. We did this to gain their views about the service provided. We looked around the home and looked at how staff cared for and supported people.

Good

Is the service safe?

Our findings

Our findings
On the day on the inspection we found there was sufficient staff on duty to meet the needs of people who used the service. Discussions with visitors and people who used the service indicated there were suitably experienced and competent staff available to meet people's needs. One person told us, "I am happy here and I feel very safe". A relative told us, "My [relative] is safe and well cared for. I have no concerns".

Staff we spoke with were able to explain what safeguarding issues consisted of and were confident to report any concerns to the management or externally if necessary. Staff were aware of the whistle blowing policy and told us they would not hesitate to report any poor practice they may witness.

At our last inspection we looked at a number of staff files. Each file included a job application, proof of identity and references. All staff had an up to date Disclosure and Barring Service (DBS) check, which helps ensure people are suitable to work with vulnerable people. There was a basic induction programme for staff to complete on commencing work at the home. However, new staff had not completed this at the time. At this inspection we looked at the file of the last person to be employed. The file contained all the relevant information required. There was a new detailed induction programme in place and new staff had completed this prior to commencing work. .

At our previous inspection we found that medicines were not managed safely. At this inspection we found that significant improvements had been made. The senior carer in charge of the shift talked us through the changes that had been made. We looked at the medication administration records (MARs) and found these were accurate. We observed that medicines were given in a timely manner and as prescribed. All medicines were securely stored and there was no evidence of waste or overstocking.

We saw within the care plans that instructions were included about medicines. For example, medication to be given as required (PRN) sheets to be signed with the exact amount and time given. A medication audit carried out by the local clinical commissioning group (CCG) had noted improvements and we saw that an internal medication audit had been undertaken in October. The result was positive and the few identified shortfalls had been addressed with staff to help ensure continual improvement.

Accidents and incidents were recorded in people's files and in a log. This was monitored to help identify trends or patterns and make improvements.

Fire safety policies and procedures were in place. Fire equipment, such as extinguishers, was regularly maintained and records of this were up to date. The alarm system had been serviced recently and an external fire safety audit had been carried out in June 2016. The recommendation from this was that fire alarms should be tested on a weekly basis. The registered manager told us this was in hand with the new maintenance worker who will ensure that this is done. We saw that a fire drill had been undertaken in October 2016 and staff had responded well. Actions required for next time had been recorded.

We saw that there was a gas safety certificate in place and equipment used to assist with moving and handling people who used the service had been serviced. The lift maintenance was up to date.

At our previous inspection we found that not all windows were fitted with window restrictors. This could have compromised people's safety. At this inspection all window restrictors had been fitted on windows and these had been checked the day before the inspection.

There was an up to date list of personal emergency evacuation plans (PEEPS) in the office situated in the reception area. This helped ensure that fire officers would be aware of people's dependency levels and requirements for assistance in the event of an emergency.

A recent internal infection control audit had been undertaken at the home. This was quite positive, but where remedial actions were required, this had been recorded. There had also been a recent internal health and safety audit, which was comprehensive. The score was over 70% and areas where there were shortfalls had been fully documented for action by the appropriate person or agency.

On the day of the inspection we looked around the home and found it to be clean and fresh with no malodours.

The service had been awarded a 4 star rating by the food hygiene standards; the top rating awarded is 5 stars.

Good

Is the service effective?

Our findings

The people we spoke with told us they thought the staff had the right skills and experience to meet their needs and those of their relatives. Comments included, "I would not want my [relative] to be in any other home. [Relative] is very happy and settled here". Another relative told us, "The care is very good and I have seen improvements since you [CQC] were last here. I have no worries or concerns". People who used the service said, "I am fine and well looked after". "The carers are very nice".

Staff we spoke with were able to explain their roles and told us the service now had more structure, which they felt was positive. The service had begun to identify staff members as champions in particular areas, such as pressure care, falls, health and fitness and dignity. This helped ensure all areas had a lead person who would keep up to date with changes and good practice.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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

We saw that care plans included MCA assessments where appropriate and the registered manager told us they were endeavouring to improve these assessments to ensure they were more meaningful, i.e. decision and time specific. We saw evidence that there was some progress being made with these assessments. We looked at the documentation for the person who was currently subject to a DoLS authorisation, and this was appropriate. The conditions, which specified that the person should be supported to access the community, had been transferred to a specific care plan to ensure staff were aware of this.

Staff we spoke with were aware of the principles of the MCA and understood the implications of DoLS authorisations. Some had undertaken training in these areas whilst others were booked for future training courses.

We saw the four week rolling menus which the registered manager told us had been compiled in consultation with people who used the service. We spoke with the chef who told us, "It's much better now we have set menus. I know what I am working with and what food I need to order". One relative we spoke with said, "I must say, they are well fed. My [relative] has put weight on".

Breakfasts consisted of cereals, toast, preserves and a hot option, such as bacon sandwiches or poached eggs. Lunch was soup, sandwiches and an alternative such as quiche, omelette or jacket potato and two choices of dessert. The evening meal was the main meal of the day. There were two hot options as well as other alternatives and a choice of two desserts. Supper consisted of snack foods such as crumpets, biscuits or toasted teacakes.

We observed the lunchtime meal and saw that tables were nicely set and people were given the choice of whether to eat at the dining tables, in the lounge or in their own rooms. There were pictorial menus on the wall to help people make their choices and the choices of meals were reiterated to each person by staff to ensure they received the meal they wanted.

Staff wore appropriate personal protective equipment (PPE) such as aprons when serving food. Drinks were offered throughout the meal and staff interacted in a kind and unhurried way whilst serving and assisting with meals. People were offered extra portions if they wanted them and those who required assistance were helped by staff sitting at their level and assisting discreetly and professionally. Special diets, such as soft foods, were given to those who required them and staff had a good understanding of people's nutritional requirements.

Food and fluid charts were completed for people where there were concerns about nutrition. Those who required thickened fluids had this recorded on the food and fluid charts. Staff we spoke with were able to explain the consistency of the fluid to be given to people. We saw that weights were recorded within people's care files. Where people refused to be weighed a decision had been made about whether this was necessary or not. If there were no concerns about the person's nutrition staff respected their refusal to be weighed. Staff told us that if they had concerns they would find a different way of monitoring, such as measuring the upper arm, if people did not wish to be weighed.

The home provided care for people living with dementia. There was appropriate signage to help people with orientation around the home. People were moving freely and safely around the ground floor. Areas of the home had been recently decorated and new flooring had been laid. This overall created a bright and airy atmosphere.

Good

Is the service caring?

Our findings

People who used the service were complimentary about the staff. Comments included, "The girls are kind and look after me very well". A relative we spoke with told us, "I have never seen anything bad here. [Relative's] room is beautiful and always spotless. Staff are really nice and if [relative] appears unwell the GP is called out straight away". Another relative said, "We are always made welcome by staff and given a cup of tea. Another family member was here previously and enjoyed it. They [staff] managed them really well".

We saw people looked well groomed, well cared for and they wore clean and appropriate clothing. Ladies had their hair done and gentlemen were clean shaven. Attention had been given to hand and nail care.

Staff we spoke with demonstrated a good knowledge and understanding of the people they were caring for. We observed staff speaking in a kind and friendly manner with people throughout the day. Staff told us, "We ensure that people maintain their independence as much as possible".

We saw staff cared for the people who used the service with dignity and respect and attended to their needs discreetly. We saw that staff knocked and waited for an answer before entering bathrooms, toilets and people's bedrooms. This was to ensure people had their privacy and dignity respected.

The atmosphere in the home was friendly and relaxed. There was good rapport between staff and people who used the service.

We asked the registered manager if the home was caring for people who were ill and nearing the end of their life. The registered manager confirmed the home was not providing end of life care at this time. However, people who were nearing the end of their lives were cared for, as far as possible, in accordance with their wishes. Staff had undertaken appropriate training in end of life care and people's end of life care plans were documented.

Good

Is the service responsive?

Our findings

People told us that the staff responded well to their needs. One person told us "I am well cared for. I am very comfortable here". A relative we spoke with told us, "My [relative] has come out of herself. They [staff] encourage people to join in activities".

The home was preparing for the Christmas festivities. We some of the art and craft work displayed on the walls. During the afternoon people were practising Christmas songs. A Christmas Fayre had been planned early December.

There were photographs of the Bonfire and Halloween celebrations, the activity coordinator had organised a dog show with friends, relatives and staff bringing in their dogs. The home had a visit from Fluffy the donkey, which was a great success.

Staff we spoke with were aware of people's likes and dislikes. They were able to explain who liked to spend time in their rooms and who liked to join in with activities and what their favourite activities were. For example one person preferred not to participate with the activity and was quite happy sat away from the main group of people completing a jigsaw.

Care plans we looked at were person-centred and included people's likes, dislikes, preferences and preferred routines. Their wishes for times of rising and going to bed were recorded as well as what TV programmes they liked to watch before retiring. Some care files had more detail with regard to social history and personal information. Staff told us that the Life Story booklets were being completed for everyone and some were currently with family members so that as much information as possible could be collated.

We saw that referrals were made appropriately to other agencies and people's individual health needs were attended to. For example, one person was escorted to the dentist by a staff member and supported with their treatment. The staff member had been chosen to do this as they got on particularly well with this person and would help them remain calm. This demonstrated a commitment to ensuring people's individual relationships were acknowledged and their well-being was maintained.

Throughout the day we saw that relatives were dropping in to see their loved ones and many families took people out. Staff chatted with families and updated them on how their relative was and what they had been doing.

We saw the system for recording complaints and compliments. We saw that the two recent complaints had been followed up appropriately, according to the policy. There were a number of compliments which had been received by the service via e mail. A relative we spoke with told us, "Any concerns are dealt with straight away".

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection. 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. The registered manager was present on the day of the inspection.

The registered manager told us there had been changes in both the management and staff team. The registered manager went on to say that the changes had a positive effect on the staff team and the home was running more smoothly and efficiently.

One staff member told us, "I feel well supported by the team and by the management. I feel like part of a team". Another said, "The home is much better now, there is more structure and people know what they should be doing and are getting on with it. I look forward to coming to work".

A relative we spoke with said, "You can always find the manager or another senior member of staff if you need them".

We saw evidence of staff supervisions, where work issues, development and concerns could be discussed. Handovers were both verbal and written which helped ensure all staff were aware of any changes or concerns carried over from the previous shift. Staff felt communication between them was good.

At our last inspection we found that the system for monitoring and assessing the quality of the service required improvements. At this inspection we found that monitoring systems had improved and there was evidence of medication checks, care plan reviews, monitoring of DoLS, cleaning schedules and environmental checks. The registered manager confirmed the audits were work in progress.

We saw minutes of staff meetings; the last one had taken place in July 2016. The registered manager told us she would be arranging another meeting in the near future.

We checked our records before the inspection and saw that accidents. Incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by the management to ensure people were kept safe.