

# The Fisher Partnership Limited

# Oak Trees 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

### About the service

Oak Trees is a care home providing personal and nursing care to 26 people aged 65 and over at the time of the inspection. The service can support up to 40 people.

The service accommodates people in one adapted building, which has an extension to the rear of the property. There are two floors and people can access the first floor by use of a lift or stairs.

### People's experience of using this service and what we found

Staff knew about people's individual care needs and people said they received good support. However, care plans were not always up to date, person-centred and detailed. We have made a recommendation in the report about this.

People's medicines were administered safely, and people said these were given on time and when needed. However, recording in the medicine administration charts and topical medicine charts was inconsistent. We have made a recommendation in the report about this.

People told us they felt safe and well supported. The provider followed robust recruitment checks, and sufficient staff were employed to ensure people's needs were met.

Staff followed good infection protection and control standards and people said the service was clean and smelt fresh.

Communication was effective. 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.

People ate nutritious, well cooked food, and said they enjoyed their meals. Their health needs were identified, and staff worked with other professionals, to ensure these needs were met.

People participated in a wide range of activities within the service and in the community, they also enjoyed the company of others in the service.

People were able to see their families as they wanted. There were no restrictions on when people could visit the service. People were involved in all aspects of their care and were always asked for their consent before staff undertook support tasks.

People and relatives said the service was well-led and they were satisfied with their communication with the registered manager. Complaints were responded to thoroughly and the culture of the service was open and friendly.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published March 2017).

#### Why we inspected

This was a planned inspection based on the previous rating. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Oak Trees Care Home

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by two inspectors on the first day and completed by one inspector on the second day.

#### Service and service type

Oak Trees 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 service had a manager registered with CQC. 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 inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who works with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 13 people who used the service and five relatives/visitors about their experience of the care

provided. We spent time observing the environment and the dining experience within the service. We spoke with ten members of staff including the provider, registered manager, nurses, care staff and ancillary staff.

We reviewed a range of records. This included two people's care records and six medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection we recommended the provider consider current guidance on administering medicines and act to update their practice. The provider had made some improvements, but there remained some areas that needed further action.

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had competency assessments completed to ensure their practice was safe. However, the quality of recording on the medicine administration records and topical medicine records was inconsistent. For example, staff were not recording when they had applied creams, but people confirmed they had received them.

We recommend the provider consider current guidance on medicine management in care homes and take action to update their practice accordingly.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns internally and to relevant professionals.
- The management team monitored and analysed accidents, incidents and safeguarding concerns to aid learning and reduce the risk of them happening again.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- A number of people who were at risk of falls were being nursed in bed with bed rails and bumpers. However, there was a lack of adjustable height beds to help reduce the risk of falls. The provider said they would review their equipment and ensure appropriate beds were used where needed.
- The environment and equipment were safe and maintained. Staff had completed fire safety and health and safety training, and emergency plans were in place to ensure people were protected in the event of a fire.
- The service was clean and tidy throughout. Staff had received infection prevention and control training and followed the provider's policy and procedure to ensure people were protected from the risk of infections spreading. One person said, "I chose this place as it looked nice and smelt clean and fresh."

### Staffing and recruitment

- Staff were recruited safely and appropriate checks were carried out to protect people from the employment of unsuitable staff.

- There were sufficient staff on duty to meet people's needs, to enable people to take part in social activities and to attend medical appointments. People told us they received care in a timely way. One person said, "Staff come to have a chat when they have time, all nationalities – they come every day; they always make time to see me."



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, and their preferences were considered when arranging their care. Assessments were used to develop care plans which supported staff to provide care in line with people's personal routines.
- The registered manager had introduced aspects of best practice to the care records, including risk assessments for use of flammable creams and care plans for oral health care.

Staff support: induction, training, skills and experience

- A staff induction and training programme was in place. Staff were up to date with training that the provider deemed as mandatory. Specialist training based on people's specific needs had been completed. For example, dementia care. A person said, "When staff are moving and handling me they do a good job. They always make me comfortable."
- Staff were supported through supervision and annual appraisals. However, the records of supervision were brief, lacked detail and were held infrequently. The registered manager acknowledged this and had developed a plan to carry these out regularly and improve the content.

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

- People had access to a varied and balanced diet. A person told us, "The food is very good here, I have choice and staff are so obliging. If I don't like it, they'll make me something else."
- People received sufficient fluids on a regular basis and staff made them a drink when asked. People had drinks available in their bedrooms and in the communal areas.
- People's weight and nutritional intake were monitored by staff; appropriate action was taken if there were any concerns.

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

- People's healthcare needs were met in a timely way. Staff supported people to access a range of healthcare services and followed professional advice. A relative said, "Staff keep us up to date with everything. If we are not here and a health care professional has visited, they ring us and tell us how [Name] is doing."
- Information was recorded and ready to be shared with other agencies if people needed to access other services such as hospitals.

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

- The design and layout of the service was not ideal for older people and those living with dementia. For example, corridors were narrow and people were unable to move past each other if they were using a walking frame or wheelchair. This had been recognised by the provider who was looking at how this could be improved and had plans in place for future care provision.
- People had a wide variety of communal spaces to sit in and take part in activities. There was good access to outdoor space as a ramped walkway led onto an inner courtyard. This had benches, tables, lawn and patio areas for people to enjoy being outside in the fresh air. Flat walkways ensured people with mobility problems were able to move around with ease.

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

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 under the MCA.

In care homes, and some hospitals, 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were routinely involved in decisions about their care; staff sought people's consent and supported them to have choice and control over all aspects of their support.
- People's rights were protected; staff assessed people's mental capacity and made best interest decisions when needed.
- Staff recognised restrictions on people's liberty and appropriate action was taken.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were positive about their relationships with staff. They said, "Staff are very gentle and careful with me when changing my position in bed. They really look after me" and "Staff are incredible, they spend time talking with me and make sure I want for nothing."
- Staff were attentive and professional. Staff supported people in a calm and respectful manner, including during difficult situations.
- Staff treated people as equals. They showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. Staff were knowledgeable about how to do this and care plans supported this.
- Staff promoted people's independence through providing encouragement and appropriate support where it was needed. A person said, "I do what I can for myself and staff encourage this. However, they are there when I need help with washing and dressing."
- Personal information was stored securely which helped to maintain people's privacy.

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

- People had support from their families or advocates if they needed help with making decisions. An advocate is an independent person who supports someone so that their views are heard, and their rights are upheld.
- People were encouraged to make decisions and choices about their care. People confirmed they could follow their own routines. One person said, "I get up when I want to; I am happy being on my own, I'm used to it and it's my choice. I get up occasionally and the staff are there if I need any assistance."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records were available in an electronic format. The information in them was sometimes incomplete. For example, mobility care plans needed to include the type of hoist and sling used and continence care plans required details of catheter care. There was some contradiction in the care records that needed reviewing for accuracy and they had not been updated for some months. The registered manager said they would ensure all care plans were checked and rewritten if needed.

We recommend the provider consider guidance on writing care plans and take action to update their practice accordingly.

- People received person-centred care; staff had a detailed understanding of their needs and what was important to them. A person told us, "I can talk to the staff about what I want. They listen to me and do their best to accommodate my wishes."
- People and their representatives were involved in reviews of their care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was aware of the need to make information for people available in formats they could understand. The registered manager said this was 'a work in progress'.
- People were supported to tell staff about their wishes and views; their care plans included information about how they communicated.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People enjoyed the social activities arranged for them. They did arts and crafts, quizzes, board games and entertainers came into the service offering exercise sessions and musical afternoons.
- Activities were based on what people wanted on the day, although there were also weekly planned activities. People said, "I like to go in the garden and sometimes I listen to music" and "Activities people come to see me, we just sit and talk - my choice to do this."
- People enjoyed attending a monthly in-house church service and said their religious needs were met.

Improving care quality in response to complaints or concerns

- People were informed of their right to complain and processes were in place to support them to raise any issues.
- Complaints were investigated and addressed in line with the provider's policy and procedure.

End of life care and support

- Staff liaised with healthcare professionals to ensure people had the right medicines and equipment in place to help maintain their comfort and dignity.
- End of life care plans recorded people's wishes. They contained information which supported staff to provide care in line with their preferences.
- Staff understood the importance of providing good end of life care. They ensured people were comforted and had company when they needed it.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Systems and processes were in place to ensure the service was assessed or monitored for risk, quality and safety. However, these had not identified the issues we found with medicine management or care planning. The registered manager took immediate action to strengthen the audit process. The provider said they would look at additional training for the management team and staff around the electronic record system.
- Our observations were that it was well run and people who used the service were treated with respect and in a professional manner.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service benefited from having a registered manager who was committed to providing good quality care. A relative said, "It's a lovely atmosphere – not clinical, it's homely, welcoming and I find everyone is treated as an individual, no grouping of everybody, they know everyone's likes and dislikes."
- The service had a welcoming and friendly atmosphere. Staff morale was high and the atmosphere was warm, happy and supportive.
- Staff told us they felt listened to and that the registered manager was approachable. They understood the provider's vision for the service and told us they worked as a team to deliver high standards.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Regular checks were completed by the staff and registered manager to make sure people were safe and happy with the service they received. All issues found had been used to continuously improve the service.
- The registered manager communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law. A relative said, "I am happy with the level of communication between the manager, staff and myself. You can get hold of someone when you need to."

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

- People, relatives, staff and health care professionals were asked for their opinions of the service. Meetings, satisfaction surveys and one to one discussion were used to gather feedback. This was analysed and followed up by the registered manager.

#### Working in partnership with others

- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.