

Mr Mohedeen Assrafally & Mrs Bibi Toridah
Assrafally

Oakview Residential Care Home

Inspection report

19 Oakwood Avenue
Gatley
Cheadle
Cheshire
SK8 4LR

Tel: 01614910106

Date of inspection visit:
11 January 2024

Date of publication:
12 February 2024

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

Oakview Residential Care Home is a residential care home in the Gatley area of Stockport and can accommodate 12 people. The service has a communal lounge and dining room and a secure outside garden. There are 10 bedrooms, of which 2 can accommodate 2 people. The service provides support to older adults and adults living with dementia and/or other complex needs. At the time of our inspection there were 7 people using the service.

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

People felt safe and systems to assess, monitor and manage risk were in place and being used. There were plans for redecorating areas of the home and people were involved in determining what improvements and changes were made. Staff were suitably recruited and there were enough staff to meet people's needs quickly. Medicines were being safely stored and people were receiving their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, effective records in this area were not always being maintained and we have made a recommendation about this.

People's needs were assessed and reviewed, with care plans in place to guide staff on how to support people. Staff felt well supported and completed a wide variety of training. Staff worked closely with other health care services to ensure people's needs were met and appropriate referrals to external services were made.

People told us staff were very kind and caring. We observed staff knew people well and there were positive relationships. People were encouraged to remain independent, and staff respected people's privacy and decisions. People and their relatives felt involved in decision making.

People felt they had choice and control over their care and that care provided was personalised to their needs. People's communication needs were assessed, and measures implemented to ensure people could access the information they needed. Staff supported people to engage in activities within the service and took people out into the local community. People and families felt able to raise concerns and confident these would be addressed. Relatives who had family who had received end of life care at the service spoke highly of the care given.

People and families spoke highly of the management team and staff. There were various ways in which people were supported to feedback about the service and any information was used to improve care. The management team understood the duty of candour and worked closely with other services to ensure people's needs were met.

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

Rating at last inspection and update

The last rating for this service was good (published 22 October 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have made a recommendation that the provider review their processes to ensure records demonstrate that they are meeting the requirements of the Mental Capacity Act.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Oakview Residential 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 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

Oakview Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Oakview Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

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. This included any information of concern and notifications the service is required to submit regarding any significant events happening at the service. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan the inspection.

During the inspection

We reviewed staffing levels and walked around the building to ensure it was clean and a safe place for people to live. We observed how staff supported people and provided care.

We spoke with 4 people who use the service, 3 family members and 6 members of staff, including the registered manager, assistant manager, and care workers.

We reviewed a range of records including full care plans for 3 people and additional care records in relation to the management of other specific needs. We looked at 2 staff files in relation to recruitment, training and support. A variety of records relating to the management of the service, including policies and procedures were examined.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. Relatives were happy with how people were safely cared for and there had not been any recent safeguarding concerns at the home. One relative commented, "We have no concerns around safety. You can visit when you want to, and we take [family member] out regularly."
- Staff understood their responsibilities to keep people safe. The service had suitable policies and worked with the local safeguarding team when there were concerns about how to support people living at the service.

Assessing risk, safety monitoring and management

- The service completed a variety of checks of the environment. Where any shortfalls were identified, these were quickly addressed, and the management team were responsive to suggestions people made regarding the environment.
- Suitable systems for maintaining equipment and utilities were in place. This included regular checks of electrical, water and gas utilities. A recent fire risk assessment had identified some actions required and the provider was in the process of making arrangements for these to be addressed.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. People told us, and we observed, that staff were attentive and quick to respond to people's requests for support. One person commented, "I don't need to ring the call bell, there is always staff popping in to see me."
- Suitable processes for recruitment were in place. Staff had checks of their character, including references from previous employers and with the disclosure and barring service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer.

Using medicines safely

- People were receiving their medicines as prescribed. Medicines were suitably stored and there were sufficient stocks of medicines for people.
- People has access to medicines they may need occasionally, such as paracetamol for pain. Guidance about when to offer and give these medicines to people, particularly when there was a variable dose, could include more detail and we discussed this further with the management team.
- People were supported to apply any creams and lotions needed to support good skin integrity. Guidance was in place to ensure staff knew what topical medicines were in use, why they were being used and where these should be applied.

Preventing and controlling infection

- The home was clean and tidy and free from any unpleasant odours. Deep cleaning schedules were in place to ensure soft furnishings and carpets were as clean as possible.
- There were some areas of the home where a refurbishment or update was needed to ensure that equipment was easy to clean. The provider had plans to undertake the improvements in a rolling programme of redecoration.
- Staff had access to plenty of personal protective equipment (PPE) and we observed staff were using these effectively.

Visiting in care homes

People were supported to receive visits from friends and family in line with the current guidelines in place for this type of service.

Learning lessons when things go wrong

- There were systems for oversight and the management team discussed concerns with staff to ensure any lessons learnt were shared and required action taken.
- The management team attended forums and training to support their learning. Information from these discussions and training were shared with the staff team.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 this information was used to develop appropriate risk assessments and care plans.
- Information about people's likes and dislikes had been incorporated into people's records and staff had a good understanding on people's needs and preferences.
- Evidence based assessment tools were in place to support identifying risk areas. such as skin integrity, and weight loss. These were regularly reviewed.

Staff support: induction, training, skills and experience

- Staff completed a wide range of training and the management team completed regular spot checks and competency assessments with their staff team.
- Staff told us they felt well supported and able to discuss things with the management team. Supervision records indicated staff were receiving regular supervision and support.
- One relative told us, "The carers are skilful and aware of our [family members] needs." Another relative commented, "The staff are well trained around how to deal with dementia and extremely patient."

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

- People's nutritional needs were assessed, and care plans put in place. Those at risk of weight loss were identified and regular checks of weight were made.
- Staff prepared meals when people were ready to eat. People were asked what they wanted to eat and drink. We observed people enjoying their meals and they told us the food was good. One relative commented, "I have tasted the food myself and has always been lovely and appetising."
- Where people required additional support or prompting to maximize food and fluid intake this was done effectively and with patience by the staff team.

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

- People were supported to access any healthcare services as needed. The local doctor visited the home and completed regular checks and reviews with people. One person told us, "If I feel unwell, I tell the staff and the GP comes to see me."
- Staff made appropriate referrals to services such as district nurses or dieticians when needs were identified, and supported people to access any appointments they may need to attend.
- The management team made referral for specialist input, including mental health input and advice when

needed. For example, when a person was consistently refusing certain aspects of personal care, specialist advice was obtained.

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

- Some areas of the home were in need of updating and the management team had a plan to action this. People had been involved in decisions around the environment and only the changes and improvements people wanted were completed.
- The service was comfortable and homely and people's rooms were personalised. Several people had brought items of furniture with them.
- The management team had adapted bathing facilities for people to use and would review what adaptations were needed to meet the needs of the people living at the home. For example, at the time of inspection the people living at the service did not wish to have dementia friendly signage in place and were able to effectively negotiate their way around the home without this.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff consistently requested consent before supporting people and people were supported to do what they wished as much as possible, for example go out to the shops. Care plans contained detail about what decisions people could make about their daily lives.
- The service had capacity assessments and made applications to DoLS where this was felt to be necessary. Further work was needed to ensure robust assessments of capacity, clear consent and records of best interest decision were maintained as this was not always in place or clear.

We recommend the provider review their processes to ensure records demonstrate they meet the requirements of the MCA.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 told us staff were very kind. One person said, "The staff are the best thing. They look after me and I like them all. They are lovely and helpful, and we can have a laugh."
- Relatives were happy with how staff supported their family member. A relative commented, "Our [family member] must be well looked after as we have not seen any decline in their condition for all the years they have lived at Oakview. They are a lot calmer than they were at home and have routine of care. When we visit, they are always chatty and content."

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

- People were supported to make daily choices; staff followed this practice and care plans contained relevant information about how to support people in decision making.
- Relatives told us they were consulted and fully involved in decisions about their family member where this was appropriate. One relative told us, "We are fully involved in our loved one's care." Another relative commented, "Oakview keep us well informed."

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

- People's privacy and dignity was respected. Staff were discrete when supporting people and spoke respectfully with people. One person commented, "The staff are always polite and respectful."
- People were encouraged to remain independent, and care plans contained detail about what people could do for themselves and what they may need prompting or assistance to do.
- The management team told us they staff the home to enable people to live their lives the way they wanted. For example, people could get up and go to bed when they wished, with some preferring to stay up until later at night. There were enough staff to support this.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People told us they received personalised care. One person commented, "I can go where I want in here." Another person told us, "The staff don't let me go out on my own but if I want to go out, they always come with me."
- Care plans were personalised, and staff clearly knew people well. Care records reflected that people were receiving care that was reflective of their preferences. However daily notes did not always reflect where people were refusing certain aspects of personal care and what action had been taken. This made it difficult for the management team to have oversight and know when to escalate any concerns. This was feedback to the management team.
- A relative commented, "Staff know our [family member] really well and what they like and do not like." One person told us, "I can talk to the staff; they know me well."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information about people's communication needs were considered in care plans. The management team told us they would adapt information to meet people's needs and understood how to work with people where there were communication difficulties.

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 were supported to engage in hobbies and activities of interest to them. We saw staff support people to engage in craft activities and take people out to the shops.
- The service had an entertainer who visited the home monthly. People told us they enjoyed this with one relative commenting, "My [family member] really enjoys the singer each month."
- People told us staff knew them well and knew what they like to do. This information was also captured within care plans and records. One person commented, "The staff know I like watching sports and I don't miss any matches."

Improving care quality in response to complaints or concerns

- The service had not had any recent complaints or concerns. The management team understood the importance of responding to complaints and concerns and any verbal concerns raised by people or staff were quickly addressed.
- People and staff told us they felt able to raise concerns and that these were addressed. One relative commented, "We have only been concerned once and the manager explained the situation and it was resolved and it has never happened again. We have no reason to complain."
- Suitable policies and procedures were in place and information about the complaint's procedure was displayed within the home.

End of life care and support

- People's end of life wishes were captured within care records. Information about people who had 'advanced care decisions' or 'do not resuscitate' decisions was in place.
- Relatives who had a family member who had received end of life care were very complimentary about how staff had supported the person and family. One relative commented, "The staff were exceptional when my loved one was on end of life. They couldn't do enough for our family. They were so supportive and in the final 3 days we stayed day and night. They provided us with drinks and snacks and were there for moral support. The family are so grateful for everything they did in the years that [family member] lived at Oakview."

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

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

- People and their families felt the service achieved good outcomes for the people living there. Relatives all commented on how well staff supported people. One relative told us, "My [family member] settled in really well. We were surprised how settled they are."
- People and families told us there was a positive culture at the service. One relative commented, "I'd recommend the home. My [family member] is well cared for and we have no concerns. I know the manager and staff well. I find the manager easy to talk to, and we are very happy with the care being received."

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

- People, relatives and staff told us the management team were approachable and responsive. A relative commented, "The manager is always available and welcoming and we can talk to them at ease."
- The management team understood their duty to report any issues affecting the service to CQC and local authority, such as safeguarding concerns or serious incidents.
- There were systems in place to investigate when things had gone wrong, such as accidents or incidents and ensure the action needed had been taken.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People and their relatives knew staff and their roles at the service. Staff felt clear about their roles and worked together as a team. One relative commented, "The manager genuinely cares about the residents. It is the best care home I have ever visited."
- There were a variety of systems in place for audits and checks of the service. Any areas of shortfall led to relevant action being taken. The management team and staff were all committed to providing a good quality, caring service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Families told us communication was good and they were kept up to date with how their family member was. One relative commented, "Communication is very good. We are informed if the district nurse or GP has called, and always informed of any appointments. If we are not available to accompany our loved one, a member of staff goes with them, and keeps us updated."

- The provider completed surveys with people, families and staff and held regular meetings. Feedback was very positive about the service and people felt able to share their ideas.
- Staff had good working relationships with external services and worked with health care professionals and other services to meet people's needs