Somerset Care Limited

Oak Trees

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

This inspection took place on 10 January 2018 and was unannounced.

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. The inspection team looked at both during this visit.

Oak Trees is registered to provide personal care and accommodation for up to 68 people. At the time of the inspection there were 44 people living at the home. The provider divided the home into three units. One unit provided care and support to older people and the other two units provided care and support to people who were living with dementia. All bedrooms were for single occupancy and the provider employed staff 24 hours a day.

At the last inspection, the service was rated Good.

At this inspection, we found the service remained Good.

The provider had employed a registered manager who was responsible for the home. 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.

Staff supported people who lived at Oak Tree's. One person told us, "Staff do everything for me," another person said, "I'm safe here, I can't live on my own and I'm glad to have found this place".

The provider had systems in place that safeguarded people from abuse. These included assessing risks to people and monitoring their safety. There were sufficient numbers of suitable staff to support people to stay safe and meet their needs.

The provider had robust medicine management systems in place to ensure the proper and safe use of medicines. Staff managed the prevention and control of infection and made improvements when things went wrong.

Staff had the skills, knowledge, and experience to deliver effective care and support in line with current legislation. Staff supported people to eat and drink enough to maintain a balanced diet.

The provider worked across organisations to deliver effective care. People received ongoing healthcare support. Staff sought consent to care and treatment in line with current legislation and guidance.

Staff treated people with kindness, respect, and compassion. People were actively involved in making

decisions about their care. Staff respected privacy, dignity and the independence of people living at the home.

The provider used feedback to improve the quality of care. There was a clear vision to deliver person-centred care, which achieved good outcomes for people.

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**

Oak Trees

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 10 January 2018 and was unannounced.

The inspection was carried out by two adult social care inspectors, one expert by experience and a specialist advisor with experience of working in dementia services. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and looked at other information we held about the service. We also received written feedback about the care provided at the home from one health and social care commissioner. At our last inspection of the service in July 2015, we did not identify any concerns with the care provided to people.

During the inspection visit, the inspection team spoke with 15 people who lived at the home, nine members of staff, and three visiting professionals. We also spoke with the registered manager and two deputy managers. Throughout the day, we observed care practices in communal areas, attended two handover meetings and one person's care review. We also observed staff serving lunch in the dining room and people taking part in activities.

We looked at a number of records relating to individual care and the running of the home. These included 10 care plans, medicine records, six staff personnel files and health and safety records.

Good

Is the service safe?

Our findings

People continued to receive safe care.

People living at the home told us they felt safe. One person told us, "I feel safe because there's nothing to worry about." Another person said they felt safer at the home than their own home because there was staff always around. A third person said, "I trust them (staff) so yes I do feel safe." We also spoke with a visitor who told us, "We don't worry now our relative is here. We know they are safe. The staff are very kind."

The provider had policies and procedures in place for safeguarding vulnerable adults. Records showed staff received safeguarding vulnerable adults training. Staff we spoke with knew the correct action to take if they suspected anyone was at risk of abuse. One member of staff told us, "I've never seen anything bad here; if I did I would go straight to the office to report it." A visiting professional said they were confident if they raised any issues the provider would deal with it.

The provider promoted positive risk taking. One person told us they could go out of the building anytime they liked. This person said, "You can do what you want, you just have to tell them if you're going out so they know where you are."

Risks to people had been identified, assessed and appropriate action taken to mitigate them to keep people safe. One person was receiving oxygen therapy. There was a risk assessment in their care plan where staff had recorded safety instructions. These included the maximum numbers of bottles staff could store in the room, that the bottles should be out of direct sunlight, staff should chain cylinders to the wall, and there should be a sign on the bedroom door. At the time of the inspection, staff had implemented these control measures.

The provider had policies and procedures in place to manage health and safety in the home. Senior managers carried out a regular unannounced health and safety audit; we reviewed the latest report dated 11 December 2017. It was a detailed report with photos of environmental issues identified and clear action plans with time scales for completion. Team meeting minutes showed staff discussed health and safety regularly.

The provider had recruited a maintenance person who managed any issues raised. The maintenance person was responsible for carrying out Legionella tests; we reviewed records that included the current water certificate of registration. We also reviewed the homes contingency plan that included the fire risk assessment, business continuity plan, emergency contact details, and a supplier contact details list. Staff updated this in November 2017.

The provider had robust recruitment policies and procedures in place. Records contained two written references and a Disclosure and Barring Service (DBS) certificate. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups.

There was enough staff to keep people safe and meet their care and health needs. The registered manager produced a staff rota one month in advance. Staff told us that occasionally they could be low on numbers due to unplanned staff absence such as sickness. Staff taking on extra shifts resolved this.

One person told us, "Last night I went to bed at 11pm and got up to use the toilet at 3 am, the staff came to check on me straight away." Another person told us, "During the night the staff are always around making sure that I am safe" and, "The girls leave you to yourself most of the time, but you only have to call and they come running" adding "Wonderful". A relative told us, "I can ring any time if I have a query."

The provider had robust medicine management procedures in place. All medicine was stored in individual locked cabinets in the person's room. Staff carried out a weekly audit. The provider trained senior staff to administer medicine and two staff members administered any medicines that required additional storage. We observed two medicine rounds. Staff wore a red tabard to let other staff know they were carrying out a medicine round and should not be disturbed.

People we spoke with told us staff supported them to take their medicines. One person told us they often experienced pain. They told us, "They give me pain killers whenever I ask." A visitor told us their relative got their medicine every day at the right time if the Doctor changed anything. They told us staff informed them of any changes and said, "If I am not here they give me a call". However, records did show that one person had received a weekly medicine early and the medicine in their box did not match the medicine on system. Staff told us, in the event of the current system failing they could log onto the providers website and download the persons medicine administration record to check.

Staff recorded fridge and room temperatures on both units. Staff used the fridge for the storage of topical creams, all of which were in date and labelled in accordance with best practice. However, staff did not record the minimum and maximum temperatures of the fridge. When we discussed this with staff, they told us they were not aware they had to and they did not know the escalation policy in the event of the recordings being out of range.

The provider protected people living at the home from infection. We observed hand-washing posters in the toilets, and staff had access to personal protective equipment such as disposable aprons and gloves. The home was visibly clean; communal areas and bedrooms smelt fresh and were in good condition. One person commented, "It's always nice and clean." The cleaning schedules we reviewed had a complete and sign sheet, on the specialist residential unit some dates were without signatures and staff could not demonstrate how they cleaned commodes, hoists, and wheelchairs. On the residential unit staff told us they cleaned commodes after each use as they remained in the persons own room.

The provider had policies and procedures in place to manage incidents and accidents in the home. Staff we spoke with knew the reporting process and we reviewed records that had an analysis of incidents and accidents that occurred that month. This meant, the registered manager was able to identify patterns and adjust service delivery to reduce the risk of a re-occurrence. However, we did not see evidence of how the provider shared lessons learned with staff following the conclusion of any investigation.

Good

Is the service effective?

Our findings

People continued to receive effective care.

The provider carried out a full and comprehensive pre assessment of each person's needs. We spoke with one visiting professional who told us staff sought appropriate advice to meet people's needs. For example, staff had worked with one person's social worker to improve the person's behaviour. There was uncertainty about how the home could support them and ensure the safety of other people living in the home. The new care plan did not reduce the person's behaviours that challenged, which meant the person was not able to remain at the home.

One community nurse told us staff always followed their recommendations. For example, a specialist foot protector was supplied for one person, the nurse told us when they visited that person they were always wearing it. The nurse also told us people who required pressure-relieving cushions were always sat on them when they visited the home. They said they could discuss any issues they had with supervisors and described them as, "Very switched on."

People could design their bedrooms to reflect their likes and preferences. One person showed us their bedroom with lots of personal items in. We looked at another person's bedroom. This room was homely and attractive. Bedrooms and communal areas were wheelchair accessible.

Staff received a comprehensive induction, which included manual handling, fire health and safety and principals of care. Staff training attendance was up to date and we saw certificates of attendance on staff personnel files. One person living at the home said, "They are always going on training". A relative told us they had been on Dementia Awareness training provided by the home. They said, "It was great".

People could choose from either a menu board or pictures what they were having for each meal. The provider had a corporate menu that offered a balanced, healthy diet. We observed staff asked people what they would like to eat. People told us they were very happy with the food provided. One person said; "There's a good choice of food and you can have what you want" and, "The food is fine." Another person said, "Plenty of food", "A good choice," and a third person said, "The food is quite good." A relative told us they had come into the home for Christmas dinner and said, "It was the best Christmas dinner I have ever had."

During the inspection, staff had laid the dining room tables with tablecloths, cutlery and napkins. People had a choice as to where they would like to eat, some sat at the dining room tables. Others sat in the lounge chairs and some people chose to remain in their rooms. Staff offered a choice of fruit juice, a main course and a pudding. Staff plated the meat for people and the vegetables were on each table in a serving dish so people could help themselves. Staff sat with people and ate lunch at the same time; this meant staff could monitor nutrition and hydration and participate in social interaction. Staff recorded food intake in care plans after lunch to help them monitor people's health.

Staff worked with other health and social care professionals to meet people's health and care needs. During the inspection, there was a meeting with both internal and external professionals present. Discussions that took place were respectful and included an update on a person's progress since moving to the home. For example, they discussed how they had gained weight and how their mental wellbeing had improved. Staff suggested that the person may benefit from a computer chair (the person enjoyed working on a computer). Staff referred the person to an organisation that could provide this. The case manager said at the end of the meeting, "Everything is very positive here."

People were supported by staff who assessed and monitored their physical health needs. Staff reported any physical health concerns to the person's GP and arranged for people to see healthcare professionals such as a podiatrist or optician. One person living at the home told us, "They get the doctor to see you if you need it." Another person said, "I'm a healthy soul. But if I needed anything, like a doctor, they would get one." Care records confirmed that a district nurse visited regularly to make sure people received the treatment they required. For example, one person had a daily visit from the district nurse to administer their insulin medicine. We also observed staff discussing changes in one person's behaviour during a handover, the staff had arranged for a doctor to see them to rule out any physical cause.

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. Staff had an understanding of the Mental Capacity Act (MCA) and supported people in a manner that respected their legal rights.

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 procedure for this in care services is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager has submitted DoLS applications where being as assessed as required. These were currently being processed by the relevant local authority.

Good

Is the service caring?

Our findings

People continued to receive a caring service.

We observed staff interactions with people during a number of activities. Most staff treated people with dignity and respect. Communication was light hearted and natural during activity sessions, we observed staff and people dancing and having fun on the dementia suit. However, we did observe one staff member speaking with one person in an abrupt manner. We raised this with the registered manager who assured us they would address this.

People spoke positively about the staff that supported them and said they felt well looked after. One person said, "All staff are lovely and kind to you." Another person told us, "Staff are very nice and definitely kind."

We observed a staff handover, this is when staff on duty changed and what had happened during the shift was discussed. It was clear that staff understood each person's history and progress. Staff spoke respectfully about people in their conversations with us; they showed their appreciation of people's individuality and character. Staff recognised when people would benefit from physical contact, for example providing hand massages or a cuddle. One person told us they appreciated the affection of staff; other people demonstrated in their interaction with staff that they were at ease and relaxed with them. People looked comfortable in their surroundings, for example sitting stroking the home's cats or sitting chatting amongst themselves and with staff.

People were involved in decisions about their day-to-day lives and the care and treatment they received. At handover, we heard how staff had explained treatment options to one person to enable them to make a decision. Each person had a care plan that staff reviewed with people on a monthly basis. One member of staff told us, "The care plans are on computer but we have hard copies that we go through with people and they sign them every month." One person told us, "They write down about how you like things."

A visitor told us, "I have been involved with the care planning for my relative every step of the way" adding, "I was a nurse so I know what I'm talking about." The person they were visiting agreed, "Yes that's right." Another visitor told us, "I am fully involved in care planning regarding my relatives care" and one relative said, "They attend regular meetings at the home and the staff are always ready to listen to my point of view."

Good

Is the service responsive?

Our findings

People continued to receive a responsive service.

Staff completed detailed care plans that reflected people's preferences. During a review of people's care plans we saw they were detailed and they contained guidance on how to support people's choices and promote their independence. Care plans contained clear information about people's physical, social, and emotional support needs. One member of staff told us, "Everything you need is in the care plan."

Care plans we reviewed were personalised and reflected the information people had told us. Staff and the person whose care plan it was had signed all care plans seen. The provider kept care plans in printed form and electronically. Some printed care plans were contradictory; We raised this with the operational manager and deputy manager who assured us staff would only print off up to date information which would make them shorter and more user friendly

People had annual reviews, which were an opportunity to celebrate achievements as well as plan for the future. Staff identified success in the reduction of the behaviours, which could be challenging to themselves or others. However, staff did not write care plans in a format, which was accessible to all people living at the home. For example, we did not see any care plans in a picture format.

Staff respected people's independence. People told us they could please themselves what time they got up, when they went to bed and how they spent their day. One person said, "You can please yourself what you do," another person told us, "I can do what I like, I have freedom," and another said, "I like my independence they let me be, if I want anything, they will do it, they are all lovely." Staff arranged for one partially sighted person to receive a weekly audio recording of the local newspaper so they could keep up with local news independently.

The provider employed three activity workers who organised activities people could choose to join in with if they wished. At the time of the inspection, only one activity worker was available. The dementia suite/unit was vibrant and noisy; everyone was laughing, singing and appeared very happy. However, in the residential part of the home, there was limited activity taking place on the day of the inspection. One person said, "It can be boring but they look after me well." Another person said, "I can't do much. All I do is sitting around. Yes it's boring." We asked staff what activities they offered when the activity coordinator was not working, staff said nothing took place. We raised this with the deputy manager who told us people in the residential unit preferred to do their own thing.

The provider had a robust complaints procedure in place. Staff completed investigations and produced actions plans to improve service delivery. During the past 12 months the service had received six complaints, these included one where a person's dentures and hearing aid had gone missing. People told us they would make a complaint if they were unhappy with any aspect of their care and support. One person told us, "There's always someone to talk to. I have raised a few things in the past and they've always been sorted out." Another and their visitor told us, "I have no complaints here but if I did I would mention it and I know it

would be sorted." The person said, "Yes" and nodded their head. The provider issued a detailed welcome pack when someone moved into the home. However, this did not include a written complaints procedure.

At the time of the inspection, no one living at the home was receiving end of life care. We reviewed treatment escalation plans where staff had recorded people's resuscitation preferences. Staff where aware to liaise with the person's GP and the district nurse team in the event someone did require end of life care.

The provider helped people celebrate special occasions such as birthdays and religious festivals. One person told us, "Christmas here was beautiful." Another person said, "You always get a birthday cake. They are very thoughtful."

People who wished to continue to practice their faith but were unable to attend services outside the home could attend church services at the home. Staff told us local clergy conducted these services and they were well attended. Staff said they would always try to accommodate people's individual faiths and religions.

Good

Is the service well-led?

Our findings

People continued to receive a well led service.

There was a positive and open culture led by the registered manager, who provided good leadership. The registered manager had managed the home for a number of years. However, they had recently moved to a new home. The provider had appointed a new manager for Oak Trees. At the time of the inspection, the new manager had been in post for just over a week and was in the process of submitting their application to be registered. During the inspection, the registered manager and operational manager supported the new manager.

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.

The new manager was visible in the home and although they had only been at the home just over a week, people knew who they were. The new manager had taken time to familiarise themselves with the home, staff and people. The new manager had achieved this by spending time in the home and placing photographs of themselves throughout the building. People said the manager was very approachable.

The manager had a clear understanding of the key values and focus of the home. They, and the provider, were committed to continuously improving the home service. This was apparent when they spoke about their plans for the home service as well as the day-to-day experience of people living at the home. They were able to reflect on past decisions and consider if they could improve their approach.

A visitor told us, "We are invited to regular meetings; if we can't attend we get a copy of the minutes of the meeting". Another relative told us, "We are encouraged to provide feedback on the home through regular questionnaires", A third relative told us, "The office door is always open you can complain about anything and they listen to you".

Staff members told us "I have an annual appraisal" adding, "I have regular training - I am doing my NVQ". Another staff member told us, "I am new to my role, I get weekly informal supervision with my line manager." Another staff member told us, "I am working on my level 5 NVQ - my line manager is wonderful and supportive." There was a staffing structure, which gave clear lines of accountability, and ensured people always had access to senior staff that monitored their well-being and were available to discuss any issues.

People's views were important to the home. Apart from day to day discussions with staff, people and their visitors were able to make suggestions through regular meetings, satisfaction questionnaires, and "You said - We did" cards. A board in the reception area displayed people's views that the provider had responded too. The "You said; We did" cards detailed suggestions made by people and action taken. Examples included the purchase of new tables that were lower for people to sit at.

The manager contacted five relatives or carers a month to get feedback on the service. We reviewed results of these satisfaction calls, these were generally positive. Where concerns had been identified the provider ensured an action plan was put into place to put things right. Completed surveys showed that all would recommend Oak Trees to others. A healthcare professional said, "The activities coordinator is great with everyone." A relative said, "Dad is very content". Morale was good and all staff we spoke with said they enjoyed working at the home. However, we did not see systems in place to monitor the experience of people who may be unable to express their views verbally.

The provider had quality assurance systems in place to monitor care and plan on-going improvements. We reviewed audits and checks that showed how the provider monitored the quality of care. For example, one audit measured nutritional and hydration needs of people living at the home. The last audit took place in September 2017. We also reviewed the providers "Living with dementia" audit, staff completed this on 7 September 2017. We saw people made a number of suggestions because of this audit, which included recruiting an activities co-ordinator – the provider has now recruited an activities coordinator.

Where staff identified shortfalls in the service, they took action to improve practice. The provider employed maintenance staff. They carried out regular checks on the premises and made sure any repairs identified were completed promptly. An operations manager from the company carried out regular monthly visits to monitor the service using the five questions we report on; Is the service safe, effective, caring, responsive, and well led. We reviewed minutes from the previous four visits, which showed outcomes were positive.

Two deputy managers supported the registered manager. One deputy manager was based on the dementia suite; the other deputy manager was based on the residential unit. The registered manager and deputy managers were very visible in the home. They all demonstrated an excellent knowledge of people and their care needs. During the inspection, they spent time in the main areas of the home talking with people, visitors and staff. Everyone was very comfortable and relaxed with them.

Staff told us they felt their role and responsibilities were clear. The provider also employed catering, domestic, administrative, maintenance and activity staff ensuring a good skills mix to meet the needs of the home. Staff told us they felt supported by a management team that kept them up to date with current developments.

Permanent staff had received regular supervision and appraisals within the last 12 months. The provider carried out formal supervision with staff four monthly. Each member of staff had an annual appraisal where they were able to discuss their performance and highlight any training needs. There were also meetings where staff discussed a variety of issues. The minutes of the last staff meeting showed discussions included the new Care Quality Commission key lines of enquiry. There was also a handover meeting when staff changed shifts to ensure relevant staff were kept up to date with people's care needs. Staff and management were clear on the value and importance of providing and receiving supervision in this service.

All staff we spoke with told us that they could raise issues without fear of bullying or intimidation and we found no reported incidents of bullying within the team. The comments we received from staff stated that staff worked well together and that the team felt supported by each other. Staff members also had opportunities for development.

People benefitted from a staff team who worked in partnership with other organisations to make sure they received appropriate care and treatment. A Specialist Care Development Nurse (SCDN) from the local mental health trust supported staff on the dementia care suite. The SCDN monitored people's mental health needs and supported staff with training and advice. They told us they visited the home on a weekly basis

and attended team meetings when appropriate.

Community nurses visited daily to see people who had physical healthcare needs and required additional support. Both nurses told us that the staff sought advice when needed, and acted on recommendations made. This helped to make sure people received care and support in accordance with best practice guidance. A voluntary group visited to cut people's toenails and people living at the home had access to a hairdresser regularly.