

Three Oaks Care Home Limited

Three Oaks Care Home Limited

Inspection report

14 Gwynfa Close
Welwyn Garden City
Hertfordshire
AL6 0PR

Tel: 01438712939






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16 May 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Requires Improvement 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 16 May 2016 and was unannounced.

Three Oaks Care Home provides accommodation and personal care for up to 16 people with learning disabilities who may also have complex associated needs. There were 12 people using the service when we inspected.

The manager at Three Oaks Care Home had been in post since May 2015 and had submitted their application to register with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in April 2016. The registration application was being processed at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

When we last undertook a comprehensive inspection of the service on 27 August 2015 we found that the management team had worked hard to improve the quality of service that people received. However, we found that the service still required some improvement across all five areas (Safe, effective, caring, responsive and well-led).

In January 2016 we undertook a focused inspection to confirm that the provider had suitable arrangements in place to support the manager in their role. At that inspection we found that there had been significant improvements in how the home was being managed but it was acknowledged that there was still work to be done to ensure that people received a safe, effective, caring and responsive service.

At this inspection on 16 May 2016 we found that, whilst some improvements were still needed overall there had been significant improvements made to the quality of the service provided. We noted that improvements were still needed in the quality of the records maintained specifically in areas such as care records, staff recruitment records and the systems to share information within the staff team. We found that, arrangements to store people's personal and private information did not always promote confidentiality and communal areas of the home were in need of refurbishment to provide a more stimulating and homely environment for people.

People who lived at Three Oaks Care Home were not able to share their views with us however, relatives we spoke with gave us positive and complimentary feedback about service and said that they had no concerns about the care and support their family members received.

Risks to people's safety and welfare had been identified and support had been planned to enable people to live as safely as possible whilst enjoying a range of opportunities for engagement and stimulation. There were sufficient numbers of staff available to meet people's care and support needs.

Staff members understood their roles and responsibilities and were supported by the management team to maintain and develop their skills and knowledge. People were provided with a varied healthy diet and their physical and mental health needs were well catered for.

The staff and management team were welcoming and we noted a respectful interaction between staff and people who used the service. People's relatives were encouraged to be involved in developing people's support plans and to visit the home at any time. People were actively supported to maintain family relationships.

There were arrangements in place to support people and their families to raise concerns. The provider had made arrangements for an external consultant to provide formal supervision and support for the manager. This was a new arrangement however, the manager told us that they felt this was a positive move as the consultant had a successful track record in this area and had so far proved to be a robust resource.

We found that the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we took at the back of this report.

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.

Support staff had been provided with training to meet the needs of the people who used the service.

Staff knew how to recognise and report abuse.

People were supported by staff who had been safely recruited.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People received support from staff who were appropriately trained and supported to perform their roles.

The staff and management team had an understanding of their roles and responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to enjoy a healthy diet.

People were supported to access a range of health care professionals ensure that their general health was being maintained.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People's dignity was promoted however, arrangements to store people's personal and private information did not always promote confidentiality.

People's bedrooms were personalised reflecting their individuality however, the communal areas of the home were bland and the décor was in need of refurbishment.

People were treated with warmth and kindness.

Staff had a good understanding of people's needs and wishes and responded accordingly.

People were supported to maintain family relationships.

Is the service responsive?

Good 

The service was responsive.

People's relatives were involved with planning people's support needs where appropriate and kept up to date with activities and events that took place in the home.

People were provided with opportunities for engagement and were supported to go on annual holidays.

People received care and support that was responsive to their changing needs.

Relatives were aware of the provider's complaints policy and procedure, they were confident to approach the manager should they have any concerns.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Records within the home required improvement in order to accurately and robustly reflect such areas as the care and support provided, the information shared within the staff team and the checks undertaken as part of the recruitment process.

The provider did not have a registered manager in post. The manager had been employed at Three Oaks Care Home in the management role since May 2015. They had submitted their application for registration with the care quality commission in April 2016 and this was being processed at the time of this inspection.

People's relatives had confidence in the staff and made positive comments about the management team and the improvements they had introduced.

The manager had arrangements in place to monitor, identify and manage the quality of the service.

Three Oaks Care Home Limited

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 was planned to check whether the provider met 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 under the Care Act 2014.

This inspection took place on 16 May 2016 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we observed staff support people who used the service, we spoke with six support workers, the deputy manager, the cook and the provider. People who used the service were unable to express their views so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to two people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Subsequent to the inspection visit we spoke with the relatives of six people who used the service to obtain their feedback on how people were supported to live their lives. We also received feedback from health care professionals and the local authority commissioning team.

Is the service safe?

Our findings

Relatives of people who used the service told us that they thought that people were safe living at Three Oaks Care Home. One relative told us, "I think [Person] is safe living there, it was touch and go with all the changes but it is so much better now and they have really settled." Another relative said, "I believe [Person] is safe at Three Oaks, staff understand their moods and behaviours and know how to manage them."

At our previous inspection in August 2015 we found that staffing levels had been increased to six support workers on duty each day and a member of the management team was on duty every day to provide additional support. At this inspection staff confirmed to us that this level of staffing had been sustained and that they were able to provide people with the care and support they needed. Relatives told us that staffing levels had settled and that this had a good effect on people. One person said, "The staffing levels seem to be stable. This makes the staff seem much happier and happy staff make such a difference to the people they care for."

The manager operated safe recruitment practices and records showed appropriate checks had been undertaken before staff began to work at Three Oaks. For example, disclosure and barring service checks [DBS] had been made and references obtained to help ensure staff were safe to work with vulnerable adults. We discussed with the manager about obtaining accurate information about people's working history as part of the application process.

Relatives of people who used the service commented to us that there had been a great number of changes within the staff team in the past year but that this had been managed well. One relative told us, "The staff seemed to be the good calibre and [Person] says they really like the staff."

We spoke with staff and the management team about protecting people who lived at the service from abuse. Staff confirmed that they had received training relating to safeguarding matters and all the staff we spoke with were confidently able to describe what constituted abuse and said that they would escalate any concerns they had. Information about how to report safeguarding concerns was posted in communal areas of the home for visitors to access.

Risks to people's safety and well-being had been assessed and guidance was available for the staff team to follow to remove or minimise risks. For example, we saw risk assessments to support people who were at a high risk of experiencing seizures to go into town and other public areas. The risk management strategy included the support staff to take emergency medicines with them and to be aware of where the nearest emergency treatment centres were located.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. We checked a random sample of boxed medicines and found that stocks agreed with records maintained. Each person had a medicine administration record (MAR) in their name with a photograph to ensure staff could identify that person correctly prior to administering their medicines. We observed staff members encouraging people with their medicines, going

at their pace and without rushing them. This helped to ensure that people received their medicines safely.

There were risk assessments and clear protocols in place for the administration of epilepsy medicines, as required medicines and emergency medicines. Staff received regular training and had their competencies assessed to help ensure their skills and knowledge were up to date and that they were able to provide people with their medicines safely.

Staff were able to confidently describe the procedures to be followed in the event of an emergency. For example, in the event of a fire and they confirmed that regular fire alarm checks were undertaken which helped to ensure that people's safety was promoted. Information was available on the notice board in the communal hallway to advise all people what to do in the event of an emergency.

Is the service effective?

Our findings

At the previous inspection of Three Oaks Care Home in August 2015 we found that the manager had developed a schedule of staff supervision which helped to ensure that each staff member received 1:1 time with the manager to discuss their training and support needs. At this inspection we found that the system of staff supervision had been sustained and was embedded into practice within the home. Staff told us they were confident in the support they received from the management team and that it helped them to be confident they were delivering appropriate care and support for people.

Staff told us that they had received a significant amount of training. This included areas such as safeguarding vulnerable adults, health and safety, first aid, infection control, safer moving and handling, medicines administration, food hygiene and behaviours that may challenge others. They told us that the training provided had helped them feel confident that they were providing people with safe care and support.

At the previous inspection of Three Oaks Care Home in August 2015 we found that improvements had been made in that people enjoyed the food provided for them and we also observed that staff supported people to eat and drink sufficient amounts. We noted that people were assisted to eat or drink where needed. At this inspection we noted that the improvements that had been made had been sustained. Records showed that people's weights were monitored and where people had been assessed as being at risk of poor nutrition the services of a dietician had been sought and the resulting advice and guidance had been incorporated into people's care plans. We discussed with the deputy manager methods that could be used to support people to make choices over the food they wanted and ways of introducing different foods for people to explore.

Relatives told us that people enjoyed the food provided for them at the home. One relative told us that their family member was particular about their food. They told us, "[Person] requests food of their choice regardless of what is on the menu. They get to eat what they like, fortunately they like healthy food." One relative told us that their family member occasionally refused to eat. They said that staff had found that if they persevered and tried again a few minutes later with a different staff member then the person would eventually eat their meal. They told us that the person's weight was now stable and all staff were aware of how to encourage the person to have a healthy eating regime.

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. 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. At the previous inspection in August 2015 we had found that staff had not been provided with training and did not understand their role in protecting people's rights in accordance with this legislation. At this inspection we found that 18 of the 23 staff and management employed to work at Three Oaks Care Home had attended the training. Staff were able to explain to us what was meant by capacity, best interest decisions and what it meant to deprive a person of their liberty. The management team told us that they had made arrangements for representatives of the community learning disability team to attend the home to assist with mental capacity assessments for people who used the service. The management team demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had a clear awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty were lawful. At the time of this inspection applications had been made to the local authority in relation to all 12 people who lived at Three Oaks Care Home. The applications were pending an outcome at the time of this inspection.

Relatives told us they felt that people's health needs were met. One relative told us, "They take [Person] to the doctor if there are any health concerns and keep me up to date." Records confirmed that people had been supported to attend dental check-ups and had received medication reviews with the GP. We found that mental health, learning disability and full health reviews had taken place for all people who used the service. People's epilepsy needs were managed according to their specific management plans. For example, the care plan in relation to one person stated that becoming over warm could bring on a seizure. Instruction for staff was to support the person to lie on their bed with a thin sheet covering them and the electric fan on to help reduce the person's temperature. This helped to ensure that people were supported to maintain good health and receive on-going health care services as needed.

Is the service caring?

Our findings

At our previous inspection we had observed some interactions between staff members and people who used the service that were not respectful. At this inspection visit we noted that staff interacted with people in a positive and respectful manner.

We saw that people's bedrooms were personalised and cheerful. However, the communal areas of the home were tired and in need of refurbishment and did not create a homely environment for people. There was a noticeboard on the wall in the communal lounge area where staff notices and information were displayed. The deputy manager acknowledged this was not appropriate and undertook to re-locate the notice board in the staff room. The provider told us that people had chosen paint colours and arrangements had been made to decorate the communal areas of the home once the weather was warm enough to be able to leave windows open to provide suitable ventilation.

Arrangements had been made to store people's care records, which included confidential information and medical histories, in such a way that would promote their dignity and promote confidentiality. A spare room had been made into a care staff office which meant that paperwork previously stored in the communal lounge area could now be kept securely. However, at frequent intervals during the course of the inspection we found this door to be standing open which meant that any visitor to the home could gain access to people's personal and private information. We discussed this with the manager who agreed that this was not appropriate and undertook to ensure that a locking mechanism would be fitted.

Relatives told us that the staff team were kind and caring. One relative said, "The staff are really brilliant, they are a caring bunch." Another relative told us that people's care and support had improved which had a positive impact on their emotional well being and self esteem. They said, "[Person's] care has improved. For example, their hair is being done regularly and as they like it. This means they look better and therefore they feel better."

People received support from a staff team that clearly understood their individual needs. We noted that people were confident to approach staff at any time and that staff took the time to understand what people were trying to express to them. For example, a person approached the deputy manager and was clearly in some distress. The deputy manager asked them if they would like to speak to their relative on the telephone. They person's face lit up and the deputy manager facilitated the phone call. This showed us that staff understood the emotional needs of the people they supported and took appropriate action to comfort them.

People's relatives said that they were encouraged to visit at any time. Some people did not have the capacity to make decisions about their care and support or to communicate clearly and did not have relatives to do so on their behalf. We noted that an external advocacy service had been involved to provide people with support in this instance. Information about advocacy services and confidentiality was displayed in the home in an easy read format. This meant that some people who used the service could access the information and understand it.

People were supported to express their views and be actively involved as possible in making decisions about their care and support. People's relatives supported them with making these decisions and advocacy services were sourced where people needed additional support. This helped ensure the views and needs of people were documented and taken into account when care or treatment was planned.

We noted on the day that people wore age appropriate clothing that was fresh and laundered. A relative told us, "[Person] is always clean and well-dressed whenever I visit the home or they come home to visit me." Relatives and friends of people who used the service were encouraged to visit at any time and on any day.

Is the service responsive?

Our findings

At our previous two comprehensive inspections of Three Oaks Care Home in February and August 2015 we found that improvements had been required in relation to the development of care plans and the provision of stimulation and engagement for people who used the service.

At this inspection we found that some care plans had been further developed to include all aspects of people's care needs and to provide the staff team with clear instruction to help ensure that people received consistent care and support. The deputy manager told us that they had initially spent time getting to know people and understand their needs since they had come into post in January 2016. They told us that the review and development of people's care plans was now well under way and they were able to give us assurance that the task would be completed within three months of this inspection.

We looked at a care plan that had been recently reviewed by the deputy manager and found that it was clear and simple to navigate in order to access information. Guidance for staff to follow was clear and detailed. For example information about how a person wished to be supported with personal care stated, "I will tell you if I want my hair to be washed. I will choose the shower gel, shampoo and conditioner that I want you to use when assisting me with my shower. I prefer to dry myself following my routine and I don't like to be rushed."

A care plan for a person who had been prone to falls had been reviewed by the deputy manager and we noted that it now included a specific mobility care plan and the relevant risk assessments. As a result of this review an occupational therapist had been brought in to undertake a professional assessment and additional equipment had been provided to support the person's mobility needs. This showed that the process of reviewing people's care plans was effective in improving the care and support they needed.

Relatives told us that, where appropriate, they had been involved in the planning of people's care and that staff kept them up to date with changes to people's health needs. Relatives told us that they were invited to the home to take an active part in meetings with health professionals and annual care package reviews. A relative we spoke with told us of a forthcoming review meeting that was planned and that they had been encouraged to be involved and had identified areas that they wanted to discuss at the review. Another relative said that there had been one occasion when they had not been included in a health review for their family member which had caused them some concern as the person was not known to the health professionals involved, the staff member from Three Oaks that supported the person to attend the appointment was new to the service. This meant that there was no-one involved in the person's review that had an in depth knowledge of them and could advocate on their behalf. The relative told us that they had raised this with the management team and that they were confident that there would not be a recurrence of this.

On the day of this inspection people were involved in their normal daily activities such as attending day centres. People that were at home on this day were able to access various areas of the home at will and spent time interacting with staff members. We noted a person being supported to put on a cardigan

because they had asked staff to take them out in their wheelchair for a spot of fresh air.

People's relatives told us that the activity and stimulation provided for people who used the service had improved. One relative said, "[Person] does a lot more now than they ever had done there." Another relative told us, "[Person] is much happier than they have been. They went to Southend-on-Sea last week and they haven't done that kind of thing for a long time. [Person] really enjoyed it." A further relative told us, "People are all going out and about a lot more. For example going tenpin bowling and on a day trip to the seaside."

People who used the service were supported to maintain family relationships. One relative said, "[Person] comes home every couple of weeks, they enjoy coming home but they are also very happy to return to Three Oaks."

Staff told us that plans were afoot to support people to have a short holiday away from the home. Relatives said they found this to be very positive and said that this was the kind of thing that showed them how well the home was improving. One relative told us that staff had asked their advice about a suitable destination for a person for their holiday. The relative had shared their concerns that the person would not enjoy going away on holiday because they were not happy if they were taken out of their comfort zone and that it would cause the person distress. The staff team and the person's relative had devised some day trips for the person so that they did not miss out. The person's relative said, "Staff asked me what kind of things [Person] would like to do and they really listened to me."

People's relatives told us that they would be confident to raise concerns with the home's management team and gave us examples where they had brought issues to the attention of the management and they had been resolved to their satisfaction. For example one relative told us they had mentioned that a person's room was not as clean and fresh as it could be. The next time they visited they noted that the room had been thoroughly cleaned and they told us that the standard had been maintained over time. This showed that the manager was approachable and acted upon people's concerns.

Is the service well-led?

Our findings

We conducted a focused inspection in January 2016 to confirm that the provider had suitable arrangements in place to support the manager in their role. At that inspection whilst we found that there had been significant improvements in how the home was being managed we found that there was still work to be done to ensure that people received a safe, effective, caring and responsive service.

We noted that regular staff meetings were held. However, minutes of these meetings did not demonstrate that they were a two way process and did not evidence that staff were encouraged to contribute to open and transparent discussions about the service. We discussed this with the manager who acknowledged that the minutes did not reflect an open and transparent management approach. Staff also told us that the minutes did not accurately reflect the content of the meetings held.

Daily shift handovers took place in the morning, the afternoon and evening. These handovers were held to help ensure that all staff had up-to-date information they needed to support people safely. However, people's relatives told us that these were not always effective in cascading information amongst the team. For example, when relatives visited they asked staff about events or incidents that had happened in the days before and the staff had not been able to provide the information requested.

At the previous comprehensive inspections undertaken in February and August 2015 we had received assurances from the management team that care plans were being developed in order to accurately reflect people's care and support needs. However, at this inspection we found that this remained as work in progress. Whilst it is acknowledged that the management team had only recently stabilised this does not demonstrate a robust approach to record keeping.

When we reviewed recruitment documentation we found that the necessary checks had been undertaken to help ensure that the staff recruited were safe to work with vulnerable people. However, the records did not always reflect good practice because people had not completed their application forms with sufficient detail to enable the manager to demonstrate that they had explored gaps in people's employment history. We discussed this with the manager subsequent to the inspection and they acknowledged the shortfall and undertook to make changes to practice.

The provider had not ensured that accurate records were maintained in respect of each person who used the service, the employment of staff and the overall management of the regulated activity. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did not have a registered manager in post. The manager had been employed at Three Oaks Care Home in the management role since May 2015. They had submitted their application for registration with the care quality commission in April 2016 and this was being processed at the time of this inspection.

People's relatives we spoke with as part of this inspection gave us positive feedback about the management team at Three Oaks. One relative said, "The manager is doing a really good job, they now have a deputy that

works alongside them. The management work as a team now instead of opposing each other, that makes for a better life for everyone." Another relative told us that they had confidence in the manager and was relieved that they were bringing about stability within the home. They said, "The deputy manager is really very good too, they are very helpful."

People's relatives were positive about the improvements that had taken place at Three Oaks Care Home. One relative told us, "I am not sure what they could do to make life better for [Person], they are making all the improvements that they need to." Another relative said, "I think things are improving all the time." A further relative told us, "On the whole it is so much better now." The staff team told us that significant improvements had been achieved. They said this had come about as a result of supportive management and staff working together as a team.

The provider had made arrangements for an external consultant to provide formal supervision and support for the manager. This was a new arrangement however, the manager told us that they felt this was a positive move as the consultant had a successful track record in this area and had so far proved to be a robust resource.

The manager said that the provider had supported improvements or innovations they had introduced at the home however; they still did not have any budgetary guidelines which meant they did not have a picture of the budgets that they had to work to in respect of such areas as staffing, food, activities or environment.

The manager had developed a quality assurance questionnaire that had been distributed to people's relatives and professionals. The manager told us that the external consultant had reviewed the feedback from the survey responses and was to do an analysis to help guide the manager in making changes to benefit the lives of the people who used the service. One survey we viewed included the comments from a person's relative, "The manager took control when the establishment was at its lowest. There was so much negativity which had to be turned around. So much credit has to be given for their achievements so far."

There was a system of quality audits in place at the home and we noted that staff had been allocated areas of responsibility to audit such as health and safety, medicines and infection control. We found that areas identified for improvement had been actioned. For example, the kitchen audit had identified that extra shelving was required to avoid food being stored on the floor of a cupboard. When we checked we saw that an additional shelf had been provided. However, there were some monthly audits that had not been undertaken since March 2016. When we discussed this with the manager they acknowledged that they did not have an overview of all the audits undertaken in the home to help ensure that the quality of the service provided was continuously monitored. The manager told us that the external consultant had a more robust audit system that was to be introduced in the home with immediate effect.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured that accurate records were maintained in respect of each person who used the service, the employment of staff and the overall management of the regulated activity.</p>