

# Mrs Monica Tillotson & Mr Andrew Tillotson

# Little Oaks Residential Home

## Inspection report

Daws Lea  
High Wycombe  
Buckinghamshire  
HP11 1QG

Tel: 01494446878

Date of inspection visit:  
16 January 2018  
19 January 2018

Date of publication:  
01 March 2018

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 16 and 19 January 2018. It was an unannounced visit to the service.

We previously inspected the service on 24 November 2015. At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Little Oaks Residential Home is a care home for older adults. It is located in a residential area of High Wycombe and we found it to have a homely and family atmosphere. It is registered to provide accommodation for 35 people. At the time of our inspection 31 people lived at Little Oaks Residential Home.

Without exception people and their relatives were extremely complimentary about the service. People told us they enjoyed living at the Little Oaks Residential Home. People and their relatives consistently considered Little Oaks Residential Home as their home. People consistently told us they were treated with dignity and respect and we observed this to be the case throughout our inspection. Comments included "They are respectful and treat me very well," "It's homely. Nice people," "Very cosy, homely" and "They are very good and caring, they treat us all like we are their own family."

Staff consistently demonstrated kindness and compassion towards people. People told us "Very polite. Treat me very well," "Everyone is very polite and helpful" and "Staff are very nice, helpful and respectful." People were supported to live the life they chose and engaged in meaningful activities.

Staff were highly motivated to provide personalised care to each person. People were supported to continue with their hobbies and interests. Staff understood people's likes and dislikes. People and the staff knew each other well and these relationships were valued by people who used the service.

The service ensured staff were recruited through a robust and safe process. People told us and we observed there were enough staff on duty to provide safe care.

People were supported to keep healthy and manage their healthcare needs. We received lots of positive comments from external healthcare professionals about how the staff supported people at the end of their life. Staff demonstrated compassion and skill when providing end of life care.

People told us they felt valued and included in decisions about their care and the care home environment. For instance, people were asked about how they would like the home to be decorated.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

The home was supported by an experienced and stable management team, who promoted a clear vision to provide a high quality service to people and their relatives.

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?

Good ●

The service remained safe.

### Is the service effective?

Good ●

The service remained effective.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring and had improved to outstanding.

### Is the service responsive?

Good ●

The service remained responsive.

### Is the service well-led?

Good ●

The service remained well-led.

# Little Oaks Residential Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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.

The inspection took place on the 16 and 19 January 2018 was unannounced; this meant that the staff and provider did not know we were visiting. The inspection was carried out by one inspector. On day one of the inspection the inspector was supported by 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.

Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with 12 people living at Little Oaks Residential Home who were receiving care and support, five relatives; the registered manager and four care staff. Whilst at the home we spoke with a GP and after the visit to the home we sought feedback from other external healthcare professionals. We sought written feedback from six care staff. We reviewed five staff recruitment files and five care plans within the service and cross referenced practice against the provider's own policies and procedures.

We also contacted social care and healthcare professionals with knowledge of the service. This included people who commission care on behalf of the local authority and health or social care professionals responsible for people who lived in Little Oaks Residential Home.

# Is the service safe?

## Our findings

People told us they continued to receive safe care. People told us they felt safe when we asked them, "Yes, they are very caring and gentle," "Oh yes, It's very nice here and the staff are good with me" and "Yes I feel quite safe". This was supported by what relatives told us, "I'm very relaxed, kept informed at all times. It's a caring environment and I know she is safe," "She is quite settled and we feel relaxed with her care" and "I haven't encountered any risks. They take good care of her."

People were supported by staff with the appropriate experience and character to work with people. The service operated robust recruitment processes. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.

We observed there were enough staff to meet people's needs. We observed call bells were answered swiftly. This was supported by what people told us "They answer the call bell straight away" and "There are always people around. If you use the call bell they come straight away." Another person told us "Very good staff. I prefer to be on my own; they will put their heads in the door when passing to make sure I don't need anything. Always call out before coming in." The home benefitted from a stable and long serving workforce. People gave us positive feedback about the staff.

People were protected from the risk of abuse. The service had a safeguarding procedure in place. Staff had knowledge on recognising abuse and how to respond to safeguarding concerns. Staff had access to the local safeguarding team contact details. Staff informed us that they would contact that team or the Care Quality Commission (CQC) if management did not report safeguarding concerns. People we spoke with stated they knew who to speak with if they had any concerns. Where concerns were raised about people's safety or potential abuse, the service was aware of the need to report concerns to the local authority and also their requirement to report this to CQC.

People who required support with taking and managing their prescribed medicine were supported by staff who had been trained. One member of staff we spoke with told us they were confident to administer medicines. We noted there were robust and safe processes in place to manage medicines. Where medicine required additional storage and recording we found this happened in a safe and accurate way. People told us they received their medicines on time. People who had allergies were protected from exposure to potential sources as allergies were clearly documented on medicine administration records (MAR's). Where people were prescribed 'as required' (PRN) medicine staff had information available to them to ensure this was administered safely. People told us "They bring my medication to me. Very happy, I would probably forget so don't have that worry," "The staff control my medication. Suits me, they bring it on a regular basis in little cups" and "Quite happy not to have the responsibility."

Incidents and accidents were reported in line with local policy and these were monitored by the registered manager and the provider. Trends were identified and remedial action was taken to minimise future events. People told us staff responded appropriately when they had experienced an accident. Comments from

people included "I had a fall, tripped over my own feet. No harm done, they checked me over to make sure I hadn't hurt myself. I hadn't, just my pride," "I did have a fall, bruised my leg. They checked I was ok. No didn't need a doctor just bruised" and a relative told us "She has had a couple of falls, nothing serious, they keep an eye on."

Risks posed to people as a result of their physical and mental health were identified and staff had access to information on how to minimise the risk of harm to people. Potential risks identified included risk of falling, risk of pressure damage and risks when mobilising as examples.

People were protected from the risk of unsafe premises. All staff had access to information and had received training on fire procedures. Floor plans were available to staff which highlighted fire escape routes. Routine safety checks were carried out to ensure the premises were safe. Equipment used to support people was serviced to ensure it was safe. One piece of equipment used to support people move position had been removed as it has failed a safety test.

Personal emergency evacuation plans were in place which detailed what support was required in the event of an emergency. Staff took part in fire simulations to ensure they knew what to do in the event of a fire.

The home was clean and tidy and decorated to a high specification whilst retaining its homely feel. Domestic staff were observed to be carrying out cleaning in a professional manner. Staff who were responsible for meal preparation had received appropriate training. Staff told us they had access to personal protective equipment (PPE) and were aware of the risks of cross contamination. People gave us positive feedback about the cleanliness of the home. Comments included, "They keep everything clean, yes they wash their hands often," "Very efficient. Keep everything clean" and "They wear aprons and gloves and wash their hands" One relative told us "Very clean, no unpleasant smells."

The provider and registered manager were able to give us examples of how they reflected on when things did not go as planned. Staff were confident in raising concerns and were aware of how they could raise concerns without fear of reprisal. We were provided with an example of how the service had changed its pre-admission assessment process after a challenging situation.

# Is the service effective?

## Our findings

People told us they continued to receive effective care and they were supported to have a good quality of life.

Prior to moving into the home people's needs were assessed. The registered manager told us there was an emphasis on getting to know the person prior to them moving into the home. The registered manager routinely visited people prior to them moving into the home to ensure the service were able to meet the individuals need. They told us "We are a very caring team that go that extra mile to ensure the transition from a family home into a care home is as smooth as possible. This takes into consideration a concise history of the resident and a detailed life story told by the person and, or relatives who can share their life experiences with us. This is a very important part of transition as it allows all staff to appreciate and understand a resident's life before Little Oaks and finding common ground. This could be a football team you support or a religious belief you have, we can help to make life interesting, enjoyable, fulfilling and above all meaningful." This was supported by what people and their relatives told us. One relative told us "Since [Name of person] has been here, he has begun to live again, he is interested and staff are able to talk to him about things he enjoys."

Where specific needs had been identified following the assessment, the service ensured it has all the appropriate equipment to meet people's needs. For example, where people needed help to move position a hoist was provided.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The staff had a good understanding of how to support people to make decisions. The home had made appropriate referrals to the local authority and had invited the local authority MCA lead officer to the home to provide training to staff.

People told us they were supported by staff who they felt had received training to provide and support them safely. Comments from people include "Certainly seem so. Always on hand when needed," "Quite experienced, even the young ones" and "Very much so. I can't fault them." Staff told us they had received training which prepared them to support people. New staff were supported through an induction period, where they worked alongside more experienced staff. Staff told us they were given time to read policies and procedures, care plans and ask lots of questions in their induction period. Staff felt they had received



positive support during their induction period. The registered manager told us all new staff were supported to study the care certificate. The certificate sets out expected standards for care staff to adhere to. A number of staff within the service were identified leads or champions in core topics. Topics covered included dementia, diabetes and dignity as examples.

Staff told us they felt supported in their role. We checked if staff were offered one to one meetings in line with the provider's policy. We noted some staff had not received one to one meetings as expected. We spoke with the provider about this. They explained they had a number of senior staff leave the service and was aware that one to one meetings were not always offered as per policy. However they were confident that recent recruitment changes would rectify the situation.

Staff told us they had received initial and on-going training which the provider deemed mandatory. The registered manager acknowledged they had identified some people's training was overdue. They had addressed this and a new system for monitoring staff training needs was in place. The registered manager told us they had confidence in the new system and it would help them support staff to keep up to date with their training needs. People told us they thought the staff were trained well. Comments from people included "I can't walk, need to be hoisted. I feel quite safe," "They need a hoist to move me, and then they will walk behind me as I am unsteady. Had no falls since I have been here." A relative told us "Last year or so she lost the use of her legs. They use a hoist to move her she seems happy with the way she is handled. They are well trained in its use."

We noted people were consulted about food choices and had requested more cabbage to be on the menu. We received mixed feedback about the food. Positive comments included "Very good, have no complaints," "Food is ok, only thing I don't like is tapioca. They do keep note of any dislikes, diet requirements... there is always drinks available" and "Food is very good, good variety." Negative comments about the food included "It's nasty, preparation is not good, quite tasteless. Plenty to drink, I like breakfast, can't do much to spoil porridge, toast and apple juice" and "It's, can I say adequate certainly not gourmet." Where concerns were noted about people's nutrition staff ensured the person was referred to the GP or dietitian.

People had access to external healthcare professionals when required. One person had been supported to attend their medical treatment. We spoke with one visiting GP. They spoke very highly of the service. They told us "[Name of registered manager] is on top, she recognises the slight changes in people. They are always spot on when describing symptoms. She [Name of registered manager] raised concern about someone as they looked pale. She was right the person was anaemic." People told us "Two months ago when I was experiencing increased pain. Optician came in. I went to an outside clinic. Dentist is coming in on Monday. They do notice if you are under the weather" and "I took her to the eye clinic before Christmas."

People were supported to live a healthy life, a weekly gentle exercise group took place and information on how to keep healthy was shared with people. In the recent past a session had taken place on 'mindfulness', we received positive feedback about the session.

The service ensured they worked closely with external parties when people moved between services. For instance, when a person was admitted to hospital. The registered manager told us "Families look to us for support and we provide this both inside and out of the home by visiting hospitals to make sure their continuous needs are being met and their character and wishes are understood by those who care for them, in our absence."

People were encouraged to be involved about decisions about the home décor and furniture. We noted in the meeting minutes of a recent meeting, people were asked about what type of furniture they preferred.

The registered manager had advised them they were going to visit a furniture show and wanted people's choices prior to purchasing new items. People we spoke with confirmed they felt included in decisions. People's rooms were personalised.

# Is the service caring?

## Our findings

People gave us positive feedback about how the staff supported them. We received many comments from people their relatives, external professionals about how homely Little Oaks Residential Home was. Comments included "I nearly walked passed it, I didn't expect a care home to be here," "From the moment I walked it, it felt like home" and "They are very good and caring, they treat us all like we are their own family." A relative told us "Dad always considered Little Oaks as his home and all the staff as his friends." Another relative who had written to the home said "It is impossible to repay your love and kindness." A third relative provided feedback that "It has a warm feeling of one big family."

People were supported by staff who consistently demonstrated kindness, compassion and took a genuine interest in people they supported. Staff were highly motivated to provide a high quality service. Feedback from people and their relatives was overwhelmingly positive. Comments included "Nice home, treat me very well, helpful, kind and considerate," "The staff, oh they are, very kind, helpful and caring" and "They are polite, helpful, caring, understanding. Good people." This was supported by what healthcare professionals told us "They provide excellent care, the home has a family atmosphere," "It is a fantastic place" and "If my parent needed care they [Little Oaks Residential Home] would be number one on my list."

Feedback from people and their relatives confirmed people received a personalised service and were involved in the development of support plans. One relative had given feedback to the home following a family member staying there for a short time. "I cannot praise Little Oaks and its management and staff highly enough. My dad stayed for respite for two weeks. The manager spent considerable time on a home visit to ensure his care plan was totally complete and accurate. I was asked to agree and sign the care plan once presented and reading it highlighted the deep understanding of my dad's condition. Excellent communication throughout." Another relative told us "We chose Little Oaks for mum to live because of the wonderful homely feel that you get as soon as you walk through the door. Nothing is too much trouble for the staff. They are all so patient, friendly and cheerful, which helps mum to feel happy, safe and secure - which is really important to us. It takes the worry off our shoulders. It is comforting to know that there is always somebody there for mum when she needs them."

At Christmas the local church offered Little Oaks to sponsor a Christmas Tree. A paper chain was made with all residents (past and present) name around the chain a felted stencil of each members of staff hand was laid. Named 'Helping Hands'. The registered manager told us they supported people to visit the church to see the tree. Relatives of previous residents who were local to the area gave overwhelming positive feedback to the home. One relative had written to the home and stated "We remember very clearly how much love and care which you and your staff showed mum last year, especially around this time when she was in her last days, and needing much care and attention. She was truly blessed and we are immeasurably grateful."

People told us they were supported to make decisions about their care. We observed staff would consistently ask people how they would like to be supported. No assumptions had been made about people's choices. Comments from people included "I am capable of making my own decisions. They do ask how I am and if there is anything I need. No restrictions on where I go," "They will discuss things with me; will

call if there is something they think I should know. Not had any big issues," "Yes everything is explained. I am able to make my own decisions. Can do most things for myself" and Yes everything is explained. I am able to make my own decisions. Can do most things for myself."

We were given many examples of how the service supported people promote their independence and maintain important relationships. On day one of our inspection one person was being visited by her daughter with her dog. The relative explained to us her mother had always lived with dogs and the contact with dogs was still very important to her. There were no restrictions on pets visiting the home. The registered manager told us about someone who they had previously supported. "I visited a resident in hospital; I chatted to her, carried out oral hygiene, gave a drink, held her hand and had a pleasant meaningful conversation about things that were of interest to her. Letting her know what her friends were up to, back at the home."

They went on to tell us how the person had responded, they told us "Her whole demeanour changed and she started to chat back...I played a few familiar tunes which she started to hum to. Other patients in the ward were really enjoying it too. I skyped her grandson who was coming from America the next day. She had a chat to him, wishing him a safe flight and she hoped to see him soon. I left the ward that night feeling very happy, having put a smile on this ladies face and her friends in the ward...Sadly my resident died that night, but it was a miracle that she had spoken to her nearest relative to say good bye only hours before. I seem to have been able to sense the situation and the importance of the call that night. I was able to relate to her grandson what a lovely time she had that evening with the highlight being able to see and speak with him even though he was many thousands of miles away."

The registered manager gave us an example of supporting a person to have a dignified death. They told us "A gentleman who had come to Little Oaks for end of life care. He had his own dog that was being looked after by his daughter, and for the final three days of his life the dog came to stay with him in his room. Shortly before passing he asked for the dog to join him on his bed which we said was not a problem. With the dog on the bed his daughter popped into the en-suite and on her return, her dad had passed away. The dog was lying beside him gently licking his face, what a way to go with his best friend by his side."

People, their relatives and visiting external healthcare professionals all told us people were treated with dignity and privacy was protected. We observed people being supported by staff to help them move position. This was completed in a professional, calm and safe manner. Staff were observant and responded to any change in behaviour appropriately, checking if the person was alright, safe and happy. Comments from people included "If my door is closed, they will knock before coming in. Haven't had any problems with personal property. Visitors are made welcome always offered a drink and greeted by name," "I am quite happy have no concerns about my privacy. When visitors come in they are offered a drink" and "I am quite independent, like my privacy and can do most things for myself. They are quite respectful of my like for privacy. Visitors are made to feel welcome." This was supported by what a relative told us "She has a room with an en suite. They are quite discreet when giving personal care" and also supported by what an external healthcare professional told us "It's great, I can't fault it, I would put in my top two in High Wycombe."

The home celebrated important events in people's life. For instance, birthdays and anniversaries. One person, who was supported to celebrate their ninetieth birthday, spoke about how they were made to feel so special. We noted a banner had been erected in a communal area. We spoke with the person and they told us "It was my birthday yesterday. They made a great fuss, decorated one of the rooms with a banner. My family came in and we had a little party, everyone got involved, it was very special for me (90th). Had lovely cards and presents and a special cake." The registered manager advised us that each person at the home received a personalised gift to celebrate their birthday. This was confirmed by the deputy manager who

showed us pictures of birthday celebrations they had organised. One person had recently been given tickets to visit Kew Gardens with their relatives to see the orchid display, as they were an avid gardener.

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager had just acquired a reading aid for people with sight loss. Prior to this a member of staff would sit with people with sight loss and read important information to them.

Information held about people was kept safe and secure and the service ensured with the Data Protection Act. We spoke with the provider about supporting people with protected characteristics as defined in the Equality Act 2010. They demonstrated a commitment to working with people as individuals and educating staff when required.

Where required the staff supported people to access advocacy services. Advocacy gives a person independent support to express their views and represent their interests.

## Is the service responsive?

### Our findings

People told us they continued to receive a responsive service that understood their individual needs. The provider and registered manager prided themselves as supporting people to have a personalised, caring and homely experience. The registered manager told us the key to supporting people was getting to know the individual. One person who used to sing in the local church choir was supported to visit the church prior to Christmas. A member of staff told us when the person returned to the care home, they told them whilst they sat in the church their whole life passed them and they were filled with fond memories. The registered manager informed us that was the last time the person had left the home prior to their death.

People's care plans reflected their physical, mental, emotional and social needs. Care plans were reviewed on a regular basis and when changes occurred in people's health.

We were given many examples of how the staff and management supported people to enjoy a high quality of life and a respectful and dignified death. Healthcare professionals gave us extremely high praise of how people were supported by staff at the end of their life. One healthcare professional told us "I am very pleased with the support people have received; the level of care given is second to none. The staff have a good understanding of the palliative needs of people." They went on to tell us, "Staff respond appropriately to people's changing needs, and people have received the right support when needed."

Staff had received training in end of life care. One healthcare professional told us "Little Oaks staff are capable and responsive to people's end of life needs. They get it." The deputy manager spoke passionately about caring for people at the end of their life. They demonstrated they felt it was a privilege to care for someone at the end of their life.

People were encouraged to take part in meaningful activities of their choice. The staff understood what was important to people. One person told us they liked to paint; another person told us they liked to knit. Comments from people included "Get involved in most, there is always something going on, quizzes, music, singing," "There are various things going on. I will get involved. They came round to tell me what was going on today. Usually something on a daily basis, good variety" and "Like the quizzes, there is a board downstairs. If there is nothing going on carers will ask what we want to do." "A healthcare professional told us "People who have had respite at the home have told me they felt there was enough activity on offer."

People were supported to engage in the local community. The home had support from activity workers who organised trips out from the home. These included boat trips, watching the Queen's parade and visiting a local children's nursery. People we spoke with told us they had really enjoyed spending time with the children. The home had forged links with a number of external agencies including Bisham Brass Band, Marlow Music Makers and St Augustine's Choir. In addition a local allotment group supported residents to plant summer baskets.

People told us they were asked about their thoughts about the service. People and their relatives were sent a questionnaire about their experience of the service. People told us they felt able to provide feedback on

the service. However all the people we spoke with told us they had no complaints. Comments included "Nothing to complain about," "Not really. It's not like being in your own home, there are benefits. Nothing to think or worry about" and "I have had nothing to complain about."

People were confident any concerns raised would be dealt with efficiency and swiftly by the management team.

## Is the service well-led?

### Our findings

People told us they continued to receive a well-led service. Little Oaks had established a stable and high quality presence in the local community. It had been supported by stable management throughout time. Both the provider and registered manager were committed to providing a personalised and family environment. The feedback we received from people, their relatives and external professionals supported this. This culture was acknowledged by the staff team and was clearly visible throughout the observations we made throughout the inspection.

There was an experienced and committed registered manager in post. 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.

There is a legal requirement for providers to be open and transparent. We call this duty of candour. Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers have to undertake a number of actions. We checked if the service was meeting the requirements of this regulation. The registered manager was aware of the regulations and their requirements to comply.

Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when a DoLS application had received a decision. The registered manager was aware of this requirement.

The management ensured people were involved in important decisions in the home, for instance about the décor or activities on offer. People were invited to regular meetings with the home management. Staff felt valued and listened to. They felt their views were taken on board by the management.

The registered manager was aware of best practice guidance as they kept themselves up to date with any changes. They continually monitored the service provided to ensure the best outcomes for people who lived at the home.

The service worked with external professionals and the local community to support people. The registered manager also told us about other ideas they had about supporting people to be a valued member of society.

The service did reflect on their performance and looked for opportunities to improve the quality of life for people living at the home. An example of this was the recent acquisition of a reading aid for people with sight loss.