

Oak Farm Bungalow Limited

Oak Farm Bungalow

Inspection report

1 Cedar Court
Fakenham Road, Taverham
Norwich
Norfolk
NR8 6BW

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Ratings

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

Summary of findings

Overall summary

About the service

Oak Farm Bungalow is a nursing home providing personal and nursing care to up to 6 people, within one bungalow. At the time of our inspection there were 3 people using the service with acquired brain injuries.

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

People's care environment was kept safe by staff completing regular maintenance checks of equipment used within the home; ensuring it remained damage free and ready for use.

Medicines were stored securely for the safety of the people supported. Medicines were well audited to ensure people received their medicines as directed/ prescribed.

People had been involved in the creation and review of their care plans. This ensured their choices were captured and built into the support they received.

Staff supported people in a caring and respectful way. Families told us they felt staff were approachable and supporting of their loved ones.

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

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

Rating at last inspection

This service was registered with us on 10 October 2020 and this is the first inspection.

Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Oak Farm Bungalow

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was completed by two inspectors.

Service and service type

Oak Farm Bungalow is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Oak Farm Bungalow is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, area manager, one care staff and one nurse. We reviewed two people's care records. We looked at staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures. We spoke with three people who used the service and two relatives.

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.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Secure records were kept of all safeguarding alerts raised, which evidenced actions taken following these concerns, in line with the provider's policies.
- Staff had received safeguarding training. Staff had a clear understanding of safeguarding procedures and steps to take if they suspected concerns such as abuse.
- People told us they felt safe within the service and well supported by staff who knew them well.

Assessing risk, safety monitoring and management

- Care plans were detailed to ensure any risks to people could be sufficiently mitigated to keep them safe and give clear direction to ensure consistent support would be completed by staff.
- Daily records were completed and evidenced the level of support people received on a daily basis. This ensured people's needs were met and clearly detailed.
- People's needs had been holistically assessed. This included implementing risk assessments including for falls. This document was bespoke to the person and regularly reviewed. This ensured people's individual needs were reviewed, met and any risks mitigated.
- Health and safety checks were completed within the service. These included checks on water temperatures, fire safety equipment and emergency lighting. This ensured equipment would be safe for use as required.

Staffing and recruitment

- Staff were safely recruited and checks were made on their suitability through references from previous employers and Disclosure and Barring Service (DBS) checks.
- The service's training matrix's showed that all staff had completed relevant training for their roles they were employed in.
- Staffing levels were assessed by using a dependency tool. This tool was regularly reviewed to ensure sufficient staffing levels remain in place for the needs of the people.

Using medicines safely

- An electronic medicines management system was in use at the service. Staff told us this worked well, and they had received training on how to use it.
- Staff were aware of people's allergies in relation to medicines. A person told us, "They (staff) are really good as I have so many intolerances they know all of my needs and we work with the GP where needed."
- Medicines were stored securely in locked cabinets within a locked room. An additional locked controlled drugs (CD) cabinet was always in situ at the service. At the time of the inspection this was not required to be

in use as no one was in receipt of CDs.

- Staff told us that if a person was to refuse their medication, they would contact the person's GP for advice or seek guidance to keep the person safe.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider was following current government guidance in relation to visiting at the time of the inspection. Family visited their loved one during our inspection and spent time with them in communal areas of the building.

Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- The registered manager used learning from a previous inspection at another service to implement positive change at this service. One example, was the implementation of digital care plans to support in improving oversight of the service.
- The provider implemented an ongoing action plan across this service. This was further supported by an external independent consultant who completed independent quality assurance audits and fed their findings back to the provider.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care plans detailed people's preferences in relation to how they wished to spend their time and live their lives. A person told us, "How I spend my life is all my choice, I do a lot myself where I can and I ask for help where I need it."
- Care plans clearly instructed staff on how to promote choice and decision making by the person. For example, including allowing time for the person to make the decision for themselves and that the person may need the information repeating for their clarity. This promoted staff to encourage the person to make their own choices in relation to their support.
- Staff were observed offering choice during the inspection offering a variety of activities and allowing the person to choose for themselves what they wanted to do.
- The registered manager explained that prior to any new admissions a care plan would be created and shared with staff. The person's support needs and preferences would be captured to ensure the person was supported in ways of their choosing.

Staff support: induction, training, skills and experience

- Staff completed a range of training with a mixture of face to face and online learning to ensure they had the skills and understanding to safely support people's assessed needs.
- The registered manager confirmed that a range of competency checks were completed by the management team to ensure training has been fully embedded and staff supported people in a safe way, as per their training.

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

- Care plans detailed how to support people at mealtimes and with their mealtime preferences. This ensured consistent support was given to the people in line with their own choices and preferences.
- Peoples weights were regularly monitored to ensure staff were aware of any fluctuations in people's weights and could contact the relevant health care professionals as required.

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

- People's bedrooms were seen to be personalised with photographs and their own belongings, allowing the person to make their rooms feel homely.
- Adaptive equipment was observed to be in place for the individual needs of the people supported. One person with sensory difficulties had within their bedroom a flashing light to notify them when the fire alarm was sounding as they were unable to hear this.

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

- The registered manager told us they worked alongside external professionals and sought their input in a timely way when required. A person told us, "I am involved in my care and they (staff) do nothing without my consent, when the GP is here they talk with me and not about me."
- Record keeping evidenced that speech and language therapists and dieticians had been engaged where a person's nutritional intake support had changed. This ensured people received correct support and input as their support needs changed.
- Occupational therapy support plans were also available due to the complexity of people's equipment, and moving and handling needs. These documents included photographs of the person using equipment to ensure staff supported the person in a consistent manner.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- No one at the service required a DoLS at the time of inspection. Staff had the relevant understanding and training that if a person's needs had changed they would know what steps would be required to ensure a DoLS was put in place.
- People were observed to be given choice and control during our inspection. Staff also confirmed that people were given choices for example, in what they would like to wear and how they would like to spend their day.
- People's individual capacity was captured within their care plans, including proactive steps staff can take to promote decision making of the person. N

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were observed to be supporting people in a caring manner. One person told us, "[Staff] are angels they are so kind to me and having to work with the three of us and during the pandemic, they are so strong and supportive."
- Staff told us how important it was to treat people with respect, "I want to treat (people) like my family."
- The service did not currently support anyone with their spiritual beliefs, however the registered manager confirmed staff would support people with their beliefs if this was required and this was kept under review?.

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

- Regular meetings had taken place to encourage people to speak up and shape their support. Documented minutes from meetings required further expansion to ensure people's opinion was captured in detail.
- People and their relatives were given the opportunity to express their views, people were also supported to be involved in making person-centred decisions about their care.
- The registered manager completed regular observations of staff, to ensure the standards of care were in line with the person's wishes and preferences.

Respecting and promoting people's privacy, dignity and independence

- Staff were observed supporting people in a dignified manner. Staff were supporting people on a one to one basis during our inspection, away from other people. This ensured their privacy and dignity was maintained at all times.
- Staff promoted people's independence and people's choice by supporting them to use the community safely by having personalised support plans for staff to follow.
- People and their families we spoke with felt the staff were respectful at all times.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were found to be personalised for the needs of the people and written in a manner to promote choice and independence as much as possible.
- Support required from staff was clearly documented to ensure consistent care was offered to the person in line with their preferences and needs.
- People and their relatives were involved in the writing of their care plan and at subsequent reviews to ensure their voice had been captured.

Meeting people's communication needs

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

- The service was able to provide information in different formats to aid understanding. Staff would also discuss information via text message to one person as was their preferred communication method.

Improving care quality in response to complaints or concerns

- The registered manager explained how they had listened to feedback they had received from a person supported and how they would like their support to be completed in a different way. The registered manager had taken this on board and adapted the practice of the staff team to ensure this was in line with the person's wishes.
- People supported, and their families were confident that any concerns they may have would be taken on board and actions would take place by the registered manager to improve the situation.

End of life care and support

- There was no one in receipt of end of life care at the time of the inspection.
- Staff told us they had received training on supporting people at the end of their life.
- Care plans detailed who had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) in place. This information was held in a dignified manner to ensure this decision was kept private at all times.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager demonstrated their priority was around the importance of providing high standards of personalised care. The registered manager spoke passionately about ensuring people were supported in the best way possible.
- People were involved in planning and reviewing their care. Where people had requested for changes to be made these had been listened to and changes implemented.
- Staff were observed talking to people, asking them what they wanted to do and adapting their approach to engage with each person differently, as per their care plan and preferences. This ensured all people were communicated with as individuals.

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

- The service had policies in place to ensure the registered manager, and staff team understood their responsibilities under the duty of candour.
- Families told us they felt well informed of their loved one's lives and that communication had improved extensively since the registered manager had been in post.

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

- The registered manager demonstrated that they understood their regulatory role and responsibilities.
- Staff understood the needs of people and knew them well. They were aware of key risk information such as people's allergies, their likes and dislikes.
- The registered manager has taken on board feedback from another inspection at a service they are registered for and implemented positive changes to this service in relation to care plans and maintaining oversight.

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

- Feedback was regularly sourced from people and their relatives where appropriate. This was evident in people's care plans, in addition to what we had observed during our inspection.
- The service's policies, procedures and training supported staff to consider and maintain people's protected characteristics and encourage them to advocate for themselves how they wanted to live their life.

Working in partnership with others

- The registered manager engaged relevant health and social care professionals as required to meet the needs of people. This was evidenced within the care plans and daily records we reviewed.
- The registered manager gave examples of where they had worked collaboratively with other professionals to achieve positive care outcomes for people.