Unityone Ltd

Oakwood Rest Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 11 April 2017 and was an unannounced comprehensive rating inspection. The location was last inspected in April 2016 and was rated as 'Requires Improvement', with Breaches of Regulations: 12 HSCA RA Regulations 2014 Safe care and treatment, Regulation 17 HSCA RA Regulations 2014 Good governance and Regulation 18 Registration Regulations 2009 Notifications of other incidents.

Following the last comprehensive inspection on 12 and 14 April 2016 the provider was requested to submit an action plane to demonstrate how they were going to improve their service provision regarding there identified breaches. On 27 July 2016 a focussed inspection took place where we looked specifically at the domains of 'Safe' and 'Well Led' and saw that satisfactory improvements had been made.

Oakwood Rest Home is a registered care home providing accommodation for up to 30 people who require support with personal care. At the time of our inspection there were 27 people living at the home.

There was a 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.

People did not always receive their medicines safely.

Potential risks to people had been assessed and managed appropriately, ensuring that people were kept safe and secure and the risk of potential harm was minimised.

There were sufficient numbers of staff available to look after people safely. Staff had been recruited appropriately and had received relevant training so that they were able to support people with their individual care and support needs.

Staff sought people's consent before providing care and support. Staff understood when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) should be followed.

People's rights to privacy and confidentiality were respected by the staff that supported them and their dignity was maintained.

People had a variety of food, drinks and snacks available throughout the day. They were able to choose the meals that they preferred to eat.

People were supported to stay healthy and had access to health care professionals as required. They were treated with kindness and compassion and there were positive interactions between staff and the people

living at the location.

People's choices and independence were respected and promoted. Staff responded appropriately to people's support needs. People received care from staff that knew them well and benefitted from opportunities to take part in activities that they enjoyed.

The provider had management systems in place to audit, assess and monitor the quality of the service provided, to ensure that people were benefitting from a service that was continually developing.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People did not always receive their prescribed medicines safely.

People were protected from the risk of harm and abuse because the provider had effective systems in place and staff were aware of the processes they needed to follow.

Risks to people were appropriately assessed and recorded to support their safety and well-being.

People were supported by adequate numbers of staff on duty so that their needs were met.

Is the service effective?

Good

The service was effective.

People's needs were met because staff had effective skills and knowledge to meet these needs.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted and received care in line with their best interests.

People were supported with their nutritional needs.

People were supported to stay healthy.

Is the service caring?

Good

The service was caring.

People's rights to privacy and confidentiality were respected.

People were supported by staff that were caring and knew them well.

People's independence were promoted and maintained as much as possible.

Is the service responsive?

Good

The service was responsive.

People's care needs and preferences were assessed to ensure that their needs would be met in their preferred way.

People were well supported to maintain relationships with people who were important to them.

Complaints procedures were in place for people and relatives to voice their
concerns.

Is the service well-led?

Good

The service was well led.

The provider had systems in place to assess and monitor the quality of the service.

People and relatives felt the management team was approachable and responsive to their requests.

Staff were supported and guided by the management team

Oakwood Rest 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.

This inspection took place on 11 April 2017 and was unannounced. The membership of the inspection team comprised of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents, serious injury and safeguarding alerts which they are required to send us by law. The provider had submitted a Provider Information Return (PIR) form prior to our inspection visit. The PIR is a form that asks the provider to give some key information about the service, what the services does well and improvements they plan to make. We contacted the Local Authority commissioning service for any relevant information they may have to support our inspection. We also looked at the Health Watch website, which provides information on care homes.

During our visit to the home we spoke with seven people, two relatives, three staff members and the registered manager. Most of the people living at the home had complex care needs and were unable to tell us about the service they received. Therefore we used a tool called the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at the care records of three people and three staff files as well as the medicine management processes and records that were maintained by the provider about recruitment and staff training.

We also looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service.

Requires Improvement

Is the service safe?

Our findings

At our previous ratings inspection in April 2016 we saw that people did not always receive their medicines as prescribed. During this visit we saw that medicine management had improved since our last inspection and medicines were mostly given to people safely. However, during this visit we did observe a member of staff give someone their medicine without watching them take it. We saw that the person took their medicine and there were no adverse consequences for the person involved. We raised this concern with the registered manager who assured us they would be looking into the incident. A person we spoke with told us, "They [staff] give me Paracetamol to help the pain of my arthritis, and I can ask for more. I get it whenever I ask for it". A relative we spoke with told us, "[I've got] no concerns at all about her [person using the service] medicines". We saw that the provider had systems in place to ensure that medicines were managed appropriately. This included how medicines were received, stored, recorded and returned when necessary. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed. A person we spoke with told us, "They [staff] give me Paracetamol to help the pain of my arthritis, and I can ask for more. I get it whenever I ask for it". Staff told us that not all people were able to tell them when they were in pain or discomfort and when medicines were needed on an 'as required' basis. We saw that the provider had guidelines in place for staff outlining how to identify when people needed their 'as required' medicines.

People we spoke with told us they felt safe in the home and we saw that people looked relaxed in the company of staff. A person we spoke with said that they had not seen anything that had concerned them about people's safety, they told us, "Nothing happens here, there's no shouting or anything like that". Another person we spoke with said, "I'm enjoying living here, it must be that we [people using the service] get looked after". We saw that the provider had processes in place to support staff with information if they had concerns about people's safety and how to report those concerns. Staff we spoke with told us that they had received training on keeping people safe from abuse and avoidable harm, and were able to give us examples the different types of abuse. A staff member we spoke with gave us examples of the signs that might indicate if a person was being emotionally abused, they said, "They [people] might become withdrawn, isolated and tearful". Another staff member we spoke with told us, "I know them [people using the service] so well, I'd know if something was wrong". They told us that they would be able to recognise changes in people's behaviour which might indicate that they were being abused. If they believed abuse was taking place, they told us that they would inform the registered manager or one of the senior members of staff.

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. A member of staff we spoke with told us, "Risk assessments are done by the manager and reviewed every month". We saw that the provider carried out regular risk assessments which involved the person, their family and staff. We saw that risk assessments were updated regularly in care plans. Were accidents recorded and action taken to minimise risk of future incidents.

There were sufficient numbers of staff working at the home to meet people's needs and minimise the risk of keeping people free from harm or abuse. A relative we spoke with told us, "There's always enough staff

around, she's [person using the service] never left waiting. No concerns". We observed that there were enough staff available to respond to people's needs and they were attentive when support was requested. A staff member we spoke with said, "Yes, there are enough of us [staff] and the [registered] manager and deputy [manager] cover if needed". We saw that the provider had processes in place to ensure that staff shifts could be covered in the event of a member of staff being unable to work due to ill health. They also had systems in place to ensure that there were enough members of staff on duty with the appropriate skills and knowledge to ensure that people were cared for safely. The registered manager told us how they ensured that staff have the necessary experience and skills to care and support the needs of the people living at the home. They also ensured that more experienced staff worked alongside newer staff members to encourage their development and ensured consistency of quality care and support for the people living at Oakwood. The provider told us in their PIR there were sufficient numbers of staff to support people safely and this reflected what we saw during our inspection.

The provider had procedures in place to support people in the event of an emergency, such as a fire for example, and staff were able to explain how they followed these procedures in practice to ensure that people were kept safe from potential harm. A staff member we spoke with told us, "[I'd] check the fire panel to see where the fire is, I'd dial 999 and evacuate [people] to the evacuation point". They also explained that people who were less mobile had rooms on the ground floor of the home for ease of access if such an emergency arose. Staff knew where the fire exits were and that the location had fire doors that would protect people until the emergency services arrived.
Another member of staff gave us an example of the emergency procedure if they found someone collapsed in their room, "If I found someone on the floor I'd check to see if they were okay. Call 999 if necessary. Call the senior [member of staff] and document it". This showed us that staff knew how to respond to keep people safe in an emergency.

The provider had a recruitment policy in place and staff told us that they had completed a range of checks before they started work, which included; references from previous employers and DBS checks. Records we looked at showed that checks including references and checks made through the Disclosure and Barring Service (DBS) were completed. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care

Good

Is the service effective?

Our findings

We found that staff had received appropriate training and had the skills they required in order to meet people's needs. A person we spoke with told us, "They [staff] know their job. I can tell by looking that they are up with it". Staff we spoke with told us they were pleased with how the provider supported their learning and development needs. A member of staff told us, "I've learnt so much over the years. The training has made me the carer I am today. They [provider] respond to any training requests". We saw that the manager responded to training requests made by staff and was aware of the knowledge and skills that they needed to support people who used the service.

Staff told us they had regular supervision meetings with their line manager and appraisals to support their development. A staff member we spoke with told us, "We [staff] have supervision every month, they go well, no problems". Another member of staff we spoke with told us that they were happy with the level of support they received from the provider during supervision sessions and that it was a useful forum for expressing and concerns or issues they may have. We saw staff development plans showed how staff were supported with training and supervision. We saw that the manager was accessible and staff freely approached the manager for support, guidance and advice when needed.

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. Not all of the people who lived at the home had the mental capacity to make informed choices and decisions about all aspects of their lives. Staff we spoke with told us that they understood about acting in a person's best interest and how they would support people to make informed decisions. Staff understood the importance of gaining a person's consent before supporting their care needs. We saw staff asking people's permission before supporting them with their care and support needs. For example; People's consent was asked for before moving their plates and cutlery at mealtimes.

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 saw that people's capacity had been assessed and that the provider had made appropriate DoLS applications to the Local Authority. Information gathered from the providers PIR identified the number of mental capacity assessments that had taken place and that DoLS applications were being processed appropriately.

People and relatives we spoke with told us they were happy with the food at the home. People told us they were also able to receive food and drink that met any cultural needs they had. A person we spoke with told us, "The food's okay, I can't complain about it. I get Punjabi food here". Another person told us, "The food is reasonable". A relative we spoke with said, "The foods good, there's a good choice and the chef's amazing". A staff member we spoke with told us how they discussed menu choices with people on a regular basis to ensure they ate the food they preferred. We saw menus were available to help people make decisions about

what they would like to eat. We saw that there was a good selection of food available and observed that people had access to food and drink whenever they wanted throughout the day.

Staff we spoke with were able to tell us about people's nutritional needs and knew what food people liked and disliked. We saw that there was involvement from health care professionals where required relating to people's dietary needs and staff monitored people's food and fluid intake, where necessary. A staff member we spoke with told us, "Some people have special diets; purified, small or large portions". They told us that they are aware of people who have specific food allergies and that these are recorded in people's care plans. This showed us that staff knew how to support people to maintain a healthy diet.

People we spoke with told us that their health needs were being met. A person we spoke with told us, "When I came here [Oakwood] I couldn't walk, now I can walk. I get better treatment here than at home". Another person we spoke with said, "The doctor comes and checks my legs, he comes once a week". A relative we spoke with told us how their family member had a number of health issues and that the provider was managing them all well to ensure they remained as healthy as possible. We saw from care plans that people were supported to access a variety of health and social care professionals. For example, dentists, opticians and GP's, as required, so that their health care needs were met and monitored regularly.

Good

Is the service caring?

Our findings

People we spoke with told us that staff treated them with kindness and compassion. A person said to us, "We do feel cared for here". Another person we spoke with said, "You can't fault the staff here. I can't remember seeing anyone getting angry or cross with anyone". A relative we spoke with said, "The staff are very nice and helpful, they're really caring". We saw that people were relaxed in the presence of staff and appeared to be happy. We saw that staff were attentive and had a kind and caring approach towards people.

Not all of the people living at the home were able to verbally express how they preferred to receive their care and support. A member of staff we spoke with told us how they communicated with and supported a person whose hearing was impaired. They told us that they knew the person so well that they had adapted their own specific style of communication, which included writing things down for the person to read, visual aids, hand gestures and making sure they spoke clearly. Another member of staff we spoke with told us that one person they support, finds communicating easier if staff talk to them in short easy to understand sentences. Throughout our time at the home we saw good interactions between people and staff.

The provider supported people to express their views so that they were involved in making decisions on how their care was delivered. We saw that people and their relatives were involved in developing care plans that were personalised and contained detailed information about how staff could support people's needs. A relative we spoke with told us that they were involved in developing their family member's care plan from the outset. Staff were able to meet peoples care and support needs consistently because they knew people's needs well. We saw that care plans were regularly reviewed and updated when people's needs changed.

People were supported to make decisions about what they did, where they went and what they liked to do. A person we spoke with told us, "Whenever I want to go to bed, I go to bed. I do what I want. I go to sleep when I want, I get up when I want". During our visit we saw people making choices about what they were doing, either in the communal lounge or their own rooms. For example; we saw a person go to a different part of the home where, staff informed us, they go regularly to do their daily exercises. Another person we spoke with said, "I don't rush, they [staff] don't rush anything". A member of staff we spoke with explained how a person that they supported liked to take care of their own care needs, "[Person's name] likes to do his personal care himself, he does it before I get there [person's room]".

Staff told us how they supported people to be as independent as possible. A member of staff we spoke with told us how some people like to help around the home with cleaning and routine chores. Another staff member we spoke with told us, [Person's name] has capacity. He wasn't walking much when I arrived [to work at the home]. I encouraged him and he doesn't use his [walking] frame anymore. He's lost weight too". Throughout the day we saw people moving around the home independently, doing things for themselves. This meant that people could make decisions for themselves regarding what they wanted to do throughout the day, thus promoting their independence.

People's rights to privacy and confidentiality were recognised and supported by staff. A member of staff we spoke with told us how they would respect anything that a person might tell them in confidence, unless it was something that could potentially place anyone at the home, at risk of harm or abuse. They said, "I'd respect whatever they [person using the service] told me, but I'd document it if necessary, depending on the severity".

Everyone we spoke with told us there were no restrictions on visiting times. A relative we spoke with told us, "I visit all the time and at different times of the day, there's no issues". This meant that people were supported to maintain contact with people who were important to them.

Good

Is the service responsive?

Our findings

A person we spoke with told us how they would discuss their personal care and support needs with staff on a regular basis to ensure care was provided as they wanted it to be. A relative we spoke with told us, "Hair and nails are important to [my relative] and they [staff] make sure she has them done. They know her individuality, I can tell, the way they talk to her and respect her appearance. When I come she looks the way I know she'd want to. She's still my mum".
We saw that staff were responsive to people's individual care and support needs throughout the day. A member of staff we spoke with said, "I know them [people using the service] so well. For example, when [person's name] is walking around a lot, I know she needs the toilet".
Staff were knowledgeable about supporting people whose behaviour might become challenging to manage in order to keep people safe. A member of staff told us, "I let them [person using the service] calm down, perhaps walk away or take them to a quiet place or the garden". Another member of staff we spoke with said, "I'd try to calm them [person using the service] down and read their care plan for 'triggers". We saw that people's care plans included information of the types of triggers that might result in them becoming 'unsettled' and presenting with behaviours that are described as challenging.

We saw people engaged in activities they found interesting, some people were drawing, some doing arts and crafts and another person was doing their daily exercises. A person we spoke with told us that they play cards or watch the television, but they didn't like playing bingo. Another person we spoke with said that they enjoyed playing tennis when they were younger, but they didn't play anymore. A member of staff we spoke with told us how they encouraged the person to watch tennis when it was on the television. We saw one of the staff doing a Bingo session with some of the people at the home. The registered manager and staff told us of a variety of activities that took place at the home, which included; Church singers, exercise classes and a Shetland pony visit. A member of staff we spoke with explained how they supported people to do things they found interesting, for example; knitting, singing, dancing and craft activities, they also told us, "I took a resident [person using the service] for a meal on my day off, we went for a steak". Another member of staff told us, "It would be nice if there were a few more outings. More trips, even if it's up to the high street for a coffee". We discussed how people's personal interests were being encouraged with the registered manager, who told us although there were general activities available for all people living at Oakwood, they were also gathering information from people and relatives about the types of individual activities they would like to be involved in. The registered manager was able to show us surveys where people were asked about activities they would like to participate in. Information about the activities was being used to plan future events.

We saw completed satisfaction surveys by people using the service and relatives and that these had been used by the provider to enhance the quality of service provided for people at the location. For example, people had identified activities that they would like to do, such as singing, which had then been implemented by the provider. We saw that surveys were also available in an easy read format for anyone who required. A relative we spoke with told us that they had recently received a satisfaction survey and they had been invited along to meeting. We saw that the provider held meetings for people living at the home and their families every two months and there was a newsletter available to share information with relatives about past and future activities. Meetings were staggered at different times on each occasion to offer

relatives greater opportunity to attend depending on their other commitments.

People and relatives we spoke with said they knew how to complain if they needed to and would have no concerns in raising any issues with the management team. A person we spoke with told us, "If I had to complain I would speak to the person in charge, but I haven't needed to". Another person we spoke with said, "If I'm not happy about anything I speak to whoever's in charge or any staff". We found that the provider had procedures in place which outlined a structured approach to dealing with complaints in the event of one being raised. Information gathered from the PIR showed that in the past year there had been no complaints received at Oakwood.

Good

Is the service well-led?

Our findings

We saw that the provider supported staff and that the staff were clear about their roles and responsibilities. We saw that there was a good relationship between the manager, people using the service and staff. A person we spoke with told us, "There are no arguments here, they all get on, the staff and people". A relative we spoke with said, "The manager's great, nothing is too much trouble, I can talk to her openly about anything. Everyone gets on great here, the staff, management and residents [people using the service], there's a lovely feel about the place". The manager was visible and people using the service knew them by name. Staff told us that they felt confident about raising any issues or concerns with the manager at staff meetings or during supervision. Staff we spoke with told us that the manager was approachable and that they felt that they were listened to. A staff member told us, "I love it here [Oakwood], everyone's lovely, it's a nice bunch of staff". Another staff member we spoke with said, "I'm happy here, no concerns. The manager's fair, if I need to swap a shift they are very supportive, they help me a lot". They said that there was a low turnover of staff at the home and that they didn't have problems retaining staff.

Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, to a person's safety), wrong-doing or some form of illegality. The individual is usually raising the concern because it is in the public interest. That is, it affects others, the general public or the organisation itself.

At the time of our inspection there was a registered manager in post and this meant that the conditions of registration for the service were being met. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law. The provider had systems in place to ensure that the home ran smoothly if the registered manager was off site. A member of staff we spoke with told us, "If [registered manager's name] is not around, we have [deputy manager's name] or [owner's name] we can call upon".

At our last inspection in April 2016 we found the provider to be in breach of Regulation 17 HSCA RA Regulations 2014 - Good governance, as the systems they had in place to monitor service quality we not always effective. During this visit we saw that quality assurance and audit systems had significantly improved and were being used effectively to monitor the service provision at the location. This included surveys to relatives where they were encouraged to share their experiences and views of the service provided at the location. We also saw that both internal and external audits were used to identify areas for improvement and to develop and improve the service being provided to people. For example; we saw records of falls audits where themes and trends had been identified to aid the provider in minimising and reducing future risks. The owner informed us that they were working closely with an external consultancy firm to conduct independent audits and offer guidance to develop the service in line with CQC compliance requirements. The provider was also a member of the Birmingham Care Consortium which offers support and guidance for care providers.

During our previous inspection we had seen that the provider had not ensured that information that they are legally obliged to share with us and other agencies had been sent. For example; notifications about deaths, accidents, serious injury and safeguarding alerts which they are required to send us by law. The provider was seen to be in breach of Regulation 18, Registration Regulations 2009 Notifications of other incidents. Information gathered from the PIR and from this site visit we could see that the provider was now submitting notifications appropriately.

The most recent CQC reports and ratings were displayed in the main reception area of the home. The PIR we requested had been completed and submitted on time. It contained information relevant to the service and the improvements the provider planned to make. These were consistent with our findings and what we were told by people, relatives and staff.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively with clarification sought where necessary.