

# Christian Care Homes

## Oak House

### Inspection report

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#### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

#### Overall summary

The Inspection took place on the 22 October 2015.

Oak House provides accommodation and personal care without nursing for up to 13 persons who may be living with dementia. At the time of our inspection 13 people were living at the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

People were safeguarded from the potential of harm and their freedoms were protected. Staff were provided with training in Safeguarding Adults from abuse, Mental

# Summary of findings

Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager was up-to-date with recent changes to the law regarding DoLS and knew how to make a referral if required.

People had sufficient amounts to eat and drink to ensure that their dietary and nutritional needs were met. The service worked well with other professionals to ensure that people's health needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care professionals, including a doctor and district nurse.

Staff were attentive to people's needs. Staff were able to demonstrate that they knew people well. Staff treated people with dignity and respect.

People were provided with the opportunity to participate in activities which interested them. These activities were diverse to meet people's social needs. People knew how to make a complaint and complaints had been resolved efficiently.

The service had a number of ways of gathering people's views including using surveys and by talking with people, staff and relatives. The manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to make improvements.

# Summary of findings

## 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.

Staff were recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

People were protected from the risk of harm because staff were trained and knew how to respond to any concerns.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Good



### Is the service effective?

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role. Staff had sought people's consent to care and treatment.

People's food choices were responded to and there was adequate diet and nutrition available.

People had access to healthcare professionals when they needed to see them.

Good



### Is the service caring?

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Good



### Is the service responsive?

The service was responsive.

Care plans were individualised to meet people's needs. There were varied activities to support people's social and well-being needs.

Complaints and concerns were responded to in a timely manner.

Good



### Is the service well-led?

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Good



# Oak House

## 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 the 22 October 2015 and was unannounced.

The inspection team consisted of one inspector. Before the inspection we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law.

We spent time observing care and used the Short Observational Framework for Inspection (SOFI). This is a specific way of observing care to help us understand the experiences of people who were unable to talk to us, due to their complex health needs.

During our inspection we spoke with six people and four relatives, we also spoke with the manager, director and three care staff. We spoke with two visiting healthcare professionals. We reviewed three care files, two staff recruitment files and their support records, audits and policies held at the service.

# Is the service safe?

## Our findings

People told us they felt safe living at the service. One person said, “I am very happy here, they look after me very well and keep me safe.” A relative told us, “They are definitely safe here; they [staff] always care for [relative] so well.”

Staff knew how to keep people safe and how to recognise safeguarding concerns. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. A staff member said, “If I had any concerns about someone, I would report it to my manager or contact the council.” The service had a policy for staff to follow on ‘whistle blowing’. One member of staff told us, “I know that I can contact the police or the local authority.” The manager clearly displayed an independent service called ‘Ask Sal’ which is a helpline for staff, people or relatives to call if they had any safeguarding concerns.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessments covered moving and handling, use of bedrails, nutrition assessments and prevention of pressure sores. Staff were trained in first aid, should there be a medical emergency and they knew to call a doctor or paramedic if required.

People were cared for in a safe environment. We saw the service had recently had some re-decoration completed. The manager arranged for the maintenance of equipment used including the hoists, lift and fire equipment and held certificates to demonstrate these had been completed. The manager employed a maintenance person for general repairs at the service. Staff had emergency numbers to contact in the event of such things as a plumbing or electrical emergency.

There were sufficient staff to meet people’s needs. A member of staff told us, “We have enough staff, if we need more we just ask.” One person said “They [staff] are always so good; they help me with anything I need.” Another person said, “They [staff] are always around to help me.”

Staff and the manager told us that they only used permanent staff at the service and did not have a need to use agency. Staffing levels were matched to the needs of people living there. On the day of the inspection we observed staff attending to people’s needs in a timely way.

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). The manager was in the process of renewing DBS for all staff that had not had a DBS check completed within the past three years as this was their policy.

People received their medications as prescribed. One person told us, “They know when I need my medication and give it to me.” Senior care staff who had received training in medication administration and management dispensed the medication to people.

We observed part of a medication round and saw that safe procedures were followed. Staff wore a red coloured tabard to indicate to people they were carrying out medication; therefore they should not be disturbed. This assisted staff to concentrate on the task and minimise any errors whilst administering medication. Staff checked the correct medication was being dispensed to the correct person by first checking the medication administration record and by talking to the person. The staff checked with the person if they required any additional medication such as for pain relief and asked them how much they felt they needed. We saw that medication had been correctly recorded on the medication administration cards.

The service had procedures in place for receiving and returning medication safely when no longer required. They also had procedures in place for the safe disposal of medication.

# Is the service effective?

## Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care.

Staff felt supported at the service. Staff received regular supervision and support through team meetings. A staff member said, "We have supervision and can talk to the managers and ask them advice about people's care needs." The manager told us that they completed observations of staff practice and worked alongside staff to feedback on their skills and performance. Staff said they had regular team meetings to discuss any issues and to learn from any events and share information.

New staff had an induction to help them get to know their role and the people they were supporting. Staff said when they first started at the service they completed their training then worked 'shadowing' more experienced staff. This gave them an opportunity to get to know people and how to best support their needs. One member of staff said, "We are lucky here as we get time to know each person and how they like us to help them." This enabled staff who were new to care to gain the knowledge and skills to support them within their role. Records reviewed confirmed what we had been told by staff and the manager.

Training was robust and updated as required for all staff. Staff told us that they had been supported to achieve nationally recognised qualifications in care. One staff member told us, "We have lots of training here; I have completed training courses on Dementia care, safeguarding and infection control." Another staff member told us, "We have completed lots of training and do have to refresh our training." Staff were very positive about their training and the support they received from the manager to complete this. All the records we reviewed confirmed what we observed and had been told.

Staff understood how to help people make choices on a day to day basis and how to support them in making

decisions. Staff told us that they always consulted with people and supported them with making choices on how they wished to spend their time. People at the service had varying levels of capacity. CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). The manager understood their responsibilities and where appropriate had made applications under the act. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to make a decision in the person's best interests.

People said they had enough food and choice about what they liked to eat. One person said, "Food is very nice here, if I do not like something they will always offer me another choice." Another person said, "I love the food here, you can check with the staff – I never leave anything on my plate." People said they had plenty of choice over what they wanted to eat and if they did not like the choices on the menu they could have an alternative. We saw throughout the day people were provided with food and drinks.

If required people were provided with special diets such as for diabetes or if people needed soft and pureed food. Where required staff supported people to eat at the person's own pace. We observed a lunchtime meal, which was a very social occasion and people gave positive feedback about the food they had eaten.

People were supported to access healthcare professionals as required. The service had good links with other healthcare professionals, such as, chiropodist, district nurses, matron service and GPs. A healthcare professional said, "They [service] are very good at referring people if required and are pro-active to improve people's treatment." We saw people also had access to optician and dental check-ups. One person told us, "They [staff] always remind me and take me to appointments when I have to go." A member of staff said, "If we need to we will contact the GP, but we also have a matron service who visits weekly we can get advice and help from."

# Is the service caring?

## Our findings

Staff were caring towards people when supporting them to meet their needs. Throughout our observations there were positive interactions between staff and people. One person told us, “They [staff] are so good and so very kind.” Another person said, “They [staff] are all very caring and nice people.” A relative told us, “The staff give excellent care here.”

Staff had positive relationships with people. They showed kindness and compassion when speaking with them. Staff took their time to talk with people and showed them that they were important. Staff always approached people face on and at eye level, we saw many occasions of this. Staff had very good knowledge of people’s needs, likes and preferences. A relative told us, “[Relative] is always so cared for and is always dressed nicely with matching jewellery, as the staff know that is [relative’s name] thing.”

People’s needs were attended to in a timely manner by staff. We saw staff quickly diffuse a situation when one person became agitated with another person. The staff demonstrated good skills and knowledge of both people and how to best to distract them. Moments later both people were laughing together again.

People and their relatives were actively involved in making decisions about their care. One person said, “They [staff] always ask me about how I like things to be done.” Staff reviewed people’s care plans and discussed these with people and their relatives as appropriate. One member of staff said they reviewed people’s care plans on a regular basis to make sure that the information held for people was current and reflected their needs fully. There was a ‘Keyworker’ system in place at the service; this is a named member of staff that is responsible for the reviewing of each person’s needs.

People’s diverse needs were respected. People had access to individual religious support should they require this.

Staff treated people with dignity and respect. People told us that staff always respected their privacy. Staff knew the preferred way people liked to be addressed and we saw staff were respectful in their interactions with people.

Relatives told us they visited at all different times of the day without any restrictions of visiting times. One relative told us, “We always feel welcomed here; staff make us feel part of the home too.”

# Is the service responsive?

## Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being. A relative told us, "The staff always let me know if there are any concerns regarding [relative's name]."

Before people came to live at the service their needs were assessed to see if they could be met. Relatives told us they looked at many different places before they made the decision to use the service. One relative said, "When we first came to speak to the manager they told us that they would like it to feel an extension of our home, they have definitely achieved this." One person living at the service told us, "I used to come here for a daycentre and always knew this is where I wanted to be."

Staff had a good understanding of people's care needs and routines. They were able to describe how people liked to be supported and what their preferred routines were. Staff had a good understanding of person centred care. The care plans were regularly reviewed, at least monthly. Staff also updated the care plans with relevant information if people's care needs changed. This told us that the care provided by staff was up to date and relevant to people's needs.

People were encouraged to follow their own interests at the service or in the community. People were supported to keep community contacts and to remain in touch with friends and family.

People enjoyed varied pastimes and the management and staff engaged with people to ensure their lives were enjoyable and meaningful. Some people were enjoying reading, doing word puzzles and watching television. The manager explained that there were no planned activities as people were asked individually on a daily basis what they would like to do. The manager explained that there were planned external activities such as singing groups and parties but not everyone enjoyed these so staff liked to ensure everyone had a say in how they spent their day. On the day of our inspection a hairdresser was attending to people's hair.

The service had a robust complaints process in place that was accessible and all complaints were dealt with effectively. People and relatives said if they had any concerns or complaints they would raise these with the manager. One relative said, "We have had some issues but manage to iron them out with the manager." One person told us, "If I had any worries I would be able to tell them [staff] and they would sort it out for me."



# Is the service well-led?

## Our findings

The service had a registered manager in post. They were very visible within the service and would be at the service on most days. They had a very good knowledge of all the people living there and their relatives.

People and relatives felt at ease discussing any issues with the manager. One person said, "They are great, always listens to me." Another person said, "She is ever so good, she will help with anything."

Staff felt the manager was very supportive to their roles and said, "You can approach her with any issues or problems and she is always there for you." Staff also said they felt that their opinions were listened to, one said, "We are asked for our views on the home and what ideas we may have to improve it." Another staff member said, "I feel valued here as the manager is so supportive." This demonstrated that people were cared for by staff who were well supported in performing their role.

Staff had regular supervision, observations of their practice, handover meetings and team meetings to discuss people's care and the running of the service. Staff also had a handover meeting between each shift, to discuss any care needs or concerns that had happened and used a communication book to share information. One member of staff said, "We all work well together here to make sure people have the best care."

Staff shared the manager's and provider's vision for the service. Staff told us, "It is all about knowing the people you care for and making sure they are comfortable." The manager told us that their aim was to support both people and their family to ensure they felt at home and happy living at the service.

The manager gathered people's views on the service through meetings with relatives and people and through the use of questionnaires. They gathered opinions on people's care, the performance of the service and staff, and any changes or improvements that people felt were needed. The provider also used an annual survey to update people and their relatives on what was happening within the service, for example the general redecoration plans. This showed that the management listened to people's views and responded accordingly, to improve their experience at the service.

The manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example they carried out regular audits on people's care plans, medication management and the environment. They used this information as appropriate to improve the care people received.