

Mr T J and Mrs S K Bower

Omega Oak Barn

Inspection report

High Lane, Beadlam, YO62 7SY
Tel: 01439 771254
Website: www.omegaoakbarn.co.uk

Date of inspection visit: 3 December 2015
Date of publication: 15/01/2016

Ratings

Is the service effective?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Omega Oak Barn is a family run home in Beadlam close to the market towns of Helmsley and Kirbymoorside. It provides personal care and support to up to 28 older people who may also be living with dementia. The home is on one level, rooms are en-suite and there are communal areas where people can spend time if they wish. There is a secure walled garden which leads off from a small conservatory.

The service has 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.

We carried out an unannounced comprehensive inspection of this service on 11 May 2015. At that inspection we found a breach of legal requirements. The service was not applying the principles of the Mental Capacity Act (2005), assessments of people's ability to

make decisions and best interest decisions were not being completed as required. This was a breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Consent.

We also recommended the provider review their quality assurance systems to ensure they completed robust audits and identified any areas where improvements were required.

After the comprehensive inspection, the provider wrote to us with an action plan to say what they would do to meet legal requirements in relation to the breach. They told us they would be compliant with the breach by the end of September 2015.

We undertook this focused inspection on 3 December 2015, to check that they had followed their plan and to confirm that they now met with the legal requirements. This report only covers our findings in relation to that requirement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Omega Oak Barn on our website at www.cqc.org.uk.

Summary of findings

We found improvements had been made in relation to the Mental Capacity Act (2005) and the service was no longer in breach of Regulation 11 of the Health and Social Care Act. The service had ensured staff had received suitable training in the legislation and we observed staff seeking consent and supporting people in line with recorded best interest decisions. The registered manager had completed mental capacity assessments and best

interest decisions for people who were unable to give consent to their care and treatment and we saw people, their relatives and appropriate health and social care professionals had been involved in this.

We found improvements had been made in relation to quality assurance systems. The service had effective audits in place which addressed issues and the registered manager and provider demonstrated a commitment to ongoing service improvement.

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 effective?

We found that action had been taken to improve.

Improvements had been made in relation to mental capacity assessments and best interest decisions. We saw detailed assessments of people's ability to make decisions. Staff routinely sought consent and provided effective support and reassurance to people.

We could not improve the rating for effective from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



Is the service well-led?

We found that action had been taken to improve.

Improvements had been made to the quality assurance systems which were in place, any issues were identified and resolved and the service demonstrated a commitment to ongoing improvement.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



Omega Oak Barn

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, under the Care Act 2014.

This inspection took place on 3 December 2015 and was unannounced. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on the 11 May 2015 had been made. We inspected the service against two of the five questions we ask about services: Is the service effective: Is the service well-led. This is because the service was not meeting one legal requirement and had received a recommendation in relation to good governance.

The inspection was carried out by one inspector who reviewed information about this service that was held by

CQC. This included the statutory notifications that had been made. A notification is an event or incident which the provider has to inform CQC of. We also reviewed the action plan that had been sent to us by the service following the 11 May 2015 inspection.

We spoke with two visiting relatives and observed interactions between people who used the service and staff. We also spoke with three members of staff, the registered manager, a care assistant and a senior care assistant.

We looked at three support plans to review the mental capacity assessments and records of best interest decisions. We spent time observing staff interactions with people in the main lounge, and during an afternoon activity session. We looked at three staff files and the training records. We reviewed audits and records the service had introduced as part of their quality assurance systems.

Is the service effective?

Our findings

At our comprehensive inspection on 11 May 2015 we found the service was not following the principles of the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service were not assessing people's ability to make specific decisions and we did not see any best interest decision making taking place at the inspection on 11 May 2015. A best interest decision is a decision made on behalf of a person who is unable to make their own decision and should involve the person's family or friends and any other health and social care professionals.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 consent.

The provider sent a detailed action plan and told us they intended to ensure that, where required, people who used the service would have a mental capacity assessment and they would involve people's families and relevant professionals to make best interest decisions. They told us they would ensure staff had training on the legislation and to allow time to source suitable training the service would be meeting the regulation by the end of September 2015.

At our focused inspection on 3 December 2015 we looked at three support plans to review the mental capacity assessments and records of best interest decisions. We found detailed assessments which recorded how the service had come to the decision that a person was unable to make a specific decision about their care and treatment. The assessment recorded who else had been involved and we could see families and the relevant health and social

care professionals had been consulted. These assessments were then followed by a record of a best interest decision and we could see how the person's views had been taken into account when reaching the decision.

We spoke with a relative who told us their relative needed a lot of support from staff which included staff making decisions on their behalf. They said, "The staff understand that Mum cannot make important decisions now." They told us they had been involved, along with the doctor, in making decisions about the care their relative received and they felt confident staff would follow this.

All of the staff we spoke with demonstrated a good awareness of the importance of seeking consent before they provided care and were able to tell us about the basic principles of the MCA (2005). We observed a member of staff gently encouraging a person to come away from the main door, they did this in a kind manner and reassured the person by explaining the reason they could not leave the service on their own. We spoke with the member of staff later in the day and they told us, "We treat people as individuals, and always give people explanations. Sometimes we need to use other techniques like distraction to reassure people." This member of staff was able to tell us which people had authorised DoLS in place.

The registered manager was aware of the relevant legislation and the importance of ensuring the staff team applied this on a day to day basis. They explained that since the last inspection all of the staff team had undertaken basic training about the legislation but senior staff would be attending a more in depth training course to learn more about it. This demonstrated the service was committed to ensuring staff were provided with the support they needed to enable them to follow the legislation and provide care and treatment which was in line with people's previous wishes.

The registered manager told us 25 out of the 27 people who lived at the service had a DoLS which had been authorised (15) or were awaiting assessment (10) by the local authority. We reviewed the documentation associated with this for three people and found it to be detailed and in line with the requirements of the legislation.

At our focused inspection we found that the provider was no longer in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

We could not improve the rating for effective from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

Our findings

At the last inspection on 11 May 2015 we found gaps in some of the records we checked and the service did not have robust systems in place to audit care plans and associated records. We recommended the provider review their quality assurance systems to ensure they completed robust audits and identified any areas where improvements were required.

At the focused inspection on 3 December 2015 we spoke with the registered manager who explained the provider had increased some of the tasks required to be undertaken by senior care staff and their terms and conditions had been amended to reflect the increase in responsibility. This meant the registered manager could delegate tasks associated with quality assurance to their senior care team which meant that the registered manager could focus on their role and be assured the service was delivering a good standard of care.

We spoke with a senior care assistant who explained their new role and responsibilities, they explained the audits they were completing enabled them to address any concerns with individual members of staff during supervision and look at what support or training they might need. They also explained they showed staff how they completed audits to help them learn more about what they were looking for in records, medicines and care plans.

We reviewed the audits which were in place, these were detailed and highlighted issues which needed to be addressed. We were able to see who was responsible and when they had resolved the issue. Monthly audits looked at care plans and associated records, medicines and the environment. There was a monthly overview of accidents and incidents and this demonstrated the registered manager looked for patterns or trends and then addressed these. In addition to this the provider completed a monthly audit and we could see this ensured they had a good overview of the service.

A visiting relative spoke highly of the registered manager, "The manager is very approachable, and often around so if we have any concerns we talk to them. They seem more relaxed."

It was evident the provider and the registered manager had used the feedback provided at the inspection on 11 May 2015 to make improvements within the service. They had ensured the report and rating was available to see for people and their relatives, and in addition to this they had provided people with information about how they intended to improve the service.

We found the service had actioned the recommendation we made at the last inspection.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.