

Three Oaks Care Home Limited

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Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on 27 August 2015 and was unannounced.

Three Oaks Care Home provides accommodation and personal care for up to 16 people with learning disabilities who may also have complex associated needs. There were 13 people using the service when we inspected.

There was a manager in post who has not registered with the Care Quality Commission (CQC). A registered manager

is a person who has registered with the Care Quality Commission (CQC) 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.

CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS

Summary of findings

are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection we found that applications had been made to the local authority in relation to people who lived at Three Oaks Care Home and they were pending an outcome.

When we last inspected the service on 17 February 2015 we found the provider was not meeting the required standards and that they were in breach of regulations 10, 13, 14, 17, 22 and 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These correspond to regulations 10, 12, 14, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider had taken some action towards addressing the identified concerns however further improvements were still required in some areas.

Improvements had been made in relation to the arrangements for the safe storage, management and disposal of people's medicines. Some further work was needed to ensure that safe medicines management was sustained. Staffing levels had increased; staff and relatives of people who used the service told us that this had resulted in a positive impact for people. People had health care and support plans in place to guide staff how people liked their needs to be met.

Staff members understood their roles and responsibilities and were supported by the manager to maintain and develop their skills and knowledge. People enjoyed a varied healthy diet and their health needs were well catered for.

There was a warm interaction between the staff and people who used the service however, not all interactions noted were appropriate to promote people's dignity. People received support from external advocacy services to help them make decisions about matters in their daily lives as needed. Relatives and friends were encouraged to visit at any time and people were actively supported to maintain family relationships.

The provider had made arrangements to support people and their families to raise concerns and meetings were held for relatives and staff members to discuss all aspects of the care and support provided at the home.

The manager was new in post however; it was clear from feedback from relatives and staff that they promoted a positive culture within the home that was transparent and inclusive. Staff felt valued and supported in their role. A representative of the provider had been appointed to develop systems suitable to monitor the safety and quality of the service provided and manage risks to people's health, safety and welfare.

At this inspection we found that the management had made many positive improvements in the short term. The management team acknowledged that there was further work to be done across all areas to ensure that people were assured of receiving a safe quality of service and that the improvements were sustained in practice.

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 not always safe.

The management of medicines needed further work to ensure that improvements were sustained.

The manager operated a safe recruitment process.

There were enough staff available to provide the support people needed.

Staff knew how to recognise and report abuse.

Requires improvement



Is the service effective?

The service was not always effective.

Staff members were not familiar with their role and responsibilities in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People received the support they needed to see their doctor. Where people had complex health care needs, appropriate specialist health care services were included in planning and providing their care.

People received enough to eat and had the support they needed to eat their food.

Requires improvement



Is the service caring?

The service was not always caring.

We saw that most staff members were caring and that people were treated in a kind and compassionate way. However, we saw examples where staff did not always respect people's dignity.

Staff were knowledgeable about the support people required and about how they wanted their care to be provided.

Requires improvement



Is the service responsive?

Some aspects of the service were not responsive.

The provision of activity and stimulation had improved but did not always meet everyone's needs.

Relatives were involved with people's care planning and review.

The manager had arrangements in place to support people and their relatives to raise issues of concern and provide feedback.

Requires improvement



Is the service well-led?

The service was not always well-led.

Requires improvement



Summary of findings

Staff and relatives of people who used the service spoke positively about the new manager at the home and said they had made many positive changes.

Relatives and staff members were given the opportunity to share their views of the service and contribute towards the overall improvement.

Three Oaks Care Home Limited

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 met 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 under the Care Act 2014.

This inspection took place on 27 August 2015 and was unannounced. The inspection team was formed of two inspectors.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we observed staff support people who used the service, we spoke with three support workers, the manager, a representative of the provider and the deputy manager. People who used the service were unable to express their views so 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. We spoke with the relatives of seven people who used the service to obtain their feedback on how people were supported to live their lives and we received feedback from health care professionals and the local authority commissioning team.

Is the service safe?

Our findings

At the previous inspection in February 2015 we found that the provider had not operated effective systems to protect people who used the service from the risks associated with unsafe use and management of medicines. At this inspection we found that there were suitable arrangements for the safe storage, management and disposal of people's medicines. Staff told us they had received training from the local pharmacy and specific training in relation to certain medicines from health professionals. We saw that dates of opening had been recorded on medicines such as creams and liquid medicines. This is good practice as it helps to ensure that preparations are not used beyond their effective dates. However, we noted that the number of boxed medicines were not carried forward from one monthly Medicine Administration Record (MAR) to the next so it was not possible to audit the stocks held at the home. The deputy manager acknowledged this shortfall and undertook to rectify this immediately. We observed a staff member encouraging people with their medicines, going at their pace and without rushing them. This helped to ensure that people received their medicines safely.

At the previous inspection in February 2015 we found that the provider had not taken appropriate steps to ensure that there were sufficient numbers of suitably qualified, skilled and experienced staff employed to provide care and support for people who used the service. At this inspection we found that staffing levels had been increased. For example, in February 2015 we had found that there were between three and four support workers on duty each day to provide care and support for 15 people. At this inspection we found that there were a minimum of six support workers on duty each day and that a member of the management team was on duty every day to provide additional support.

Relatives acknowledged that staffing numbers had increased since the last inspection. Two relatives told us that this had a positive impact on people as there were more staff available to support them to go out and to do things that interested them. Staff told us that they felt they were now able to provide safe support for people who used the service which included supporting people who had been assessed as requiring 1:1 support. A staff member told us that the increased staffing levels meant that they were able to do more with people now such as go out for

picnics and pub lunches and more in house activities such as making biscuits and cinema afternoons. They said this had a positive impact as people were more engaged and therefore this reduced their anxiety. At our previous inspection the manager had not been given the autonomy by the provider to access agency cover in the event of staff shortages. The provider and the manager confirmed to us that the manager now had the autonomy to arrange additional cover as required.

A recruitment drive had been ongoing with adverts placed locally and the manager was able to clearly describe the process necessary to safely recruit the right people. The provider had recently appointed a person to represent them at the home. The person confirmed that they would be responsible for all recruitment matters in the home going forward. They were able to clearly describe the process they would follow which included obtaining criminal record checks, satisfactory references, proof of eligibility to work within the UK, proof of ID and evidence of training undertaken. Robust recruitment processes helped to ensure that staff members employed to support people were fit to do so.

Relatives of people who used the service told us that they thought that people were safe living at Three Oaks Care Home. One person said, "I feel [person] is safe and they seem happy and content." Another person told us, "There have been a lot of changes recently but I have always found [relative's] needs have been met and that they are safe".

We spoke with staff and the management team about protecting people who lived at the service from abuse. Staff confirmed that they had received training relating to safeguarding matters and all the staff we spoke with were confidently able to describe what constituted abuse and said that they would escalate any concerns they had. Information about how to report safeguarding concerns was posted in communal areas of the home for visitors to access.

Risks to people's safety and well-being had been considered and reviewed in areas such as behaviours that may challenge and specific health conditions such as epilepsy. However, whilst staff were able to tell us about the risks people faced when going out of the home for example, these were not documented and kept under review. A discussion was held with the manager about the need to assess each individual person for the risks that may affect them in all areas of their daily life and to document

Is the service safe?

how the risks may be managed to reduce the impact on the individual. This is will help to ensure that staff have up to date information to support them to provide safe and consist support for people.

Staff were able to confidently describe the procedures to be followed in the event of an emergency. For example, in the event of a fire and they confirmed that regular fire

alarm checks were undertaken to which ensured people's safety was promoted. We saw that information was available on the notice board in the communal hallway to advise all people what to do in the event of an emergency. People who used the service had personal evacuation plans in their care plans however; the ones we viewed at this inspection had not been completed.

Is the service effective?

Our findings

At the previous inspection of Three Oaks Care Home in February 2015 we found that the provider

had not ensured that staff members were supported and received appropriate training, professional development. At this inspection we found that the manager had developed a schedule of staff supervision to ensure that each staff member received 1:1 time with the manager to discuss their training and support needs. Staff members confirmed that the supervisions took place and one person said, "I now feel I can approach either the manager or deputy in confidence with anything and I get up in the morning and want to come to work now."

Relatives told us that they thought the staff team had the training and support they needed to provide effective support for people. However, one person told us that they were not confident that the staff had the skills necessary to meet their relative's specific needs. We discussed this with the manager who told us that they had requested advice from a specialist team with regards to this person's individual support needs. Staff told us that they received basic core training which included moving and handling, first aid, epilepsy, health and safety, safeguarding and medication. One staff member told us that they were being supported and encouraged to take further qualifications. The manager's training matrix confirmed that a great deal of training had been provided for the staff team since the previous inspection in February however, we noted that this remained 'work in progress' at this time. The manager told us that she found it a challenge to address all the training needs quickly because it was such a small staff team with no bank cover to fill in whilst permanent staff attended training. The manager's improvement action plan included reference to the training provision and timescales for completion. This helped to ensure that staff would receive the necessary skills to support the people who used the service.

At the previous inspection of Three Oaks Care Home in February 2015 we identified that the provider had not ensured that people were protected from the risks of inadequate nutrition and dehydration. At this inspection we found that people enjoyed the food provided for them

and we observed that staff supported people to eat and drink sufficient amounts. We noted that people were assisted to eat or drink where needed. Records showed that where people had been assessed as being at risk of poor nutrition the services of a dietician had been sought and the resulting advice and guidance had been incorporated into people's care plans. Relatives told us that people enjoyed the food provided for them at the home and said that the food always smelled good when they visited.

Staff members did not demonstrate an understanding of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and had not yet received training in this area. The manager demonstrated that they had identified that this was an area for improvement and told us that training was being sourced for the staff team as detailed in the improvement plan for the service. The manager was able to confirm that people's family members had been invited to attend annual care package reviews with social workers so as to be able to advocate on behalf of people who were not able to express their views. The manager gave us an example where a person did not have capacity to contribute to their care plan review and an independent advocate had been sourced to represent them. We noted that 'best interest' meetings had been held with the involvement of people's social workers for people who did not have relatives to support them.

The manager told us that DoLS applications had been submitted to the local authority in relation to every person who lived at the home. The applications were pending an outcome at the time of this inspection.

Relatives told us they felt that people's health needs were met. One person told us, "I believe [person's name] health needs are being met, staff have taken them to the doctor when they needed to go." Records confirmed that people had been supported to attend dental check-ups and had received medication reviews with the GP. We found that mental health, learning disability and full health reviews had taken place for all people who used the service. This helped to ensure that people were supported to maintain good health and receive on-going health care services as needed.

Is the service caring?

Our findings

At our previous inspection of Three Oaks Care Home in February 2014 we found that the provider had not ensured that people were treated with dignity, consideration and respect. At this inspection we observed some pleasant interaction between people and staff that supported them. Staff clearly understood people's specific needs and methods of communication. We found that seven staff members had been provided with training in this specific area and the manager reported plans for the remainder of the staff team to attend this training. However, we witnessed some interactions between staff members and people who used the service that were not respectful to the person. For example, a person who used the service being told they were, "A good boy" or that they were, "A bad boy" when they had not done something they had been asked to do. We discussed this with the manager who agreed that this term of address was demeaning and did not demonstrate a culture of respect and that she would address the issue with the entire staff team.

Previously we had found that there was no private space for people to be able to meet with social workers or family members other than in their bedrooms. At this inspection we noted that an additional room had been created to provide an area for people to meet with social workers, health professionals or family members in private. This meant that people's confidentiality would be promoted and their dignity respected.

The manager had arrangements in place to store people's care records, which included confidential information and medical histories, in such a way that protected their dignity

and promoted confidentiality. The manager acknowledged that this area still required some work but it was re-assuring to note that appropriate steps were being taken.

We saw that people's rooms, whilst they needed considerable amount of equipment to support them with their mobility and health needs, were personalised and cheerful. We noted that some information about people's personal hygiene needs was displayed on their wardrobe doors. The manager acknowledged that this practice was inappropriate to promote people's dignity but said that the information had been placed there by family members. We discussed alternative ways to re-assure relatives that people's care needs were being carried out appropriately whilst protecting people's dignity.

People's relatives said that they were encouraged to visit at any time. Some people did not have the capacity to make decisions about their care and support or to communicate clearly and had no relatives to do so on their behalf. We noted that an external advocacy service had been involved to provide people with support in this instance. Information about advocacy services and confidentiality was displayed in the home in an easy read format. This meant that some people who used the service could access the information and understand it.

One relative told us how much they appreciated that a person received the support they required to go home regularly. They said, "Since the new manager has been there [person] now comes home every two weeks to see us." They told us that they found this really very special and that the person had not been able to go home for a long time prior to the manager starting to work at the home.

Is the service responsive?

Our findings

At our previous inspection of Three Oaks Care Home in February 2015 we found that improvements were required in relation to the development of care plans and the provision of stimulation and engagement provided for people who used the service.

At this inspection we found that people's care plans had been redeveloped. We found that they were simple to navigate and that it was easy to access information. However, we discussed with the manager that there was a need for more detail to paint a clear picture for staff about people's individual support needs. The service was in the process of undertaking a recruitment drive to attract new staff members and, in the interim, agency staff members were employed to ensure there were enough staff available to meet people's needs. The information in the care plans did not provide enough personalised detail for a new staff member or an agency staff member to be able to deliver personalised care for people. However, some areas of the care plans did show considerable improvements such as around people's relationships outside the home, their likes and dislikes and details of triggers for anxiety or stress.

Relatives told us that, where appropriate, they had been involved in the planning of people's care and that staff always kept them up to date with people's health needs. Relatives told us that they were invited to the home to take an active part in meetings with health professionals and annual care package reviews.

The manager told us that they had not been successful in recruiting an activity co-ordinator because nobody with the right skills had applied for the post. The manager confirmed that this post remained outstanding and that they would continue to look for the right person for the job. During the inspection we observed staff doing some arts and crafts activities with people and staff told us they also facilitated karaoke sessions and cinema afternoons in the newly built extension. Staff said that now there were more staff members on duty each day they were encouraged to support people to go out for pub lunches, to go and buy their own toiletries, to go on shopping trips, and to visit beauty spots such as Stanborough Lakes.

Information in people's care plans about the specific activities that individuals would enjoy or benefit from was limited. The manager told us that she had requested support from the Community Learning Disabilities Team to undertake individual assessments of people's social and stimulation needs and acknowledged that more family involvement in this area would be beneficial.

Whilst some relatives were concerned because there had been continual changes in the management team over the past year they told us that they would be confident to raise concerns with the home's management team. There was a complaints policy in place with timescales for a resolution. The manager told us of a complaint that had been received and demonstrated how this had been dealt with and the learning that had been taken forward from the issue. This helped to ensure that people and their relatives had their views listened to and where appropriate, acted upon.

Is the service well-led?

Our findings

At our previous inspection of Three Oaks Care Home in February 2015 we identified that the provider did not operate effective systems to protect people against the risks of inappropriate or unsafe care. At this inspection we found that, despite further changes to the management team at the home in recent months, there had been some improvement in the culture at the home and people's safety was foremost in the management team's minds.

There had been a number of improvements made in many areas since our previous inspection. An additional room had been added to the home to create an area for people to meet with health professionals or other visitors in private. This room was also used for staff training events and social events such as cinema afternoons and birthday parties. We noted immediately on entry to the home that it was more organised, there was less paperwork lying around in communal areas and there was more structure. It was clear that staffing numbers had greatly increased and it was positive to note that staff members were happy to talk with us openly. We noted that flooring had been replaced in one person's room and a notice board had been installed in a communal area to display information for visitors to the home. People's care plans had been reviewed to ensure that the information held was up to date.

The manager was able to demonstrate that she had identified the shortfalls we found at inspection and had implemented an improvement plan to address these. The plan identified the issues together with the timescale for completion and which person had responsibility for the action. For example, there was a target date of 18 September 2015 for the provider's representative to ascertain what further audits were required to ensure that all aspects of people's health, safety and welfare were monitored and to arrange a schedule of these. The manager had been targeted with identifying appropriate leads from within the staff team in areas such as supervision and link worker system. The manager is also tasked with identifying subject champions for areas such as safeguarding, infection control, nutrition, medicine management, respect and dignity and staff meetings. This will be achieved over a six month period and supervisions will be the vehicle to identify the most suitable staff members to champion specific areas.

Relatives told us they found the current management team to be open, transparent and very caring. One person told us, "The manager is the best they have ever had, she is really good." Another relative said they had no concerns and that there have been many improvements with more staff available and that the service had 'settled down now' after a period of instability. The person told us that they were confident that their relative was safe living at Three Oaks and that the current management team would be successful in embedding the improvements made.

The current manager had been in post for three months at the time of this inspection and there was a newly appointed director of the company at the home to provide support. The manager told us that she was aware that some relatives had concerns because they were uncertain and unsure of what was happening in relation to the service. The manager had held a meeting for the relatives of people who lived at the home to update people regarding management arrangements and to explain the actions the home was taking to improve.

All staff we spoke with had positive things to say about the management team. One person said, "Things are getting much better. The manager and deputy are excellent; they have changed things so that we are here for the residents. We have supervisions now but didn't before, I can have my say, they are really helpful. The managers are very supportive and all of the changes have been positive."

The deputy manager told us that they had confidence in the manager and that she was a good leader. They told us, "In the last three months the changes have been immense." They said there had been greater interaction with the people who used the service and that there was an improved staff ratio between the agency and permanent staff as a result of a big recruitment drive.

The manager was able to demonstrate to us a clear vision about what the service should be with a priority on person centred care. The newly appointed director shared the manager's philosophy and had skills to contribute in areas such as auditing, monitoring, recruitment and finance. The manager told us that the system of audits in the home was not yet all encompassing and that more work was required in this area. For example, we saw that there was an audit of medicine administration practice but not an audit of the medicines held at the home. The newly appointed director

Is the service well-led?

was able to confirm to us that they had already identified that a new structured system needed to be introduced with schedules and check lists to ensure consistency, action plans and reviews to drive change and improvement.

The manager told us that no quality assurance surveys involving the views of people who used the service, their

relatives, the staff team or external stakeholders had been completed since our last visit to the home in February 2015. However, it was confirmed that the newly appointed director would undertake a quality assurance survey as part of the process to assess what further changes were required to ensure people received a good quality service.