

Mr S Siventhiran

The Oaks Care Home

Inspection report

432 Birmingham Road
Marlbrook
Bromsgrove
Worcestershire
B61 0HL

Tel: 01527876450

Date of inspection visit:
04 October 2016
05 October 2016

Date of publication:
23 November 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 12 and 13 January 2016. Three breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment, Regulation 10 HSCA (RA) Regulations 2014 dignity and respect and Regulation 17 HSCA (RA) Regulations 2014, Good governance.

We undertook a further comprehensive inspection on 4 and 5 October 2016 which was unannounced. This was to check the provider had followed their plan and to confirm that they now met legal requirements and to review the ratings of the service. We found that the provider was now meeting the legal requirements in relation to three breaches. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (The Oaks Care Home) on our website at www.cqc.org.uk.

The Oaks Care Home provides accommodation and care for up to 13 older people. There were 13 people who were living at the home on the day of our inspection.

At the time of our inspection 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 lived in a safe environment as staff knew how to protect people from harm. We found staff recognised signs of abuse and knew how to report this. Staff made sure risk assessments were in place and took actions to minimise risks. There were sufficient staff on duty to keep people safe. People's medicines were administered and managed in a safe way.

People and relatives felt that staff had the knowledge and skill to care for people in the right way. We found people were supported to eat a healthy balanced diet and with enough fluids to keep them healthy. People had access to healthcare professionals, such as the chiropodist and their doctor when they required them and were supported to attend hospital appointments.

People told us that staff treated them kindly, with dignity and their privacy was respected. People and relatives views and decisions they had made about their care were listened and acted upon.

People did not always receive personal care in a timely way during busier periods. The provider told us they would address this, however staff had not expressed this view to the provider for them to be able to rectify this. Staff continued to be task-led in their approach to care. We found there was very little stimulation for people who expressed their frustration of boredom with staff.

People and relatives knew how to complain and felt comfortable to do this should they feel they needed to.

We looked at the providers complaints over the last nine months, since our last inspection. We found two complaints had been received, both of which had been responded to with satisfactory outcomes for the complainants.

While people and relatives felt the registered manager was approachable and listened to their concerns and made changes where they were able. We found that, while people received good healthcare, people's social well-being was not addressed. We continued to see that the registered manager had not made changes to improve this aspect of people's care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The provider had taken steps to assess, prevent and minimise the risk of infection.

People were supported by staff who kept them safe.

People were cared for by staff who had the knowledge to protect people from the risk of harm. People received their medicines in a safe way.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had knowledge, understanding and skills to support people's healthcare needs.

People received care they had consented to and staff understood the importance of this.

People were provided with food they enjoyed and had enough to keep them healthy.

People had access and received support from external healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

The registered manager had steps in place to ensure people received care that promoted and maintained their dignity.

Staff were friendly, polite and respectful when providing support to people.

People were supported in a dignified way that respected their privacy.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People had to sometimes wait to receive personal care during busier times in the home. People's interests and hobbies were not individual to them. Staff remained task-focused in their roles.

People's concerns and complaints were listened and responded to.

Is the service well-led?

The service was not always well-led.

The registered manager had taken steps to ensure incidents and accidents were reviewed and analysed and took actions where required.

The registered manager had not developed staffs role to support people with their interests and hobbies. Staff did not have clear lines of roles and responsibilities.

Requires Improvement 

The Oaks Care 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.

We undertook an unannounced comprehensive inspection of The Oaks care home on 4 and 5 October 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 12 and 13 January 2016 comprehensive inspection had been made. This second comprehensive inspection has provided the service with a new rating for each question and the overall judgement of the service.

The inspection team on 4 October 2016 consisted of one inspector and one expert by experience, with expertise in dementia and elderly care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the 5 October 2016 the inspection team consisted of one inspector.

As part of the 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 by law. We spoke with the local authority, the Hereford and Worcester Fire Service, the Health and Safety Environment service prior to our inspection. This was because we had contacted these organisations following our last inspection, and we needed to be sure the provider had taken action as a result of their visits.

Many of the people we spoke with were not able to tell us in detail about their care and support because of their complex needs. 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 six people who used the service and four relatives. We spoke with two visiting community nurses. We also spoke with three care staff, one catering staff, one cleaning staff, the deputy manager, registered manager and the provider.

We reviewed three people's care records and medication records. We also looked at provider audits for environment and maintenance checks, compliments, complaints, incident and accident audits and relatives surveys.

Is the service safe?

Our findings

At our last comprehensive inspection on 12 and 13 January 2016 we found a breach of regulation, in relation to safe care and treatment. This was because people were not always protected from acquired infections as the arrangements that were in place did not ensure the home was always clean and hygienic. Following our inspection the provider sent us an action plan about how they would improve the service. We found that the provider had made improvements since our last inspection and they were now meeting their legal requirement for safe care and treatment.

At our last inspection concerns were raised with us about the condition of people's mattresses, we also found that commodes were dirty and rusty. We found at this inspection the provider had taken suitable action to ensure mattresses and commodes were clean and hygienic. The provider had also invested in equipment to clean commode bowls, which did not compromise people's risk of infection.

We spoke with a staff member who cleaned the home. They told us that since our last inspection things had improved. For example, laundry duties had been given to another staff member so they had more hours to clean the home. They told us they worked with the registered manager to create a cleaning rota which gave them clear direction, so they knew what needed to be done to keep the home clean.

All the people we spoke with who lived in the home told us they felt staff protected them from harm. One person told us how they felt secure in the home. While another person felt safe as there were always staff around to help them. We spoke with one relative who told us, "We think [the person's name] is safe".

The staff who we spoke with showed a good awareness of how they would protect people from harm. They shared examples of what they would report to management or external agencies if required. We found that safeguarding information was on display at the home. We found the registered manager had an awareness of the safeguarding procedures and worked with the local authority to ensure people were kept safe.

People's individual risks had been assessed and plans put in place in a way that protected them. For example, a senior care staff member explained how one person was at risk of developing sore skin. They told us how they ensured the person was on specialist pressure relieving equipment to reduce the risk of their skin from becoming sore. We saw where people required pressure relieving cushions and mattress people had these available to them. A community nurse we spoke with confirmed that staff followed their guidance and advice and pressure area care at the home was good.

People and three relatives we spoke with felt there were enough staff on duty to keep people safe. Staff told us they felt there were normally enough staff to keep people safe. However, some staff felt that people's needs were not always met in a timely way during some busier periods, for example mornings on the weekend, when management were not always working. Staff told us how people were supported safely and that there had not been any incidents or accidents.

Where people were able to discuss their medicines they did not raise any concerns. Relatives and both

community nurses did not raise concerns about people's medicine management. One community nurse we spoke with felt staff managed people's medicines well to keep them healthy. We spoke with a staff member who administered medication. They had a good understanding about the medication they gave people and the possible side effects. They showed good awareness of safe practices when handling and administering medicines. We found people's medication was stored and managed in a way which helped to keep people safe.

Is the service effective?

Our findings

People we spoke with felt staff knew how to look after them in the right way. One person told us, "They are very good, helpful". Another person told us staff knew what they liked and did not like. Relatives we spoke with told us staff were knowledgeable about people's care needs. We spoke with two community nurses who felt the care staff and the registered manager knew people's care needs well. They felt staff listened to their guidance and advice and managed people's health care needs appropriately.

Staff told us that as the home was small they knew all the people who lived there well. Staff understood people's care needs and what support was needed so their health care was met in the right way. We spoke with staff about how they developed their knowledge and understanding for supporting people. Staff who we spoke with told us they had attended training courses such as fire safety and continence care. Staff told us that with this knowledge they were able to identify people's continence needs and ensure that referrals were made in a timely way.

We spoke with the registered manager about their training and how they kept up to date. They told us they had attended courses, such as dementia and dignity training. The registered manager told us how they had learnt from this and had ideas to bring their knowledge into the home to be utilised, they acknowledged that this was an area that required development to enhance people's social and emotional well-being.

People we spoke with told us staff sought their agreement before carrying out any personal care and staff respected their wishes. One person told us that staff gave them the choice to remain in their room or to visit the communal areas of the home if they wished. Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant or how it affected the way the person was to be cared for. Staff told us they always ensured people consented to their care. One staff member said if a person refused they would respect this and ask them later.

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.

The registered manager had an understanding of the MCA process and had identified that some people lacked the capacity to make decisions around specific aspects of their care and treatment. They had begun to take steps to determine who had legal responsibility to make decisions for people where they lacked capacity to make them. Relatives told us they were involved in the person's care where the person lacked the capacity to make decisions, and felt the registered manager managed people's care needs in the person's best interest.

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 checked whether the service was working within the principles of the MCA.

The registered manager was aware of the Deprivation of Liberty Safeguards (DoLS) and told us that some people who lived in the home had their liberty restricted lawfully. Staff had taken steps to determine who had legal responsibility to make decisions for people where they lacked capacity to make some decisions themselves. Applications had been made to the local authority where it was assessed that there were restrictions on people's liberty. Where people's DoL had expired the registered manager had re-assessed and applied for a new DoL to be put in place.

We spoke with people and relatives about the food available and we spent time with people during meal times. People we spoke with told us they enjoyed the food at the home and that it was tasty home cooked food. One person said, "The food is very good, although the portion sizes are too big for me". A relative we spoke with told us how the food always looked appetising and smelt lovely. They told us that their family member's weight had remained steady and did not have any concerns with their nutritional health.

Staff were able to tell us about people's individual nutritional care needs. Staff told us how they had monitored one person's blood sugar levels to manage their diabetes. They said they worked alongside the person's doctor and the district nurses to support the person. The district nurse we spoke with told us staff managed the person's diabetes well, and that the staff sought advice when needed about the management of the person's diabetes. We saw people were offered hot and cold drinks throughout the day and staff ensured people had drinks to hand or supported those to drink where they needed assistance.

People and relatives we spoke with told people living in the home had access to healthcare professionals when needed. They told us appointments with health professionals were arranged in a timely manner when they requested these or staff felt it necessary. One person told us how they had received treatment to resolve a hearing problem and the person's relative confirmed staff had managed this promptly. Other people and relatives told us the chiropodist visited them. A relative said, "They make sure the person is okay from top to toe". The doctor visited people in the home weekly and people and relatives told us the doctor was called out at any other time if needed.

All relatives we spoke with told us staff always informed them if their family member had become unwell and needed the doctor or hospital treatment, which was in-line with the person's consent. One relative told us, "They keep me up-to date with all their healthcare". Relatives told us that staff recognised when a person became unwell and contacted health care professionals where necessary. We saw when one person became unwell staff took prompt action. The person was fully supported by staff who were able to advise the external healthcare professional of the person's medical needs.

Is the service caring?

Our findings

At our last comprehensive inspection on 12 and 13 January 2016 we found a breach of regulation, in dignity. This was because people's dignity to maintain good levels of personal care was not always promoted or maintained. Following our inspection the provider sent us an action plan about how they would improve the service. We found the provider had made improvements since our last inspection and the provider was now meeting their legal requirement for maintaining people's dignity.

People we spoke with felt staff treated them with dignity and respect. One person told us, how a particular aspect of their care had changed and staff had supported them to maintain their dignity during this time. They told us at first they were worried, but with staff support they were happy and not worried anymore. All relatives we spoke with felt their family members were treated well and with dignity. One relative we spoke with told us how they felt happy that their family member was being looked after in a caring environment and this provided them with reassurance.

We heard staff speak to people in a calm and quite manner. We saw people smile at staff when they spoke with them. Staff interacted with people in a relaxed way. We saw when one person became upset staff spoke with the person calmly and stayed with them until they had settled.

All people we spoke with told us staff were kind and caring towards them. One person said, "The staff are very kind". Another person said, "If you want anything you ask, and if they can, they do". A further person told us, "I'm happy. They are very good to me". While a further person felt staff were always smiling and helpful.

People said staff supported them to make their own decisions about their care and support. People and their relatives said they felt involved and their wishes were listened to and respected. One person we spoke with told us they got up in the morning at a time that suited them. While another person told us how staff respected their decision to remain in their room. People and relatives we spoke with felt all their choices and decisions about their care were listened to.

All relatives spoke highly of the staff who provided care for their family members. One relative told us, "All the staff are lovely. I'm very pleased". All relatives we spoke said they felt welcomed into the home. Relatives told us they were able to visit when they wished. Relatives felt they could approach any member of staff for a discussion and found the registered manager supportive to their requests.

People told us they felt staff knew them well. One person told us how staff ensured they had their book to hand as staff knew they enjoyed reading. While another person told us they enjoyed looking out of the window so staff ensured their seat was positioned so they could do this. Where staff were required to discuss people's needs or requests of personal care, these were not openly discussed with others. Staff spoke respectfully about people when they were talking with us or having discussions with other staff members about any care needs.

Is the service responsive?

Our findings

We spoke with people about how timely the staff were in supporting them with their personal care. One person told us that sometimes they had to wait for staff during the morning to receive support with their personal care. A further person told us they preferred to stay in their room but had to call several times and wait for staff to assist.

Staff recognised there were times when they were not able to promptly meet everyone's needs at busier times. During the week days, the provider had two care staff, the deputy manager and the registered manager in the morning. However during the weekends, there was not a management role present to assist staff. There were two staff members to provide care for people and a third staff member who began at nine o'clock. Three staff told us that one person required two staff members to mobilise them safely. The staff told us that this meant there were no other care staff available to support people with their personal care in the morning. We spoke with the provider about this, who explained they were not aware of staff's views about people's experiences of their morning care over weekend periods and as such had not taken steps to implement better staffing levels. The provider told us that the third care staff member start time would be brought forward so it better reflected people's individual care needs during the morning.

We spoke with people about what activities or interests they had and if they had the opportunity to continue these while they lived at The Oaks. One person we spoke with told us that they did not wish to pursue any of their hobbies and interests as they wanted a more relaxed pace of life. While another person told us how they enjoyed reading books. A further person told us they enjoyed reading the paper and completing jigsaw puzzles. They both told us they were able to do this when they wanted.

Our observations found that staff continued to be task-led in their approach, such as completing laundry duties or were seen to be sat with other staff members talking separately from people who lived in the home. Staff we spoke with knew people well but did not use the daily tasks as opportunities to interact and engage with people. Over the two day visit we saw people were sat in the lounge with very little stimulation that would appropriately engage people who live with dementia. While staff engaged two people with a board game and those people told us they had enjoyed this, a further two people were prompted to play, however they were withdrawn and did not engage with staff nor each other. We saw one person walked around the home in an agitated state. They told the registered manager, "I'm wasting away. I don't do anything, I don't see anyone. It's just useless". While the registered manager provided comfort, we found the person to still be walking around the home, without anything to occupy them.

Relatives told us they were involved in people's care planning and had the opportunity to speak with the registered manager and other staff members. One relative told us how staff had spent time with them to gather information and items of interest to create memory boxes for the person, which they told us was thoughtful. However two relative's told us that they did not see many activities take place for people and said that there was not much for people to do.

We spoke with the registered manager about our continued findings, as these were highlighted at our

previous inspection. The registered manager told us that the deputy manager had now been assigned the role of 'activities co-ordinator', which they were looking to develop.

People and relatives felt they were listened to. One person said, "I can't grumble". Another person told us how they had no complaints about the service or the staff. Relative's we spoke with did not have any complaints. One relative told us that when they had raised concerns about one incident between a staff member and their family member, they felt this matter had been managed well.

A further relative told us, "The place is tatty, but the care is good". Some relatives told us that where they had to raise an issue they felt this was managed well. All people and relatives we spoke with found the registered manager approachable and responsive to their concerns.

The provider shared information with people about how to raise a complaint about the service provision. We looked at the provider's complaints over the last nine months since our last inspection. We saw that two complaints had been received; while these did not show a pattern or trend, we saw that all complaints had been responded to within the provider's policy with satisfactory outcomes for the complainant.

Is the service well-led?

Our findings

At our last comprehensive inspection on 12 and 13 January 2016 we found a breach of regulation, in good governance. This was because the provider did not have systems in place to assess, monitor and improve the quality of the service. Following our inspection the provider sent us an action plan about how they would improve the service. We found that the provider had made improvements since our last inspection and that the provider was now meeting their legal requirement for maintaining good governance.

At this inspection we found the registered manager reviewed incident and accidents and the reason for any incidents that may have occurred. Where a person had suffered an accident the registered manager looked for trends that may have developed or lessons learnt to improve the standard of care in the home. We saw there were better systems in place for ensuring areas of the home were clean and hygienic. The provider told us how they had plans to improve the environment in other areas of the home but recognised that this may take time.

The provider had some systems in place to ensure the equipment and facilities were in good working order. This inspection showed some areas for servicing had lapsed and action was only taken following our visit. For example ensuring equipment to safely move people was serviced and maintained. The provider sent us information following our inspection to show that these actions had now been taken. The provider discussed that clearer roles and lines of responsibility in management were needed to ensure the planning of maintenance checks were in place.

The registered manager did not always focus on people's social experiences. This was because staff did not always support or encourage people's interests and hobbies. We found people continued to express their frustration of boredom and some people were upset and distressed by this. Staff we spoke with felt they did not always have their roles and responsibilities made clear by management about how to achieve this. While management had attended some courses and had some ideas to implement better emotional and social support for people, these were not embedded or part of the culture of the service, as staff did not know or understand what was expected of them.

People and relatives views were sought about the service. People and relatives said they would speak with the staff, the deputy manager or the registered manager if they needed to. Surveys had been sent out to relatives, which gained feedback around their experiences of living in the home. We found these to be positive, with good feedback around the care provided. Meetings for relatives were held on an individual basis where relatives we spoke with felt that the registered manager listened and improved any desired outcomes for people.

All people and relatives we spoke with felt included to make suggestion about the running of the service provision. Overall people and relatives were happy with the care provision. All relatives we spoke with felt the environment needed to be improved, such as better shower facilities and a "less gloomy dining area". An external health care professional told us how they worked with the registered manager and staff at the home and said staff were accommodating and listened to their suggestions and acted upon them.

Staff told us they were supported by the registered manager and deputy manager. All staff members we spoke with told us they enjoyed their work, and working with people in the home. Staff we spoke with continued to express their concern about the environment of the home. One staff member felt the environment had an impact on people's mood and felt that if the environment was brighter and cleaner it would improve people and staff's moral. The provider had recognised the need to improve the environment of the home and had begun to take steps to ensure this happened.

People, relatives and staff told us they knew who the registered manager was as they were visible within the home and felt able to talk to them in passing, or felt able to visit them in their office. All staff we spoke with said if they had any concerns or questions they felt confident to approach the registered manager. One staff member said, "I can speak to [registered managers name] at any time and she does what she can". Staff told us that they would like the opportunity to have more frequent staff meetings, but felt that any comments or suggestions they did have they could approach the registered managers as soon as needed.