Oak Farm Court Limited

Oak Court

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

Summary of findings

Overall summary

Oak Court is registered to provide accommodation and nursing care for up to 18 people who have neurological disorders and who are recovering from a brain injury. There were 11 people living in the home at the time of the inspection. The accommodation is all on one level and all bedrooms have en-suite facilities.

This unannounced inspection took place on 28 July 2016.

At the last comprehensive inspection on 8 and 13 July 2015 a breach of three legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to:

• staff deployment,
• notifications,
• Assessment and monitoring of the service.

During this inspection we found that improvements had been made in these areas.

There were two registered managers in post at the time of this inspection. 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.

Risk assessments had been undertaken. Staff were aware of the risk to people. Accidents and incidents were being were being reviewed to reduce the risk of any reoccurrence.

People were provided with a varied, balanced diet and staff were aware of people's dietary needs. Menus were not available in appropriate formats so not all people were aware of the menu options on offer. Staff referred people appropriately to healthcare professionals.

People received their prescribed medicines in a timely manner and medicines were stored and disposed of in a safe way.

The Care Quality Commission (CQC) is required by law to monitor the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The provider was acting in accordance with the requirements of the MCA including the DoLS. The provider was able to demonstrate how they supported people to make decisions about their care. Where people were unable to do so, there were records showing that decisions were being taken in their best interests. DoLS applications had been submitted to the appropriate authority. This meant that people did not have restrictions placed on them without the correct procedures being followed.

Although care plans were brief, staff knew how to meet people's current needs. Staff were trained, supported and supervised to do their job. Staff were able to demonstrate that they knew people well. Staff treated people with dignity and respect.

The provider had a recruitment process in place and staff were only employed within the home after all essential safety checks had been satisfactorily completed.

Staff treated people with dignity and respect.

The registered managers had carried out regular audits to assess what improvements needed to be made. Action plans had been put in place as needed. The provider had carried out visits to the home to ensure that the action plans for improvements were being met.

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.

Risks to people had been identified and staff knew how to minimise the risks

People were supported to take their prescribed medicines.

There were sufficient numbers of staff with the appropriate skills to keep people safe and meet their assessed needs.

Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

Is the service effective?

Good

The service was effective.

People were assessed for their capacity to make day-to-day decisions. Appropriate DoLS applications were being made to the authorising agencies to ensure that people were only deprived of their liberty in a lawful way.

Staff were trained to support people with their care needs. Staff had regular supervisions to ensure that they carried out effective care and support.

People's health and nutritional needs were met.

Is the service caring?

Good

The service was caring.

Staff treated people with respect and were knowledgeable about people's needs and preferences.

People could choose how and where they spent their time.

Is the service responsive?

Good

The service was responsive.

Staff were aware of people needs and were knowledgeable about the people that they supported.

People were encouraged to maintain hobbies and interests and join in the activities provided at the home and in the community.

People's views were listened to and acted on. People, and their relatives, were involved in their care assessments and reviews.

Is the service well-led?

Good

The service was well-led.

The culture of the service was positive and inclusive.

The management were described as approachable by staff and people who use the service.

Systems were in place to monitor and review the quality of the service provided to people to ensure that they received a good standard of care.

Oak Court

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 unannounced inspection took place on 28 July 2016. It was undertaken by one inspector.

Prior to our inspection we looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the home that the provider is required to notify us about by law. We also made contact with the local authority contract monitoring officer to aid with our planning of this inspection.

During our inspection we spoke with five people. We also spoke with the registered managers and six staff who worked at the home. These included a nurse, physiotherapist assistant, housekeeper, administrator, daily activities co-ordinator and two care staff.

We looked at two people's care records. We also looked at records relating to the management of the service including staff training records, audits, and meeting minutes.

Good

Is the service safe?

Our findings

People we spoke with all told us they felt safe. One person said, "Oh yes, I feel safe. There is always someone around to help and support you". Another person said, "I feel quite safe. The staff are good and kind; they would do anything for you". A third person said, "Yes I feel safe, they [staff] come when I push my bell, they are very good".

Risk assessments had been completed as prompts for staff. These included but were not limited to, risk of a person leaving the premises, behaviour that challenges, and moving and handling. We found that these assessments were brief and did not contain sufficient information for staff on how the risks should be minimised. However all staff spoken with. were aware of people's risk assessments and described the action they take to minimise them., We discussed this with the registered managers and they agreed that further information should be included so that staff had written information on how a person's assessed risks could be minimised.

At the previous inspection in July 2015 we found that the provider was in breach of one legal requirement in this area. We found that at this inspection the provider had made improvements to correctly deploy staff to meet people's needs.

Although people's views on staffing levels were mixed we found that there were enough staff on duty. One member of staff said, "There is not always enough staff". Another member of staff told us, "We have enough staff to meet the needs of the people here now". On the day of the inspection we found that call bells were responded to in a timely manner and people were not rushed. Another person told us, "Sometimes I have to wait but they do come and tell me they will be back as they need to get another member of staff to help. I need help from two carers as I use a hoist. It depends how busy they [staff] are". A third person told us, "They [staff] come as soon as they can". We saw that staff took their time and explained to people what they were going to be doing before people were supported with their moving and handling needs.

The registered managers told us that they assessed regularly the number of staff required to assist people with higher dependency support and care needs. This was in line with their company's policy on staffing levels. Records we looked at confirmed this

Staff we spoke with told us they had received training to safeguard people from harm or poor care. They showed us that they had understood and had knowledge of how to recognise report and escalate any concerns to protect people from harm. One member of staff told us, "If someone had a change in their behaviour, appetite or mood, had unexplained bruising or was not at ease around a person I would always tell the nurse or the registered manager my concerns". Another staff member said, "If I saw a staff member speaking or shouting to a person disrespectfully or not respecting their dignity I would report them to the [registered] managers". There was information available to staff on safeguarding people from harm which included telephone numbers to ring with their concerns.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. The registered

managers audited incident and accident reports and identified where action was required to reduce the risk of recurrences. For example, where a person had had a number of falls they had been referred to the physiotherapist.

There were recruitment procedures in place to ensure that only suitable staff were employed to look after people using the services. One member of care staff described their recruitment experience and said, "I completed an application form, I needed to have a DBS [Disclosure and Barring Service – criminal records] check; proof of ID [identification] and two references one from my previous employer." This was all before they were allowed to start their employment.

Staff who were responsible for the management of people's medicines were trained and assessed to be competent. People we spoke with told us about the medicines support they received. One person said, "There are no problems with my medication. The nurse sorts everything out". Another person told us, "The doctor prescribes all me medicines for me. The staff are very good, I have tablets regularly to control the pain". A third person said, "Yes, it's all sorted out. The nurse sorts it out, she's very good. If I need pain relief I get it from the nurse". We observed the administration of medicines during the morning and at lunch time. Medicines were administered and signed for correctly. Nursing staff made conversation and interacted with people whilst they were supervising them taking the medication. Where people needed extra prompting and time to swallow tablets, this was given. If people had been having difficulty with swallowing, GP advice was sought and liquid medication prescribed.

Medicines were stored securely and within the required temperature range. This ensured medicines remained effective. Medicines were reviewed by the GP and any changes were actioned swiftly. Monthly audits were conducted and any issues were highlighted and appropriate action taken. This showed us that the provider had systems in place to help make sure people were safely administered their prescribed medicines.

Good

Is the service effective?

Our findings

People we spoke with told us that their needs were met. One person said, "They're [staff] very good. I am certainly well cared for". Another person told us, "I am comfortable, clean and safe as possible. The staff know what they are doing they always ask me before doing anything".

Staff members told us that they had the training to do their job. This included training on infection control; safeguarding; moving and handling; fire training and PEG (Percutaneous endoscopic gastrostomy). This is where people were fed through a tube into their stomach. Training also included the care of people's continence aids [urinary catheters]. Staff were able to demonstrate how their learning was applied and how they supported people with their moving and handling needs. Especially when using a hoist and the different slings that were available for individual people. This meant that people had staff that were correctly trained to support their assessed needs.

Members of staff also said that they had the support to do their job and this was provided on both an informal and formal basis. One member of staff said, "I get supervision with the [registered] manager. The last one was one or two weeks ago. We do it when it is required. If I have any queries of problems [in the interim] any member of the senior team are here to answer any queries or give support". Another member of staff told us, "I had my supervision last month. Any suggestions I may have about improving people's care [are discussed] and any training needs I have." There was a plan in place which had scheduled dates for staff to attend future one-to-one supervision and appraisals.

The 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 DoLS.

We checked whether staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. All of the staff we spoke with had an understanding and were able to demonstrate that they knew about the principles of the MCA and DoLS. All staff confirmed that any decisions made on behalf of people who lacked capacity, were made in their best interests. This showed us that the provider was aware of their obligations under the legislation and was ensuring that people's rights were protected. The registered managers had submitted three applications for a DoLS to the supervisory body (local authority) and they were awaiting the outcome.

People said that they liked the food and had a choice of what they wanted to eat. One person said, "I enjoy the food and I can always ask for more". People had cold and hot drinks and these were placed within their reach. During mid-morning people were offered biscuits and drinks. When people needed help to eat and

drink, they were given the encouragement and support with these needs. Cultural and specialist diets were catered for, which included vegetarian and soft food diets.

Menus were available although not in a picture format. This would help those people who had difficulty with the written word. We were told by staff that people would discuss the menus each week to decide what they would like to eat. A member of catering staff told us that they knew what people's individual dietary needs and preferences were. They said, "I go around and ask people what they want to eat. People can have whatever they want". People's weights were monitored and the frequency of this monitoring was based on people's reviewed and up-to-date nutritional risk assessments. Dieticians' advice was obtained for people where they had been assessed as being at high risk of undernourishment.

We observed lunchtime in the dining room. People were asked if they would like to wear a tabard to protect their clothes. We saw that meals were already plated up when they were served to people. Staff told people what was on their plates and then asked if they would like gravy. People were then offered cutlery that suited their needs, which was either a knife and fork or a spoon. One member of staff asked one person if they would like some help to cut up their food, they accepted the assistance. Throughout the meal people were being asked if they wanted more to drink.

We noted that where people's intake of food or fluid was being monitored, the records were completed accurately. This was to help identify any change in people's food and fluid intake.

Records showed that people's health conditions were monitored regularly. They also confirmed that people were supported to access the services of a range of healthcare professionals, such as the community nurses, the GP, the dietician, the dentist, opticians and therapists. One person said, "I can see a GP, if I need to. The nurse will sort it out".

Staff made appropriate referrals to healthcare professionals. This meant that people were supported to maintain good health and well-being.

Good

Is the service caring?

Our findings

Our observations showed the staff were kind and respectful to the people they were caring for. Staff called people by their preferred name and spoke in a calm and reassuring way. We saw staff speak to a person in a quiet and calm manner when their behaviour challenged themselves or others.

People's comfort was maintained and promoted. One person told us "The staff are always checking with me and asking if I am comfortable". We saw a member of care staff ask a person if they were alright as the window was open. They wanted to check it wasn't too draughty for them. We also saw a member of care staff adjust a person's cushion to make them feel more comfortable while sitting in their chair. This showed us that staff thought about people and ensured they remained comfortable.

Staff offered people choices about where they wanted to sit and one person said that they chose to sit with other people to eat their meals. Other people chose to remain in their rooms. People were offered choices of when they wanted to get up and go to bed. People told us that their choice was respected by staff. One person said, "I got up about ten o'clock. As I chose to stay in bed".

People were enabled to maintain contact with members of their families. One person said, "My family are able to visit whenever they want". We saw that some people had made friends with others living at the home. This fostering of relationships was encouraged during activities, and whilst having a drink and a snack they would spend time talking with each other.

The premises maximised people's privacy and dignity: all of the bedrooms were for single occupancy only. Toilet and bathing facilities were provided with lockable doors; people were provided with personal care behind closed doors. Our observations throughout our inspection showed us that staff knocked on people's doors and waited for a response before entering. They also let people know who they were as they entered. One person told us, "Staff always close the curtains and door, when they are helping me". Another person said, "Oh yes, they [staff] are very respectful". This meant that staff respected and promoted people's privacy.

People told us that the way they preferred to have their personal care provided was respected. Members of care staff demonstrated an understanding of the principles of caring for people. A staff member said, "I enjoy working here. We must respect people's privacy, dignity and choice". The activities co-ordinator told us that they involved people in making choices about what hobbies or interests they would like to take part in. They said, "I did talk to everyone. What they like to do. What they don't like to do".

Information about advocacy services was available to support people in making decisions about their care and support. Advocacy services are organisations that have people who are independent and support people to make and communicate their views and wishes.

People told us they had been involved in the care plans. One person said, "Yes, staff sit when we talk about the care and support I need". Another person said, "Yes (I am involved in my plan). The carers know what I

need, they are very good".

Staff knew people well and told us about people's history, health, personal care needs, religious and cultural values and preferences. This information had been incorporated into people's care plans.

Good

Is the service responsive?

Our findings

Care plans that we looked at did not provide detailed information on how people's care needs were to be met. As they did not tell us what people were able to do for themselves to maintain their independence. These records also did not include the individual support that staff needed to provide to ensure that people's needs were met. There were also a number of care plans that had similar information. For example, there were plans for weight loss and nutrition. The plans for nutrition did not provide information for staff as guidance on people's likes and dislikes and the consistency of their food. We saw that care plans were reviewed monthly although they did not always documents any changes or updates made. We saw a plan that was for someone whose behaviour may challenge others. It stated 'continue to complete the 'ABC' (antecedent, behaviour & consequence) chart'. It did not provide information or analysis on whether there had been any episodes of this behaviour which staff could then look at to identify any trends.

People said that staff met their care needs. One person said, "Absolutely. They take great care of me. Another person said, "The staff are always around. They come when I call, but have to wait till members of staff are free. As I need two staff when I use the hoist". Overall, we saw that people were happy with lots of smiles, chatter and laughter. People on the whole confirmed they were well looked after.

Pre admission assessments were undertaken by the registered managers. This helped in identifying people's support needs and care plans were then developed stating how these needs were to be met. People were involved with their care plans as much as was reasonably practical. Where people lacked capacity to participate, people's families, other professionals, and people's historical information were used to assist with people's care planning. One person said, "They [staff] understand me and know what I need".

Although care plans did not contain detailed information about people, staff we spoke with were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs. They provided care in a way people preferred. One member of staff said, "I love working here and making sure that people get the care and support they need". Another member of staff told us, "We [staff] here really care about the people and we work well together". We spoke with the managers who said that they would add further information to the care plans to ensure that care was always provided in a consistent way.

We saw that care plans were reviewed monthly although they did not always documents any changes or updates made.

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. The registered managers employed one person whose sole responsibility was to support people with social activities. These included trips to local places of interests as well as group and individual activities at the home.

A timetable was available to people showing the regular activities that took place. These included religious services, visit from a therapy dog, word quizzes and scrabble. One person told us, "I don't get bored. I do

word puzzles, enjoy word games and watch TV". Another person said, "I go out to a local café with a member of staff".

People had their own bedrooms and had been encouraged to bring in their own items to personalise them and make them homely. We saw that people had brought in their own furniture and that rooms were personalised with pictures, photos and paintings. This was to help people orientate themselves as well as being personal to them.

People we spoke with told us they would be confident speaking to the registered managers or a member of staff if they had any complaints or concerns about the care provided. One person said, "I have no complaints and would tell the staff". Another person told us, "I go and speak to the [registered] manager if I am not happy with the care provided. They do listen to me".

There had been a number of compliments received especially thanking staff for the care and support their family members received during their time at this service. There was a complaints procedure which was available in the main reception area of the home. There had been no formal complaints received. The registered managers told us they dealt with any minor issues through care reviews. These were documented in people's files.

Good

Is the service well-led?

Our findings

At the previous inspection in July 2015 we found that the provider was breaching two legal requirements in this area and was rated as requires improvement. We found that at this inspection the provider had made significant improvements in the monitoring and management of the service being provided. Notifications since the last inspection had been sent without delay.

There were quality assurance systems in place that monitored people's care. We saw that the registered managers completed audits and checks were in place which monitored safety and the quality of care people received. These checks included areas such care planning, medication and health and safety. Where action had been identified these were followed up and recorded when completed to ensure people's safety.

Records showed that the registered provider referred to these action plans when they visited the home to check that people were safely receiving the care they needed. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided.

Records, and our discussions with the registered managers, showed us that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed us that the registered managers had an understanding of their role and responsibilities.

There were two registered managers in post at the time of this inspection. People said that they knew who the registered managers were. One person said, "Oh yes, she's often around. They will come and ask if I'm alright". Another person said, "Yes. [Name of registered manager] is her name".

The registered managers were very knowledgeable about what was happening in the home. This included, which staff were on duty, people whose health required a follow up visit to the GP or other professional support such as physiotherapist. This level of knowledge helped them to effectively and safely manage the home and provide leadership for staff.

There were clear management arrangements in the home so that staff knew who to escalate concerns to. The registered managers were available throughout the inspection and they had a good knowledge of people who lived in the home, their relatives and staff. Following our last inspection, which we carried out during July 2015, the provider had developed an action plan and this showed that remedial action was taken to improve the standard and quality of people's care. This allowed them to continually reflect on the action that was needed to make further improvements to the home.

Staff told us that they felt supported by the registered managers. One staff member said, "The [registered] manager always listens to our views". Another said, "They are good and very approachable". Staff all said that the (registered) managers were approachable and had an open door policy. All said they could speak freely at team meetings and during supervision.

Staff felt there was good teamwork. One of them said, "We [staff] all get on well together and help each other out. The atmosphere is calm and relaxed and we can have a laugh with each other and the 'residents' [people who use the service]". We observed this to be the case during our inspection.

There were regular staff meetings for all staff during which they could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in an effective way. Staff said that they were informed of incidents when issues occurred and that they were discussed to reduce the risk of them happening again.

People were given the opportunity to influence the service that they received through residents'/relative meetings. People told us they felt they were kept informed of important information about the home and had a chance to express their views. One person said, "I always tell staff how I'm feeling and then they can help me feel better". Another person told us, "They [staff] do listen to me".

A training record was maintained detailing the training completed by all staff. This allowed the registered managers and training manager to monitor training completed to date and to make arrangements to provide refresher training as necessary. Staff told us that the nurses sometimes 'work alongside them' to ensure they were delivering good quality care to people.

Records, and our discussions with the registered managers, showed us that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed us that the registered managers had an understanding of their role and responsibilities.

Information was available for staff about whistle-blowing if they had concerns about the care that people received. One member of staff said, "Yes, the staff working here are kind and treat people well. The (registered) manager takes action if they are told that a staff member is not treating people right".