

G & A Investments Projects Limited

Oakwood Residential Home

Inspection report

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Date of inspection visit:
18 April 2018
23 April 2018

Date of publication:
18 May 2018

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

This inspection took place on 18 and 23 April 2018 and was unannounced. The home provides accommodation for up to 28 older people with personal care needs. There were 24 people living at the home when we visited. Accommodation was spread over two floors. There were lounges/dining rooms on the ground floor of the home. There was a garden which was accessible from the ground floor with a patio area.

There was a registered manager at the home. 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.

Oakwood Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided.

At our last inspection, we rated the service good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The provider worked in partnership with other stakeholders and was pro-active in promoting health monitoring and preventative care for people at risk of hospital admission. Staff worked with medical professionals to use tools and assessments this meant that current information about people's needs could easily be transferred between services.

The registered manager was dedicated to their role and was a prominent presence within the home. Staff were caring and compassionate and understood the importance of treating people with dignity and respect. There were enough suitably skilled and qualified staff to meet people's needs. The registered manager carried out robust recruitment checks and monitored staff's performance and behaviour through observation and supervision.

Staff received training which was relevant to their role. Staff had received additional training in end of life care. This helped to ensure that people were treated empathically when receiving care at the end of their life. Staff had also received training in providing effective support around meeting the communication needs of individuals with sensory loss.

Staff understood their responsibilities in keeping people safe from abuse and harm. The registered manager had made appropriate referrals to local safeguarding authorities and had worked in partnership with them to help keep people safe.

People told us they felt safe and comfortable living at Oakwood Residential Home. They told us that there were plenty of activities to keep them occupied and staff were attentive and responsive to their needs. People told us they were involved in making decisions about their care and their independence, preferences and routines had been considered by staff when developing their care plans.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered manager was focussed on making improvements to the home. They had worked to make the environment more homely through a series of renovations. The registered manager also used feedback from people, relatives, and other stakeholders in order to make changes to drive improvements. They were constantly assessing the quality and safety of the service through a series of audits and checks and had formulated an ongoing action plan, which identified how and when key improvements would be made.

Risks to people's health and wellbeing were assessed, monitored and mitigated. Where people's health and wellbeing changed, care plans and risk assessments were quickly adjusted to help ensure people were receiving the correct care interventions.

There were safe systems for ordering, storing, administering, recording and disposal of people's medicines. Staff were aware of the support people needed around their medicines for pain or anxiety.

The home was a clean environment. There were systems and processes in place to help prevent the risk of infections spreading.

People told us they enjoyed the quality and choice given around their food and drink. People were given the appropriate level of support to meet their nutritional and hydration needs.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Oakwood Residential 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.

This comprehensive inspection took place on the 18 and 23 April 2018 and was unannounced. One inspector and an expert by experience carried out day one of the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience in this inspection had a background in nursing and working with people living with dementia. One inspector carried out the second day of the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law. We also reviewed copies of quality monitoring visits by the local authorities and action plans associated with their findings.

We spoke with 19 people and three relatives. We also spoke with the registered manager, the two heads of care, five care staff and one social worker.

We looked at care plans and associated records for six people and records relating to the management of the service. These included two staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We observed care and support being delivered in communal areas.

The home was last inspected in January 2016, where the service was rated good.

Is the service safe?

Our findings

People and their relatives told us they felt safe at Oakwood Residential Home. One person said, "I came in here for a short while because I was not coping at home. I have stayed as I think it's much better for me here." A relative commented, "I'm pleased [my relative] is here. It's a relief to me to know she is safe and helped with everything."

Risks to individual's health and wellbeing were assessed and monitored. There were assessments in place where people were at risk including falls or skin breakdown. When people's needs changed their risk assessments were reviewed. For example, one person was offered a ground floor bedroom after their mobility deteriorated and they were at risk of falling whilst accessing the stairs. In another example, where people had temporary conditions such as chest infections, a specific care plan relating to the treatment of this condition was formulated. This helped to ensure that new risks were responded to pro-actively.

The registered manager analysed incidents to look for ways to reduce the likelihood they would reoccur. Where people suffered falls, the registered manager reviewed their care plans and referred them to medical professionals when appropriate. In one case, a person had experienced falls after a change in their prescribed medicines. After reviewing their case with the GP, the person's medicines were reverted and the number of falls they experienced dropped as a consequence.

There were sufficient numbers of suitably skilled and qualified staff. One person said, "They're a lovely crowd [the staff] here and there are quite a lot of them." Another person reflected, "The staff are quite quick at coming to answer the bell and see what you want." The registered manager and two heads of care regularly worked alongside staff to help them during busy times of the day to help ensure staff did not have to rush when supporting people. The registered manager ensured suitable staff were employed by carrying out robust recruitment checks.

Staff understood their responsibilities to safeguard people from abuse and harm. All staff had received training in safeguarding. This training detailed the action they needed to take if they felt people were at risk from abuse or harm. The registered manager made the appropriate referrals to local safeguarding teams when they had concerns about people's wellbeing and put recommended actions in place to help keep people safe.

There were systems in place to protect people from the spread of infections. One person said, "It's very nice and clean. My bedding is changed regularly as well." A designated member of staff had been assigned to take on additional responsibilities around infection control. This included carrying out regular checks and audits of the cleanliness of the home. Staff were aware of their responsibilities to wear personal protective equipment such as gloves and aprons when supporting people with their personal care. This helped to maintain a clean environment and protect against the spread of infections.

There were processes in place to safely manage people's medicines. There were effective systems in place for the ordering, storage, administration, recording and disposal of medicines. People had plans in place

when they received medicines for pain or anxiety. This helped ensure they had the appropriate medicines to help them manage their conditions.

Is the service effective?

Our findings

The provider worked in partnership with other stakeholders to help ensure people had access to appropriate healthcare. The provider was participating in a programme run by the Clinical Commissioning Group (CCG) called, 'Advanced healthcare in care homes' The aim of this programme was to improve the quality of life, healthcare and planning for people living in care homes. This was achieved through providers working in partnership with medical and healthcare providers to deliver offer preventive care to people at risk of having an unplanned admission to hospital.

As part of this programme, the provider used the National Early Warning Score (NEWS) to help monitor people's health and wellbeing. The NEWS is a tool developed by the Royal College of Physicians, used by the NHS to quickly determine the degree of illness of a patient. It is based on the monitoring of six vital signs including respiratory rate and blood pressure. As part of the program, staff would record these observations on a regular basis to monitor for changes in people's health.

By recording people's vital signs on a monthly basis, staff had an accurate record of the general state of people's health. This information could easily be shared with medical professionals when appropriate. As people had a continuous record of these observations, medical professionals were able to make more informed judgements about treatment plans as they had a better background knowledge of people's needs. In one example, staff contacted the GP after a person's observations changed. The GP diagnosed the early signs of an infection and prescribed medicines accordingly. By detecting the changes their health early, the person accessed medical input before the infection became potentially more serious.

People told us they were very happy with the quality and choice of the food at the home. One person said, "The foods good. You get a choice. If you ask for something they go to the kitchen to see if they've got it. They usually do." People were encouraged to drink regularly throughout the day. There were drinks available so people could help themselves and staff were attentive to those who required encouragement to eat and drink.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that Oakwood Residential Home were following the correct procedures to fulfil their responsibilities under these safeguards.

Staff received training, induction and supervision, which helped give them the skills to be effective in their role. Staff attended regular updates of their training to help ensure that their knowledge was in line with current best practice. Staff induction included shifts working alongside experienced staff to ensure new staff understood people's needs. The registered manager also carried out competency based assessments of all staff in key areas such as medicines and reviewed their working performance in regular supervision meetings. This helped the registered manager monitor the behaviours and working practices of staff.

The environment was suitable for people. One person said, "There is a calm, friendly, relaxed and pleasant atmosphere here, it certainly suits me." The registered manager had overseen extensive renovation to the home which included painting and developing accessibility to outside space. The registered manager told us this made the environment less clinical and more homely

Is the service caring?

Our findings

People told us staff were caring and compassionate in their role. One person said, "They [staff] are lovely to me." Another person commented, "I think they're [staff] all very nice. There's nothing that's too much trouble for them." A third person reflected, "Staff put the patients [people] first." A relative told us, "We are very pleased with her care here. [My relative] is treated very well; they [staff] are always good to her."

Staff were attentive to people's needs and understood how they could make a positive impact on their day. One person said, "My individual sense of wellbeing has been greatly advanced since living here." In one example, people told us how they enjoyed it when the registered manager brought their dog into to visit people. One person in particular took enjoyment from playing with and feeding the dog. Staff ensured that the person had time with the dog and treats for it when it visited. They told us, "I love that little dog. It makes my day when he comes along. I feed him treats."

People were treated with dignity and respect. One person said, "Staff treat us like human beings, the staff are all very good." Staff were conscious to respect people's privacy. One person commented, "Yes I do think we are treated with respect. They always knock before they come in." People were supported discreetly with their personal care away from communal areas and staff were patient and caring in their approach. One person reflected, "Staff shut the door when I'm getting dressed and undressed. They respect my privacy." Another person told us, "I have been treated with the upmost courtesy and respect by staff since living here."

People were supported to remain as independent as possible. People told us how they regularly left the home to visit local shops or go out with friends if safe to do so. People were encouraged to participate in everyday activities in the home. One person told us how they liked to help staff to hang out laundry, whilst other people told us how they liked to join in with the maintenance of the garden areas. Where people were able to manage aspects of their personal care independently, staff were responsive to this and encouraged them to carry on these routines.

People and their relatives told us they felt involved in developing care plans and making decisions about people's care. One relative said, "I have had input into how my care plan was developed, with the idea of developing my independence was a key aspect." Another person reflected, "I came here for a period of respite, but have chosen to stay. The care is organised how I want it to be. The staff are there if I need extra help." A relative told us, "I like that I am kept informed about important things, like if something has happened at the home. As a family member, I feel included in important decisions."

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. One person said, "The staff here are very nice. You've only got to say and they will do something for you. They even get me a bit of shopping if I want something."

People received personalised care. People's care plans include information about people's personal history, individual preferences and interests. People's preferred routines around their personal care and daily activity were documented. People told us these routines were followed by staff. One person said, "I like to have my hair washed and I like to keep it short. We get on and do what we like to do, how we like it done."

The service had complied with the Accessible Information Standard by identifying, recording and sharing the information about the individual communication needs of people with a disability or sensory impairment. The registered manager ensured that all staff had a good understanding of people's individual communication needs by sharing this guidance in staff handovers, team meetings and supervisions. Staff had additional training around providing effective support to people with hearing or eyesight loss. This helped enable staff to communicate effectively with people to ensure their wishes and needs were met and their human rights were protected.

There were a wide range of activities which people could become involved in. One person said, "There's bingo and singing here which I like." Another person commented, "There's one carer who comes in to do quizzes and things. Activities were based both indoors and outdoors and included reminisce activities involving using objects from people's past to stimulate memories and conversation. The registered manager organised regular trips to local attractions and areas of interest. This included museums and local beaches. They organised a minibus to be available for these trips so people could access these outings."

People told us there were effective systems in place to respond to their complaints and concerns. One person said, "I'd talk to the registered manager if I had concerns, she's very good. She's done a lot for us since she's been here." Another person commented, "You could talk to any of the staff. You could even talk to the manager if you wanted to." The provider had a complaints policy which detailed how people could make a complaint and how their concerns would be investigated and responded too. The policy was displayed at the entrance of the home, which meant that it was visible to all people and visitors. Records of complaints demonstrated that the registered manager followed the provider's complaints policy when dealing with people's concerns and people were satisfied that their concerns were investigated appropriately.

Some staff had undertaken training and qualifications in end of life care. They accessed the 'Six Steps Programme'. The Skills for Care 'National end of life qualifications and six steps guidance describes the six steps programme as, 'The qualifications developed are for those working in social care and can equip workers not only to recognise end of life situations but to manage them more effectively.' The registered manager told us how they worked with other stakeholders to help give people as pain free and dignified

death as possible. There were examples where the service had worked with doctors, district nurses and hospices to provide a co-ordinated effort to ensure that people had access to the appropriate medicines and support to remain at the service during their last days.

Is the service well-led?

Our findings

There was a registered manager in place. 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 told us the registered manager was approachable, kind and had made improvements to the service since they started in post. One person said, "I'd recommend here to anyone. I don't suppose there is anywhere else as good. The registered manager has been upgrading it and it's improved so much." Another person said, "The registered manager is kind, nothings too much trouble. The place is so much nicer now. It's more homely, brighter and a better place to live." A third person told us, "The registered manager and heads of care lead by example. They go far beyond the remit of their role to ensure residents are well cared for."

The registered manager promoted a positive culture within the service. They were a prominent presence within the home, regularly working alongside staff to offer support and guidance. They were well acquainted with people's needs and spent time listening to people's viewpoints if they had feedback or suggestions. Staff meetings were regularly held, where the registered manager reviewed and reflected on the quality and culture of the service. In a recent staff meeting, the registered manager shared feedback from a quality monitoring visit by the local authority and sought ideas from staff to implement recommendations given. This helped to ensure staff took ownership and pride in the quality of the service.

The registered manager carried out a series of audits and checks to help ensure the quality and safety of the service was maintained. These audits included infection control, health and safety and medicines management. They also carried out maintenance checks on equipment and utilities to ensure they were safe for use. These included maintenance checks of gas and electricity, water and emergency equipment such as fire alarms. These audits and checks were effective in monitoring the safety of the home environment.

The registered manager was committed to making continuous improvements to promote high quality care. The registered manager had formulated an ongoing action plan, which highlighted areas where and how the service could be improved. The action plan took information from internal audits, external quality audits from the local authority, previous inspection reports from CQC and feedback from people, relatives and social workers. The registered manager had recently completed actions from the last improvement plan around recording of people's medicines and updating people's records after healthcare input.

The provider worked in partnership with other stakeholders to help promote good quality care. The registered manager was committed to keeping their professional knowledge and skills updated. They attended regular provider forums facilitated by the local authority. These forums were a chance to share best practice and industry wide updates. After a recent forum, The registered manager implemented new procedures around the storage of topical creams. These procedures were in line with guidance from The

National Institute for Health and Care Excellence (NICE).

People were engaged and involved about how the service was run. In one example, the registered manager had worked with health professionals to create a 'protected mealtime' for people. This meant that there was an agreement with healthcare professionals that they would make all non-essential visits to people outside of agreed meal times. This was in response to people's feedback about the interruption and impact this had previously caused.