

Oak Cottage Care Limited

Oak Cottage

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

We carried out an unannounced inspection on 12 July 2016.

Oak Cottage provides care and support for up to 21 older people. At the time of the inspection, there were 18 people being supported by the service.

The service has 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.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised and how to safeguard people from the risk of possible harm.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely. Staff understood their roles and responsibilities and would seek people's consent before they provided any care or support. Staff received supervision and support, and had been trained to meet people's individual needs.

People were supported by caring and respectful staff who they felt knew them well. Relatives we spoke with described the staff as kind and caring. People were supported to be part of the community and visit the local area.

People had been assessed, and care plans took account of their individual needs, preferences, and choices. Staff supported people to be as independent as possible.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to continually improve the quality of the service. The provider also had effective quality monitoring processes in place to ensure that they were meeting the required standards of 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.

There was sufficient staff to meet people's individual needs safely but not always in a timely manner. People were also supported to manage their medicines safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

Is the service effective?

Good ●

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and appropriate care plans

were in place to meet their individual needs.

People were supported to maintain their independence and pursue their hobbies and interests.

Staff took pride in how they supported people to live their lives with minimal support.

The provider had an effective system to handle complaints.

Is the service well-led?

The service was well-led.

The provider was involved in the day to day management of the service.

Staff felt valued and appropriately supported to provide a service that was safe, effective, compassionate and of high quality.

Quality monitoring audits were completed regularly and these were used effectively to drive continual improvements.

People who used the service and their relatives were enabled to routinely share their experiences of the service and their comments were acted on.

Good ●

Oak Cottage

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 inspection took 12 July 2016 and was unannounced.

The inspection team consisted of one inspector from the Care Quality Commission and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with the manager and the assistant manager. We also spoke with four staff and seven people who used the service. We looked at the care records of three people who used the service, the recruitment and training records for staff employed by the service. We also reviewed information on how the provider managed complaints, and how they assessed and monitored the quality of the service.

Is the service safe?

Our findings

We asked people living in the home if they felt safe. One person said, "... I like it here. It's nice and safe for us all and I've met some nice friends." A family member also said, ".When I leave here I know [relative] is in a safe home.'

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Staff were aware of the provider's safeguarding policy and told us that they knew how to recognise and report any concerns they might have about people's safety. They were also aware of external agencies they could report concerns to. Staff said that if they had concerns they would report them to the manager, or if they were unavailable, they would contact external agencies such as the local authority safeguarding team to ensure that action was taken to safeguard the person from harm. One member of staff said, "I would always report any concerns I had and would make sure it was investigated."

Individual risk assessments had been undertaken in relation to people's identified support needs. The risk assessments were discussed with the person or their family member and put in place to keep people as safe as possible within the home and in the community. Staff recorded and reported any significant incidents or accidents that occurred within the home. We saw that where an incident occurred, the provider took steps to learn from it and further minimise the risk to people.

Staff employed by the service had been through a thorough recruitment process before they started work. This ensured, as far as possible, they were suitable and safe to work with people who lived at the home. Records showed that all necessary checks were in place and had been verified by the provider before each staff member began work within the home. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the manager to confirm that staff were suitable for the role to which they were being appointed.

People or their relatives told us there was enough staff to support them safely. We observed that the manager and deputy manager were involved with the people using the service and were 'hands on'. The manager told us that, although there were enough staff to support people, they had identified the need for a 'floor manager.' This was to allow for further support and development of staff skills. The manager said, "We see the need for a dedicated floor manager... We don't have agency staff here, we do it all ourselves, we have some young staff, and we have apprentices." Staff told us that there was enough staff to support people. They told us that, if needed, the manager and deputy managers were available to support them and provide guidance. We observed that people's needs were addressed quickly by staff and there was always staff visible in the communal areas and moving around the home.

The relatives we spoke with were complimentary about the quality of the staff that provided care and said that their relatives were supported by a consistent group of staff to provide continuity of care. People using the service also said that the staff made, "A really good team" and were, "Understanding" of their support

needs.

We saw that medicine was stored safely within the home. Medicines records instructed staff how prescribed medicines should be given including medicine that should be given as and when required (PRN) and how a person should be supported with this. Medicines Administration Records (MAR) showed that medicines had been administered as prescribed, stock was also checked and audits carried out. We observed medicine being administered to people and saw that staff were attentive towards them and ensured that they had a drink available to assist them in taking it. Staff were aware of people's routines and did not rush them to take their medicines.

Is the service effective?

Our findings

People received care and support from staff that were trained, skilled, experienced and knowledgeable in their roles. Staff were knowledgeable about people's care needs, and had received the necessary training to equip them for their roles. Staff told us that they were supported by the provider to gain further qualifications. One member of staff said, "The training is quite adequate...I get pushed by management; they can see potential in me so they push me to do more. It's nice." The manager also told us that they liked to draw on the potential of the staff employed at the service, and encouraged them to follow their goals and work towards enhancing their skills and knowledge.

We spoke to another staff member about how they managed behaviour that had a negative impact on others and if they were able to identify when a person was showing signs of deterioration in their mental health. Staff were able to talk us through the signs they would look for and how they would respond to the person to try and calm them down and de-escalate the situation. They said, "I leave them for a little while, sometimes they just need time, when I come back they might be in a better mood." Records reviewed showed that staff had received appropriate training such as managing behaviour that may have a negative impact on others, moving and handling, safeguarding, health and safety and first aid.

Staff we spoke with told us that they had received supervision and appraisals and records we looked at confirmed this. One member of staff said that supervisions gave them an opportunity to discuss any issues and concerns with the manager and they felt listened to.

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. We noted that staff understood the requirements of the MCA, particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support. Staff we spoke with demonstrated an understanding of how they would use their MCA 2005 and Deprivation of liberties safeguards (DoLS) training when providing care to people. We also saw that the home had policies and procedures available for staff to look at if they needed further guidance. Staff told us that they would always ask people for their consent before providing support.

People were free to make day to day decisions about their care and support. Consent had also been obtained by people to confirm that they were happy for the support to be provided to them. Where people were unable to provide consent then assessments were carried out and best interest decisions recorded. We also saw that the provider had made DoLS applications to the local authority where required and were awaiting responses from them.

Care records showed that staff monitored and managed people's weight to support them to maintain a healthy weight. We saw that the home encouraged people to eat healthily. Where required, food and fluid charts were completed and we saw that the kitchen staff had lists of people's meal preferences and dietary

requirements.

We observed the meal time experience. We saw that tables were nicely laid out with most people opting to have lunch in the formal dining room, although two people chose to eat in the communal lounge. We observed that lunch time was a social experience; there was a nice rapport between residents during lunch. The manager told us that lunch is, "A social event." We saw that the food had been freshly cooked and looked nice. The chef told us there were always alternatives available to people if they did not like the main meal. They said, "I know what the residents like and what they don't like, who is on special diets, it's all written [in the kitchen]."

On initial arrival at the home, we also observed a member of care staff cooking some bacon in the kitchen. They told us, "One of our residents woke up late and asked for a bacon sandwich, so I'm cooking them some bacon." We saw that in the main entrance there was a notice advising visitors that breakfast was served as and when residents requested it. It also asked that visitors respect people's meal times.

People were encouraged to maintain their health and wellbeing through regular appointments with health care professionals. People would contact their GPs when needed and attend their hospital appointments. One relative said, "They got the doctor for [relative] very quickly when they noticed [relative] was behaving a bit different; [relative] had an infection which was sorted."

Is the service caring?

Our findings

People and their relatives commented positively about the staff and the manager. One relative told us, "The young carers (staff) are very good [pointing at a member of care staff]. [Staff name] is lovely, and [relative] really likes [them]." They also said, "[Relative] is very happy." Staff described the home as being a family focused home. One member of care staff said, "It's a real family here, we all fit into the family environment."

We observed on the day of our inspection that the home was calm and had a warm, friendly atmosphere. We observed people coming and going from the home and the front and rear doors were left open so people could move freely around the home and the gardens.

Staff were able to tell us about people's individual backgrounds, ages, likes and dislikes and we observed that while talking to us about the people they supported staff were enthusiastic and were visibly fond of each person they supported. Staff who had only been working at the home for a short time were able to demonstrate that they knew the background of all the people that they supported and how best they needed to support them. One member of staff told us, "I keep my ears open and have [peoples] best interest at heart; they tell me how they want me to support them really." One person said, "The staff here are lovely. Very friendly and I get on well with them."

Staff worked well together and even though they were busy throughout the day we saw they interacted in a kind and caring way at all times towards the people they supported. For example, when supporting people to get ready for lunch, we heard carers saying quietly to them, "Lunch in half an hour if you need the toilet." This allowed people to be made aware of the time and prompted the need to have personal care with dignity so that the other residents did not hear. We observed that care staff had a positive attitude, and throughout the day we observed them to be extremely welcoming and friendly towards people using the service. We saw they took time to sit and chat with people and were visible around the home so people could always find a member of staff if they required assistance. They spoke to people nicely and always had a smile on their face. We saw that one member of staff sat with some family members who came in to visit. They had a chat with them all and were laughing and made them very welcome. Senior staff also worked alongside the care staff and supported the people using the service. We saw that senior staff were assisting with supporting people and there was laughter between the staff and residents.

We observed one member of staff supporting a person in the communal lounge. They were sitting with a person painting their nails having a chat. When we spoke with the staff member they said, "I've been here [time employed], and I love the residents." We saw that this member of staff had a bond with the people they supported and was proactive in offering support to people as and when it was required. Staff always gained consent. A staff member told us, "We always ask for consent, I will ask what they want." Another member of staff said, "I can't make them do anything; everyone has the right to say no. If they refuse [support] I will ask someone else, sometimes they just want someone else to support them."

People's independence was promoted we observed residents coming and going from the home with assistance. The front and rear doors to the home were left open so people could move freely around the

home with minimal assistance. We observed some people opted to sit outside the front door in the sun. Later in the day staff suggested that they came inside when it started to rain. Staff did this in a gentle manner, which encouraged, but did not force, people to come in to stay dry. Staff also took people out to local shops and also took them out for walks.

We saw people were well groomed and suitably dressed. When we spoke with staff they demonstrated their understanding of how they maintained people's privacy and dignity. Staff said they always treated people with respect and dignity and would only assist people if the person was happy with it and had confirmed to them verbally that they were happy for the support to be provided.

People and relatives confirmed that they were involved in making decisions about their daily routines. The care records we looked at showed that people were involved and supported in their own care decisions and planned their own daily routine. People said that their views were listened to and staff supported them in accordance with what had been agreed with them when planning their care.

Is the service responsive?

Our findings

People who used the service had been assessed prior to being supported by the service. We saw that appropriate care plans were in place so that people received the care they required which met their individual needs appropriately. A relative we spoke with also said, "I am kept informed about what's happening." There was evidence that the care provided was person centred and that the care plans reflected people's needs, choices and preferences. We saw that regular updates were made and relatives and health professionals were kept informed of any changes in people's care plans through monthly review meetings.

The manager told us that they provided a 'family run' service that put the people first. Staff also told us that they felt supported by the management team to provide a service which was inclusive and emphasised the importance of family. One member of staff said, "I treat people like my own family, I work long days but I don't rush home because this is like a second home to me, I care about [people being supported]." Another member of care staff said, "People here have dementia so can't always remember, but when I come in they remember me, they remember my name, it makes me think that I'm doing something that helps them remember me."

People using the service and their relatives had been involved in planning their care and in the regular reviews of the care plans. Although there was a system to review the care plans periodically, we saw that where necessary, these were also reviewed more often to reflect any changes to people's needs. We saw that staff reviewed care regularly with the people using the service. We observed throughout the day that staff were talking and interacting with people, where they had concerns or wanted to talk to the management team the management team were quick at acting. For example we saw that on the day of the inspection a person was admitted to the home urgently. Although an assessment had been completed, staff identified quickly that the person required more support than had been identified. The manager was quick to put systems in place to support the person to ensure that they had equipment available that was needed.

Staff told us that they supported people to pursue their hobbies and interests. We saw that volunteers attended the home and took people out. A member of staff also talked to us about people's hobbies and how they helped them to pursue their interests. They said, "[Person] likes old aircraft. They used to be in the air force, so I try and learn things and will talk to them about it, I will go on [website] and show them videos from the old days. I don't know much about it but I try." We saw that there were no set activities in the mornings. We observed people to be sitting in the main lounge area with little to do. At one point of the morning however we saw that a person went shopping with a member of the team, who also bought items for other people at the service. When the shopping arrived there was a nice interlude with some people having a chat together about what had been bought. The member of staff who had been shopping said, "Not everyone likes to go out, but they like to give me a list of things they want. It's always like this, when I come back everyone is excited." We saw that people were involved with activities in the afternoon and those who did not wish to participate were respected. One person said, "That's how I like it, they try, but I'm happy like this".

The provider had a complaints policy and procedure in place and people were made aware of this when they joined the service. We saw that the complaints procedure was visible in the entrance of the home. People we spoke with knew who they needed to speak to if they had any issues or concerns. We also saw that people were encouraged to raise concerns in residents meetings and discuss improvements to the service they would like to see. People told us that they would feel comfortable raising any concerns they might have about the care provided. We saw that in previous inspections it was suggested that the communal lounge might be arranged in a manner that allowed for people to sit closer and have more interaction. We saw that the provider had done this but that the people using the service had complained in the recent residents meeting and asked for the seating to be returned to the original position. The manager said, "Residents tell us what they want, if they are not happy, they let us know."

Is the service well-led?

Our findings

The service had a manager in place who was in the process of handing over the running of the home to a new manager. The new manager was in the process of registering with the care quality commission. The manager was supported by two deputy managers who oversaw the day to day running of the home. Staff, people using the service and relatives spoke highly of the manager and the management team, who they said were friendly and approachable.

Staff told us that the manager provided stable leadership, and the support they needed to provide good care to people who used the service. They said that having the support of the deputy managers enabled them to provide good quality care to everyone who used the service. We observed during our inspection that one of the deputy managers was working with staff and people who used the service throughout the day, we could see that this was a normal day to day occurrence. We discussed our observation with the deputy manager who said, "Some of our staff are young, and they need to be reminded of their tasks sometimes." They told us that because of the need for them to be on the floor they had identified the need for a new floor manager who could support the staff on shift.

When we spoke with staff they demonstrated to us that they knew their roles and responsibilities well and felt involved in the development of the service. They were in agreement that the addition of a floor manager would be a positive step to ensure they received support and advice to carry out their roles well. The manager told us that either manager or deputy were always available in person or on call so if staff needed support this was always available. One member of staff told us, "We know what is expected of us and what we need to do, but we look to [deputy] for advice." Staff said, "We have our set duties and the communication between all staff is excellent."

We saw from evidence provided that the provider had taken on board comments from previous inspections and made changes to the service. We saw that the manager had taken more responsibility for the daily running of the home which had previously been managed by the provider.

There was evidence that the provider worked in partnership with people and their relatives so that they had the feedback they required to provide a service that met people's needs and expectations, and was continually improving. The manager showed us details of an independent survey which had been commissioned to provide independent feedback on the service. This had not been undertaken yet and would be completed in the next year.

The manager had completed a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date. We found that they had kept robust, up to date records that reflected the service provided at the time of our inspection. The manager had understood their responsibility to report to us any issues they were required to report as part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.

