

Haywood Oaks Limited

# Haywood Oaks Care Home

## Inspection report

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Date of inspection visit:  
19 March 2018

Date of publication:  
20 April 2018

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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 inspected the service on 19 March 2018. The inspection was unannounced.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Haywood Oaks Care Home accommodates up to 20 people over two floors. On the day of our inspection, 13 people were using the service and two people were in hospital.

At the last inspection in January 2016, the service was rated overall 'Good' and 'Requires Improvement' in 'Responsive'. At this inspection, we found the service remained overall 'Good'. Improvements had been made in 'Responsive' but 'Safe' had deteriorated to 'Requires Improvement'.

A concern was identified with the stock of one medicine but people received their prescribed medicines safely. Risk assessments associated with people's needs had not always been completed. Some records relating to people's needs had not been stored appropriately.

The service was clean and infection control measures were in place. People were supported by sufficient staff that had been deployed appropriately, staff skill mix had been considered. Safe staff recruitment checks had been carried out when new staff commenced.

Staff received an induction and continued training and support to carry out their work. Recognised tools and best practice guidance was used when assessing people's needs. People's nutritional needs had been assessed and planned for. Health care needs were monitored and referrals were made to external health care professionals when needed. The premises were well maintained and were appropriate for the needs of people who used the service.

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 support this practice. The principles of the Mental Capacity Act (MCA) were followed.

People who used the service and or their relatives where appropriate, were encouraged to contribute to the planning and ongoing review of their care. People received care that respected their privacy and dignity and independence was encouraged. Staff understood people's needs, routines and preferences. Advocacy information was available for people should they have required this support.

People received opportunities to participate in social activities and interest and hobbies were encouraged. People's end of life wishes had been discussed with them. People felt able to raise concerns or complaints and the complaint procedure had been made available for people.

People who used the service and their relatives were encouraged to give feedback about their experience of the service. Systems were in place to monitor the quality of the service.

Further information is in the detailed findings below.

## 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 has deteriorated to Requires Improvement.

Some concerns were identified with the stock of one medicine.

Risk assessments for some people's needs had not been sufficiently completed. Some information in relation to people's needs were not stored correctly.

Staffing levels and deployment met people's needs. Safe staff recruitment checks were in place.

The service was clean and followed infection control best practice guidance.

**Requires Improvement** ●

### Is the service effective?

The service remains Good.

**Good** ●

### Is the service caring?

The service remains Good.

**Good** ●

### Is the service responsive?

The service has improved to Good.

Improvements had been made to the documentation used to inform staff of people's routines, preferences and what was important to them.

An activities coordinator was now in place and people received opportunities to participate in a variety of activities.

People knew how to make a complaint if required to do so.

**Good** ●

### Is the service well-led?

The service remains Good.

**Good** ●

# Haywood 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.

This comprehensive inspection took place on the 19 March 2018 and was unannounced.

The inspection team consisted of one inspector and one Expert-by-Experiences (EXE). This is a person who has had personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection, we reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners (who fund the care for people) of the service.

During the inspection, we spoke with 11 people who used the service for their views about the service they received. We also spoke with a person's friend who was visiting and a family of a person who had recently passed away whilst living at the service.

We spoke with the registered manager, the owner, a senior staff member, three care staff, the cook, housekeeper and activity coordinator. We looked at the care records of five people who used the service, the management of medicines, staff training records, four staff files, as well as a range of records relating to the running of the service including audits and checks including the management fire risks and legionella, policies and procedures, complaints and meeting records.

## Is the service safe?

### Our findings

Some concerns were identified in relation to the management of medicines. A sample stock check of medicines identified one medicine that did not have the amount of tablets the corresponding record said there should be. One box of the same medicine was also found to be out of date. Whilst there were audits in place to check the management of medicines, these errors had not been identified. This medicine was prescribed to be taken 'as and when' required. The person's medicines administration record showed the person had not taken this medicine. The registered manager said the person very rarely used it and they were in the process of requesting the GP to review if a prescription was required. The registered manager commenced an immediate investigation and a safeguarding alert was made.

All other checks carried out for the safe handling, storage and management of medicines were found to be correct and followed best practice guidance. We saw people received their medicines safely.

Risks associated with people's needs had been assessed, but information provided to staff lacked detail in places about how risks were managed. For example, one person's care record had a letter from a speech and language therapist advising the person was at risk of aspiration and choking. The person's dietary and nutritional needs had been assessed and planned for. Staff were informed the person needed their drinks thickened and the consistency of their meal provided in a certain way. We saw this was provided as instructed in their care plan. However, there was no risk assessment in place for this identified risk. Some people had a diagnosis osteoporosis (a condition affecting the bones). However, there was no risk assessment advising staff what they needed to consider when supporting this person to remain safe. We discussed this with the registered manager who agreed to review these people's needs as a priority.

We identified people's supplementary records such as daily records, eating and drinking and repositioning charts, were not stored in a secure manner. They were left in a communal area raising the risk of being read by others. We discussed this with the registered manager who agreed to take immediate action to have these records stored in a lockable cupboard.

Assistive technology was used such as sensor mats, to alert staff of people who had been identified at being at risk of falls. Some people experienced periods of heightened anxiety that could affect their mood and behaviour. We saw staff supported people well and were able to tell us about the techniques they used to support people.

The provider had systems and processes in place that protected people as far as possible from abuse and avoidable harm. People told us they felt safe living at Haywood Oaks Care Home. One person said, "I feel safe, yes, I know if I'm worried about anything I just have to talk to the staff." Staff were knowledgeable about their role and responsibility in protecting people and told us what signs they would look for that may be an indicator of abuse and the action they would take.

There were sufficient staff employed and deployed to meet the needs of people. People who used the service raised no concerns about staffing levels and told us their requests for assistance were promptly

responded to. One person said, "I have a call bell in my room. I sometimes use it at night. They (staff) come straight away and see if you are alright." Throughout our inspection, we saw staff responded to requests for assistance in a timely manner. The provider had safe staff recruitment checks in place to ensure as far as possible staff employed were suitable.

The prevention and control measures for managing infections, cross contamination and cleanliness were found to be good. The provider had an action plan following an audit visit completed by the local clinical commissioning group in 2017. The majority of actions had been completed and outstanding areas, were on track with dates identified for the work to finished. We found the service to be clean. The housekeeper told us about their responsibilities in meeting infection control best practice and this was correct.

Any accidents and incidents including falls were recorded to show what action had been taken to mitigate further risks, such as making a referral to the community falls clinic. The registered manager analysed all incidents for patterns and trends, to enable ongoing learning to reduce reoccurrence.

## Is the service effective?

### Our findings

People's care was assessed using nationally recognised assessment tools such as needs associated with nutrition and skin care. People told us that they felt the staff were trained well in caring for them. One person said, "They (staff) are well trained. The manager wouldn't have them anywhere near you if they couldn't do their job."

The provider had an induction programme in place for new staff. One staff member told us about their recent induction that they felt was helpful and supportive. Staff received ongoing training in a variety of areas and staff told us they felt this was appropriate and supportive. The registered manager told us they completed observations of staff practice, to check their competency and this was discussed in supervision meetings. Staff confirmed what we were told.

People's individual nutritional needs were supported and they received enough to eat and drink. This included consideration of any religious or cultural dietary needs. People were positive about the food choices. One person said, "The food is wonderful, I get plenty and there is a choice. We get lots to drink, we are very happy." We saw the cook asking people in the morning what their meal choices were. Resident meeting records showed the menu was regularly discussed and when changes were requested, these were included in the menu. Staff were knowledgeable about the different diets people required. Where concerns had been identified, referrals to health professionals had been made for further nutritional support.

People were supported with their healthcare needs, they told us their health and well-being needs were dealt with well. One person said, "If you are poorly they'll (staff) get a doctor or take you to hospital, they look after us well." Staff were knowledgeable about people's different health needs. People's care records confirmed staff worked with external health professionals to meet health outcomes. An example of this was a person being supported to attend a diabetic eye screening and another person being supported by the community outreach dementia team. When a person was admitted to hospital, information about their needs was sent to advise and inform other clinicians in their ongoing care.

People lived in an environment that supported their needs. For example, people's bedroom doors were painted different colours and all had large numbers. Some had laminated signs or photographs relating to the person to assist with orientation. Signage was used to support and inform people of different rooms and its use. A large, colourful wall calendar in the dining area showed the current date, day, year, season and weather. This information was helpful to support people with short term memory needs.

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 are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked mental capacity to consent to their care, MCA assessments and best interest decisions had been made, with the inclusion of others such as relatives or health professionals. Where there were concerns about a person's freedom or liberty, applications had been made for the assessment of authorisations to lawfully restrict people. Where authorisations had been granted staff were aware of these. At the time of our



inspection, no person had a condition as part of their authorisation.

## Is the service caring?

### Our findings

People told us that staff at Haywood Oaks Care Home were kind and caring. One person said, "They (staff) are very nice, I get on alright with them, I'd recommend this place to anybody, the staff are very caring, very helpful." Another person said, "I think it is absolutely incredible, everything is good about it, the people (staff) are nice, it is extremely comfortable and friendly." These positive comments echoed other feedback we received from people.

We saw examples where staff responded well to people's comfort needs, they asked about people's wellbeing making sure people were comfortable. On the day of our inspection, a visiting hairdresser was present. Staff were seen to give people complements about their hair after visiting the hairdresser, which people responded to positively. We saw a positive interaction with a staff member engaging with a person. We saw the staff member crouched down to eye level with the person and the two were chatting in a friendly, jovial and relaxed manner. The staff member on noticing the person had not got their glasses on, asked the person where they were. When the person stated they did not know the staff member said, "I'll go look for them." Within a few minutes, the staff member brought the person's glasses saying that they had found them in the person's bedroom. We saw that the staff member cleaned the glasses and then asked the person if they wanted them on. They then placed the glasses on the person in a gentle, non-patronising manner.

Staff demonstrated they knew people well, they told us about people's interests, routines including their life history such as work and family. People's religious and spiritual needs were also met. A staff member told us about how a person's faith was important to them. They prayed regularly and an external representative for their particular religion visited them. We also saw staff, including the registered manager had time to spend with people. This positive and responsive engagement by staff was seen to be welcomed by people.

People's care plans had been developed with them and they and their relative if appropriate, were invited to participate in an annual review meeting to discuss the care provided. However, the registered manager said they had ongoing and frequent informal conversations with people. Any requests for care to be provided differently was respected and acted upon. People had access to advocacy information. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. At the time of our inspection, no person was supported by an advocate.

People were treated with privacy, dignity and independence was encouraged. One person said, "They (staff) respect our dignity absolutely. They knock on doors and ask if you want help." Another person said, "They'll (staff) have a laugh and a joke but they still treat you with respect." Staff gave examples of how they maintained people's dignity and respect. One staff member said, "We have a person centred and flexible approach, we care for people how they want." Another staff member said, "It's important to encourage and promote independence in any way we can."

## Is the service responsive?

### Our findings

Our last inspection found whilst the provider was not in breach of any regulations, the information provided for staff about people's needs lacked detail. At this inspection, we found improvements had been made. Care plans were developed with people and this information advised staff how to meet people's individual needs. Additionally, people's preferences, routines, interests and hobbies were recorded and this was detailed and informative. A one page profile had also been developed which gave a good oversight about what was important to people. This was particularly helpful for new or agency staff.

Staff had a person centred approach, resulting in people experiencing a responsive and effective service. People told us that they could choose when to go to bed and get up and that breakfast was flexible to accommodate that. One person said, "We can go to bed anytime we want, there's no problem with that." Another person said, "I like my bed, I get breakfast in bed very often." Some people told us that they were given the choice of female or male staff to assist them with personal care; others said they could not recall being asked but that they did not mind.

Since our last inspection, an activity coordinator had been appointed. We met the current coordinator who was relatively new to the position. A person who used the service said, "They (staff) advise you to keep your hobbies going, whatever it is. I like doing jigsaws, people do all sorts of things, I do a lot of knitting too." This person added, "Different people come in, one man comes in and plays music, some come from department stores and bring shoes and clothes in for us to buy."

The activity co-ordinator told us activities currently included wood carving, planting bulbs, painting plant pots, sing-alongs, dancing, ball games, skittles, bingo, armchair aerobics. We saw a display of art produced by people and photographs of people participating in various activities, as described to us. We were also told that the service had outside entertainers that visited. A person said, "(Name of entertainer) comes in once a month, plays games, ball games and skittles. (Name of entertainer) comes, they're a singer and a comedian, they have puppets, people love that."

We saw the activity coordinator and staff, supported people to participate in activities in the afternoon of our inspection. This included singing to music; some people had instruments and song-sheets. We saw that staff spent time with individuals encouraging them to participate. All appeared to be enjoying themselves and there was a great deal of laughter and friendly banter. We later then saw staff dancing with some people and again there was much laughter and smiles.

People had access to the provider's complaint policy and a suggestion box was available for people to use if they wished. No person we spoke with had made a complaint but felt able to do so if required. One person said, "If you don't speak up they (staff) don't know how you are feeling do they. You just tell them if you are not happy and they'll get it sorted for you."

Since our last inspection, the provider had received no complaints and four compliments expressing their gratitude towards the staff for the care provided to their family member. People's end of life wishes had

been discussed and planned with them. We spoke with a visiting relative whose family member had recently passed away at the service. This relative spoke exceptionally highly of all staff in the care, compassion, warmth and support towards their family member and themselves.

## Is the service well-led?

### Our findings

Since our last inspection, a new registered manager had been appointed. 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 who used the service were positive about the leadership of the registered manager. One person said, "She always waves and talks when she goes by. She's very friendly." Another person said, "Yes I know her, she's very nice. She seems to make a special job of going round people and talking to them." We saw the registered manager interacting with people who used the service and their interaction suggested they knew people very well. We also saw the registered manager engage with staff and visitors in a positive way.

Since our last inspection, there had been changes within the staff team and new staff were still being appointed. Staff said the registered manager was approachable and supportive. The staff team were more aware of their role, responsibilities, and staff told us they were developing better as a team.

Staff received opportunities to meet with the registered manager to review and discuss their work. Staff meetings were used as an opportunity to discuss the development of the service. People who used the service and their relatives received opportunities to share their feedback about the service. The last survey was completed in October 2017 and the result of this was on display for people. A newsletter was also provided to people, visitors and staff, this was used as a method to share information and updates about the service. Resident meetings were also arranged; we looked at these records and saw how people had requested the serving of team time to be at a different time. This had been implemented as requested.

The service had a quality monitoring system in place to check on both quality and safety. Regular audits and checks were carried out on all aspects of the service. The provider visited the service most days and therefore had good oversight of the service and was clear about the direction they wanted the service to improve in.

The registered manager told us how they kept their knowledge up to date with latest research and best practice guidance. This included receiving alerts and updates from CQC, attending local authority forum meetings, using National Institute for Health and Care Excellence guidance. They also had contact with the provider's registered manager of another service. The registered manager said this was an additional support, where information and learning was shared.

The service had plans to be more involved with the local community; the activity coordinator was working towards developing local links.