HC-One Limited

Oak Tree Mews

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 5 May 2017 and was unannounced. Oak Tree Mews provides accommodation for 18 older people who require personal care without nursing. 14 people were living in the home at the time of our inspection. Oak Tree Mews is a small care home set over two floors. The home has a lounge and dining room and people have access to a private garden. This service was last inspected in March 2015 when it met all the legal requirements associated with the Health and Social Care Act 2008.

A registered manager was in post at the time of our 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.

People and their relatives were positive about the care they received. We observed the relationships between staff and people receiving support demonstrated dignity and respect at all times. Staff knew, understood and responded to each person's needs in a caring and compassionate way. Staff had the knowledge and confidence to identify safeguarding concerns and told us they would act on these concerns to keep people safe.

People told us there was enough staff to meet their needs. Staff rotas confirmed this. Staff carried out additional duties when required. Bank and agency staff were called in if there were any unplanned staff absences. Recruitment checks had been carried out to ensure staff were suitable to work with people. Staff told us they were supported well and had the training and skills they needed to meet people's needs.

Staff had responded quickly when incidents had occurred or people's needs had changed. However, people's care records were not consistently completed to reflect their support needs, changes in their well-being, consent to their care or the management of their risks. A range of activities were available for people to access, however some people told us their social and recreational needs were not always met.

The registered manager and the provider's representatives responded to people concerns and monitored the quality of the care provided, although shortfalls in people's care planning had not been consistently identified during their auditing process.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Care Quality Commission (Registration) Regulation 2009. You can see what actions we told the provider to take at the back of the full version of this report.

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

This service was safe.

People's risks had been assessed and were being well managed.

There were sufficient numbers of staff to meet the needs of the people.

People received their medicines in a safe and timely manner.

Recruitment procedures were followed to ensure staff were checked and recruited safely.

Staff were knowledgeable about their role and responsibilities to protect people from harm and abuse.

Is the service effective?

Good

The service was effective.

Staff felt trained and supported to carry out their role.

Staff had a basic understanding of the Mental Capacity Act and applied the principles of the act in their practices.

People enjoyed their meals and were supported to eat a healthy diet.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals.

Is the service caring?

Good

The service was caring

People are treated with kindness and compassion in their day-to-day care. Their bedrooms were personalised and decorated to their taste.

People received care and support from staff who knew understood their backgrounds and needs. Relatives were

complimentary about the caring nature of staff.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Staff understood people's needs and responded to them in a timely way , however people's care plans did not always provide staff with information they needed to support people.

People enjoyed activities when they occurred. An activity coordinator planned regular activities with people; however people's individual interests and social needs were not always being met.

People and their relatives were confident that any concerns would be dealt with promptly.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Auditing systems were being used to monitor the service being delivered however they had not identified a shortfall in the detail of people's care records.

A new registered manager was in post after a period without a permanent manager. People, relatives and staff praised the approach of the new manager.

Oak Tree Mews

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 5 May 2017. The inspection team consisted of an inspector 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. The expert had experience and knowledge of caring for older people.

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 also reviewed the information we held about the service as well as statutory notifications. Statutory notifications are information the provider is legally required to send us about significant events.

During the inspection we spent time walking around the home and observing how staff interacted with people. We spoke with seven people individually and in small groups and two relatives. We looked at the care plans and associated records of two people. We also spoke with six staff members, the registered manager and a representative of the provider. We looked at four staff files including the recruitment procedures and the training and development of all staff. We also checked the latest records concerning complaints and concerns, safeguarding incidents, accident and incident reports and the management of the home.

Good

Is the service safe?

Our findings

People appeared relaxed and happy amongst staff. People's relatives had no concerns about the safety of their loved ones. All staff had been trained in safeguarding people to ensure they remained safe and protected from harm. Staff were aware of recognising different types of abuse and their responsibilities to identify and report any suspicions or allegations of abuse to the management team or within the organisation. One staff member said, "Our job is to look after these people. If I saw anything I would act straight away. No hesitation, I would definitely report any to the manager." However, some staff were not always clear where to report concerns outside of the organisation. We raised this with the registered manager who told us they would immediately reinforce the local and national contact details of safeguarding agencies with all staff.

Records showed people's risks had been assessed and were being managed by staff. Staff had identified people's personal risks using risk assessment tools which assessed their risks of malnutrition or falling. Staff were knowledgeable about how people's risks could be minimised such as encouraging people to take regular drinks if they were at risk of dehydration. Monitoring charts were in place for some people who required staff to regularly check their well-being.

People had individual fire risk assessments in place. Fire safety systems and equipment had been maintained and were frequently tested to ensure they were fit for purpose. Regular fire drills were carried out to ensure staff understood their role in the event of a fire.

People and staff told us there were enough staff to meet people's needs. A health care professional also shared with us that they found the staffing levels were satisfactory when they visited the home. During our inspection, we observed staff were within a close proximity of people and responded to their call bells in a timely manner. We inspected the staff rotas and noted in the afternoons the staffing levels reduced. We discussed this with staff who told us the registered manager or deputy manager were always available to assist if they required help. One staff member said, "The manager is quite hands on. She will come and help if we need her to." The staff team were flexible and often picked up extra duties if there were any unplanned staff absences and they had access to bank or agency staff if required.

Safe recruitment procedures ensured people were supported by staff with suitable experience and character. Records showed that criminal and employment background checks had been carried out on new staff to ensure they were of good character, including a Disclosure and Barring Service (DBS) check. This identified whether the applicant had any criminal convictions or barred from working with vulnerable people. Any queries regarding the employment history of new staff or irregularities in the recruitment process were discussed during their interview although not always documented. The medical history of new staff was requested by the provider; however there was no recorded evidence that any issues raised had been addressed or acted on, although we were assured that it was discussed with staff during their supervisions.

Suitable arrangements were in place to make sure people received their medicines appropriately and safely.

People received their medicines on time and as prescribed. Medicines Administration Records (MAR) charts had been completed appropriately with no gaps in the recording of administration on the MAR charts. Individual detailed protocols were in place for medicines prescribed to be given 'as required'. The ordering, storing and disposal of medicines were well managed. Staff had received training in the safe management of medicines and their competency was assessed.

People lived in a safe and clean home. Infection control and standards of cleanliness were checked regularly and maintained. We observed staff wearing disposable gloves and aprons when providing personal care. Appropriate cleaning equipment was being used in line with national guidance. Food and meals were prepared in a clean environment and stored appropriately.

Good

Is the service effective?

Our findings

People were supported by trained and skilled staff. The registered manager told us that one of their biggest achievements since being in post was to develop and train the staff. New staff were required to complete a comprehensive induction programme and workbook over a 12 week period. The induction programme enabled staff to have a sound knowledge of the skills they required to carry out their role and understand the provider's expected standards of care. The care certificate was also required to be completed in conjunction with the induction programme. The care certificate is a training framework which ensures all new staff are trained in the national standards of care. New staff also shadowed their colleagues as well reading up on the home's policies and procedures and the contents of people's care plans.

Training records showed staff had been provided with training which was relevant to their work. All staff working at Oak Tree Mews were required to complete all the mandatory training that was determined by the provider. We were told this allowed staff to be flexible in their roles and assist in different areas of the home if required. The provider's central training system provided staff with on-line training and assisted the registered manager in monitoring the level of staff training. Staff were required to complete modules and workbooks alongside their training to ensure they fully understood the training provided on-line. Staff were also encouraged to carry out additional nationally recognised qualifications in health and social care. We were told that the skills and competencies of staff were consistently observed to ensure they delivered the required standards of care but this was not always recorded. The registered manager recognised this was an area that required improvement. Staff spoke highly of the training they received and told us they felt trained to carry out their role. Staff were working through a five part course to assist them to have a better understanding of positive and therapeutic relationships with people. The registered manager checked the central training system weekly to ensure staff were fully trained to carry out their role.

The home occasionally used agency staff, however the records of the training achievements of agency staff had not consistently been kept up to date. This was raised with registered manager who immediately requested up to date profiles from the employment agency.

Staff felt supported in their role and told us the registered manager and deputy manager were always available for support and advice. Staff received regular private supervision sessions and appraisals to review their professional development needs and provide additional one to one support. We received comments from staff such as, "Yes, I can't fault the support we get, its spot on" and "The managers and the team will always give us support if we need it. We work closely together, its good support here."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any condition on authorisations to deprive a person of their liberty were being met. 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 in their best interests and legally authorised

under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection, no one was being deprived of their liberty.

People were consulted about the care they received and the support they required with day to day activities. We found that staff had a basic understanding of the MCA and applied the underlying principles of the legalisation within their care practices. For example, we heard staff offering people choices regarding their care or meals and found their decisions were respected. Where people were unable to express their views, staff provided them with care in their best interests based on the knowledge and previous preferences of people such as their choice of drink. From discussions with staff, we found that best interest decisions were being made legally on behalf of people who had been assessed as not having the mental capacity to make a specific significant decision.

People were generally positive about the food being provided. From our observations during the lunchtime period not everyone ate their main meal, however they were offered an alternative option which was declined but we observed people enjoying their dessert. Some people liked their meals in the dining room whilst others chose to eat in their bedrooms. Staff were attentive to people's needs such as offering to cut up their meals into smaller portions and ensuring people were sat comfortably at the table. People had access and were supported to have frequent drinks.

The kitchen staff were very knowledgeable about people's likes, dislikes and nutritional requirements and had researched and sought additional advice to ensure people's dietary needs were being met. HC-One Limited provided the kitchen staff with a four week menu programme for each meal. We were told that alternative options were available on the day if requested. The kitchen staff also catered for special events such as birthday parties.

People's care records showed relevant health and social care professionals were involved with people's care. Staff told us they had established good working links with their local GP surgery and other health care professionals. GPs visited on certain days to overview people's health needs and medicines. Healthcare professionals told us staff contacted them appropriately and always implemented their recommendation. District nurses visited the home regularly to support staff with the on-going treatment of people's clinical needs. Records showed when health care professionals had visited but it was not always clear of their intervention or current assessment of people's progress. The registered manager said they were working with the relevant health care professionals to encourage them to consistently record the outcome of their visit in people's care records.

Good

Is the service caring?

Our findings

People were supported in a caring manner by staff who clearly knew people well and understood their needs. People praised the staff and made comments such as "It is very hard to give up your independence. I've got company and people here are good to me. This life has its compensations" and "Oh yes, they are very kind. They can't do enough for you."

People were encouraged and supported to be independent as possible. Staff monitored people from a distance and offered support when needed. They told us some people's abilities varied each day so they observed people's well-being and abilities initially before offering them support. Staff encouraged people to make decisions about their day such as where they would like to sit in the lounge.

People's privacy and dignity were respected. Staff spoke to people politely and enquired about their well-being. They knocked on people's doors and waited to be invited into their bedrooms. Staff told us how they supported people in a dignified manner when assisting people with their personal care such as closing the bedroom curtains and using towels to protect people's dignity when assisting people to have a strip wash.

We observed a lot of positive and attentive interactions throughout our inspection. Staff spoke to people in a kind and friendly manner and asked people about their well-being and their families. Where known, people's cultural and religious needs were supported. People had the option to attend a Christian service which was held regularly in the home.

Staff were all positive about working in the home and spoke of people fondly. They described people to us in a positive way including what people had achieved. The atmosphere in the home was relaxed and we saw staff responding compassionately when people asked questions or for advice. Staff comforted people who needed reassurance and support. One staff member said, "They are like family here. It's really friendly. Yes is definitely a nice home." Staff told us they enjoyed their jobs and loved spending time with the people who lived at Oak Tree Mews. One staff member said, "It's not about the money we get, it's about the care we give."

A minibus was available to support people accessing events in the community. The registered manager told us how they used the minibus to move some pieces of furniture into the home on behalf of one person. People's bedrooms had been decorated with personalised objects and pictures of their choice.

Relatives told us they were welcomed into the home and could join their family member for lunch or other events in the home. We spoke with one relative about her family member who lived at Oak Tree Mews and they said "I feel that they do really care about her. At the moment she has a UTI and it's such a relief to find out that that is why she has been so unsettled for the last day or so. They notice quickly when things aren't quite right so I don't have to worry. The manager is so caring and I think she leads by example." Health care professionals also praised the caring nature of staff. One health care professional said, "I was impressed that the staff maintained contact with one resident when she went into hospital. They visited her and went to her funeral when she died."

Requires Improvement

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. People were positive about the care they received and told us their care was focused on their individual requirements and support needs. One person said, "They always help me when I need it especially if I'm feeling a little down and tired." Staff spoke confidently about how they supported people and how they had responded to changes in people's well-being. However, people's care records were not consistently completed to reflect their needs, choices, risks and changes in their well-being.

Whilst some people's records were person centred, other people's care records lacked the information staff required to support them and understand their needs. For example, one person's care plan did not reference their oral, hair or foot care needs and preferences or how they should be supported to take their medicines. Some people lived with a type of dementia; however there was limited guidance on how their dementia may affect their everyday living and how staff should support them. For example, staff had shared with a health care professional that one person sometimes becomes restless at night; however there was no sleep/rest care plan in place to provide staff with guidance on how to support this person.

There was limited recorded guidance within people's care plans on how to support people with their care when they had been assessed as not having the mental capacity to make decisions about their day to day care needs. Information about people's families and backgrounds were not consistently recorded, however the registered manager told us they had plans in place to complete 'Remember me' booklets with people.

Records showed people's risks had been assessed and were being managed by staff, however the outcome of the risk assessments and the management of people's risk were not always detailed in people's care records. For example, one person's assessment of their skin integrity had been reviewed which indicated their risk to develop a pressure ulcer had increased, however the management of this increased risk had not been reflected in their care plan, therefore staff did not have the current guidance to follow. The reason that some people had been given their 'as required' medicines was not consistently recorded on their medicine administration records.

Staff had been responsive to changes in people's health; however the actions they had taken when concerns had been raised were not consistently recorded. For example, where staff had noticed marks on people's skin they had recorded it in their care records including body charts as well as reporting it to senior staff, however the staff's investigations, actions and requests for additional support were not always clearly recorded. People's daily notes were mainly focused on the support staff had provided; there were limited records of people's emotional and social well-being and personalised meaningful moments. The kitchen staff were very knowledgeable about people's likes, dislikes and dietary requirements, however they did not hold up to date records for everyone.

People's care records did not consistently reflect their care and support needs and decisions taken in relation to their care. This is a breach of Regulation 17, Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

However, whilst people's care records may have not always have been consistently recorded, we were reassured that staff had acted promptly when people's needs had changed. For example, one person had fallen in their bedroom on the day of our inspection. Staff had acted quickly and called for medical assistance and also considered the lay out of the furniture in their bedroom which had possibly caused the person to trip. Staff told us they worked closely with health care professionals such as the GP and district nurses which included managing the dressing of people's wounds or monitoring people's weight.

People's care plans were regularly reviewed. A practice of 'resident of the day' was used in the home which meant the needs of one person were robustly reviewed on that day by the care staff as well as other key staff such as the catering and housekeeping staff.

The staff were piloting wearing new name badges. The new name badges showed the staff's first name and three words that described them as a person. The aim of the three words was to help to trigger conversations between people and staff. We were told that it had been a great success and the provider was considering rolling it out in their other homes.

An activities coordinator supported people to access a range of activities and social events. People were consulted about the planning of the home's weekly activities and events in the home, however we were told that the activities plan always remained flexible and was adaptable to people's requests. People enjoyed activities such as word games, hand massages as well as external entertainers and trips into the community. Access to the home's minibus allowed staff to support people to attend health care appointment and access events and social occasions in the community.

Whilst people enjoyed the group activities on offer, there was no clear evidence that people's individual recreational interests had been met. We received mixed comments about the activities provided at Oak Tree Mews. Most people told us they were generally happy with the activities provided or they preferred not to join in, whilst a few people made comments such as "I'm so looked after! I don't feel I'm doing anything" or "Occasionally there are quizzes, but there is not enough going on for my liking. I would like some sort of physical activity like yoga."

We recommend that the service seeks advice and guidance from a reputable source about the provision of personalised activities.

People's views and opinions were respected and acted on. For example they had been consulted about the redecoration of the home and the impending wall mounted art work. People and their relatives were encouraged to speak to staff if they had any concerns about the care they received or air their views at the monthly relatives and residents meetings. Formal complaints had been managed in line with the provider's complaints policy. Records showed that when complaint s had been made, the registered manager had met with the complainant, investigated and acted on their concerns. An electronic device was available in the main corridor of the home for people and their visitors to record their opinions of the service. This device was linked to the provider's central systems. Alternatively people and their relatives could provide their views on the home by completing feedback cards which were sealed and sent to an independent on-line care homes website to be published.

Requires Improvement

Is the service well-led?

Our findings

Since our last inspection there had been several changes in the management structure of the home and the provider's area director. After a period of not having a permanent manager in post, the deputy manager had been promoted to the role of registered manager. Staff, people and relatives were positive about their promotion and told us they were confident in the new manager's approach and skills to carry out the role. One staff member said, "The manager is very resident focussed. She likes to know what is going on with all our residents so she can keep up with developments. I sometimes think she misses working on the floor." People commented on the registered manager and said, "Yes, she keeps an eye on everything and she's very on the ball" and "The manager is absolutely wonderful. Yes, we do see a lot of her. She helped me find my bracelet yesterday!" Visiting professionals also complimented the registered manager and felt the home was well-managed.

The registered manager told us they were passionate about ensuring people received a good standard of care. They said, "The needs of the residents always come first and I have been working hard to knit the team together for the residents." Since being in post, the registered manager had worked with staff to ensure their training was up to date. They said, "I enjoy supporting staff with their training. I want to make it fun for them and not a chore." The provider's central training system indicated that the majority of staff at Oak Tree Mews had now completed their training.

The registered manager was supported by a new area director who was present at our inspection. The registered manager was encouraged about the support they received from the area manager and felt the provider worked in the best interest of the home. The register manager also felt supported by the heads of departments who met regular to ensure the home was running effectively and people's needs were being met and evaluated.

The provider had, in the main, a robust standardised management system in place to audit and monitor the service being delivered as well as providing staff with policies, templates and guidance that they required. A system of auditing tools was completed by the registered manager, for example records showed that the registered manager had regularly audited people's medicines, falls and the infection control practices of the home. Accident and incidents had been reported appropriately and were reviewed by the registered manager and the provider to ensure there were no reoccurring incidents. However, whilst some shortfalls in relation to people's care records had been identified as part of the registered manager and providers quality assurance systems, actions to update people's care records had not been carried out in a timely manner. This meant that the the quality assurance and governance systems being used at Oak Tree Mews was not as effective as it should be in driving improvement.

The provider and area director also monitored the management and governance systems of the home regularly. The area manager visited the home regularly and carried out a comprehensive audit of the home which included speaking to people and staff and also reviewing records relating to the management of the home. Any shortfalls found were acted on and followed up during the next audit of the home. An internal and self-assessment check on the service was carried out monthly. The tool being used to self-assess the

home was aligned with CQC's key lines of enquires. We were told unannounced spot checks were regularly carried out especially at night at the home by the managers.

The mission statement and philosophy of care were displayed on the notice board and was demonstrated by staff. Staff were positive about the management of the home and the support they received from the staff team and managers. Staff meetings were held regularly to share information and learn from incidents. One staff member said, "We are very close knit, nothing is too much trouble for anyone." They told us the registered manager was approachable and they were confident that the provider would ensure that people lived in a home which was comfortable and met their needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person failed to maintain complete and contemporaneous records in respect to each service user.