

Bupa Care Homes (BNH) Limited

Oakwood House Care Home

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

Oakwood House Care Home provides accommodation, nursing and personal care for up to 50 people, some of whom were living with dementia. Accommodation is provided over two floors. There were a number of communal areas for people and their visitors to use. There were 33 people living at the home on the day of our inspection.

There was a registered manager in place. However, they were currently not working at the home. They had taken up another role within the organisation. The deputy manager was acting as the manager. 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.

This unannounced inspection took place on 17 May 2016.

Systems were in place to ensure that people's needs were met effectively and safely. Staff were aware of the procedures for reporting concerns and protecting people from harm. Staff were only employed after the provider had carried out satisfactory pre-employment checks. Staff were trained and were well supported by their managers. There were sufficient staff to meet people's assessed needs.

The CQC monitors the operations of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. People's rights to make decisions about their care were respected. Where people were assessed as not having the mental capacity to make decisions, they had been supported in the decision making process. DoLS applications were in progress and had been submitted to the authorising body.

People's health, care and nutritional needs were effectively met. Staff were aware of people's dietary needs. Staff referred people appropriately to healthcare professionals. People received their prescribed medicines appropriately and medicines were stored in a safe way.

People received care and support from staff who were kind, caring and respectful. Staff respected people's privacy and dignity. People, their relatives, staff and other professionals were encouraged to express their views on the service that was provided.

Care plans contained all of the relevant information that staff required to meet people's needs. People could therefore be confident that they would receive the care and support that they needed. Changes to people's care was kept under review to ensure that the care and support provided was effective. Staff supported people to take part in hobbies, interests and activities of their choice. There was a varied programme of activities available to people.

The manager was supported by a deputy, care staff and ancillary staff. The manager ran the home very well and people, relatives and staff confirmed that the manager was approachable. People's views were listened to and acted on.

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.

People were supported to take their prescribed medicines.

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

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

Is the service effective?

Good ●

The service was effective.

Staff were aware of their responsibilities in respect of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and understood the principles of assessing people's capacity.

People were cared for by staff who had received training to provide them with the care that they required.

People's health and nutritional needs were effectively met.

Is the service caring?

Good ●

The service was caring.

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

Relatives were positive about the care and support provided by staff.

Is the service responsive?

Good ●

The service was responsive.

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

People's care records were detailed and provided staff with sufficient guidance to help provide consistent, individualised care to each person.

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

Is the service well-led?

Good ●

The service was well led.

There were opportunities for people and staff to express their views about the service via regular meetings.

Effective systems had been established to monitor and review the quality of the service provided to people to ensure they received a good standard of care.

Oakwood House 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 unannounced inspection took place on 17 May 2016. It was undertaken by two inspectors.

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 looked at this and information we hold about the service. Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We made contact with the local authority contract monitoring officer to aid with our planning of this inspection.

During our inspection we spoke with eight people and five relatives. We also spoke with the manager, deputy manager, nurse, chef, three care staff and an activities co-ordinator. Throughout the inspection we observed how the staff interacted with people who lived in the service.

We looked at four people's care records. We also looked at records relating to the management of the service including staff training and supervision records, audits, and meeting minutes. We also looked at records for complaints, suggestions and compliments.

Is the service safe?

Our findings

People told us they felt safe living at Oakwood House. One person told us, "There is always a member of staff around which makes me feel safe." Another person said, "The staff do lots of training which helps me feel safe."

All the staff we spoke with told us they had received training to safeguard people from harm or poor care. They showed a thorough understanding and knowledge of how to recognise, report and escalate any concerns to protect people from harm. One member of staff told us, "I would always report any safeguarding concerns I had." Another said, "I have not had concerns about safeguarding, but I would always speak to [manager's name]. The contact details for the local safeguarding authority were available in the office and in other various places such as the staff room and in the entrance to the home. This showed us that the manager considered the various ways in which staff and people could raise any concerns about safety should they have any.

There were systems in place to reduce the risk of people being harmed whilst still promoting their independence. Risks had been identified and detailed information was available which ensured staff were clear about the measures to be taken to keep people safe. For example, the use of a walking frame when people moved round the home. This ensured that people received the care they needed to keep them safe. Risk assessments had been reviewed to ensure that they remained effective and people were kept as safe as possible.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. The manager informed us that they audited incident and accident reports. This was to help identify any action that could be taken to reduce the risk of recurrences. A form was available to record the outcome and any action to be taken. This was to help identify any trends.

The information in the PIR told us that there had been a high turnover of staff in the last year. We discussed this with the manager who told us that due to the changes that have been made to the service, staff had chosen to leave. Relatives we spoke to told us, "There needed to be a change in staffing. They were very task orientated and didn't spend time with people. The new staff that have started here are wonderful and so caring and patient. It is the best thing that has happened here. [Manager's name] is great and the staff spend time talking with people not just doing tasks."

People told us that there were enough staff on duty to meet their needs safely, and there was time for staff to sit and speak with them. One member of staff said, "The [staffing] levels have increased lately due to people's changing needs. This makes sure we can meet their needs." One person told us that generally the staff responded well to their call bell. However, on the day of our inspection when they had required assistance they had experienced a delay in the time staff took to respond. The manager had systems in place to monitor how long staff took to respond to people's requests. This was in case any person reported a delay in staff's response time. Another person said, "If you need anything I just press the buzzer and they'll [staff] come and help me with whatever I need." Another person said, "They [staff] don't worry how many times you ring the bell, if you need them they just come and help. They are always kind and patient with

me". A third person said, "I do have a call bell but I've never had to use it."

We saw that people's needs were being met and call bells were being answered in a timely way. The manager monitored people's needs monthly, using a recognised assessment tool, in addition to general observations, to monitor the staffing levels required at the home.

The nurse, who conducted the morning medication round, sought consent and reminded people what their medication was for. Medication that was given as required was offered to people in line with the protocols. One person was able to self-administer some of their medication. A detailed plan and risk is place to minimise the risk as far as possible. We saw the medication was handled safely and the recording was accurate. The nurse told us that the deputy manager carried out workplace observations to ensure they were following the correct procedures for medications administration. Staff who administered medication received appropriate training and had their competency to do this regularly assessed. People we spoke with told us they received their medication regularly. One person said, "When I need cream I ask for it and the staff apply it." Another person told us, "Oh yes, they're very prompt they put them [medicines] in a pot and they bring them before breakfast and make sure I take them before they leave."

We found that medication was stored securely and at the correct temperature. Appropriate arrangements were in place for the recording of medication. Frequent checks were made on these records to help identify and resolve any discrepancies promptly. This ensured that people received their prescribed medication in a safe way.

Staff confirmed that they did not start to work at the home until their pre-employment checks had been satisfactorily completed. One staff member told us that they had an interview and had to wait for their references and criminal record check to be returned before they could start work at the home. The manager told us about the recruitment procedure and showed us the relevant checks that had been completed to ensure that staff were suitable to work with people living in the home. Although we noted the recruitment records for one member of staff that had been transferred from another BUPA care home, we were unable to establish if the gaps in employment had been explored at their initial interview. The deputy manager assured us that they would look into this and ensure that a record was made in their file.

Is the service effective?

Our findings

People and their relatives told us they felt staff were trained to meet their or their family member's health and social care needs. One person said, "The staff are wonderful they know what they are doing and look after me very well." Another person said, "They're [staff] trained very well." A relative told us, "I think they [staff] get lots of training and they are so patient and kind they do a very good job."

All staff had received regular supervisions, and staff we spoke with told us that they felt well supported in their role and said that the management team were accessible to them at all times. One member of staff said, "I feel supported. I have supervision with the manager. We are free to talk about anything and we are able to raise any concerns at any time." All staff said they had received enough training to meet the needs of the people who lived at the service. This training included but was not limited to; manual handling, safeguarding and infection control.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager and all staff we spoke with understood and were able to demonstrate they knew about the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The team leader and staff confirmed that any decisions made on behalf of people who lacked capacity, were made in their best interests. This showed us that the provider was aware of their obligations under the legislation and was ensuring that people's rights were protected. Six applications had been made to the appropriate authority but the outcome of these was not known at the time of this inspection. The manager had requested progress on the applications as a number had been in progress for over six months.

People were able to access the appropriate healthcare support such as dietician's, opticians and dentists to meet their on-going health needs. People told us that they had access to their doctor who held a surgery at the home one day a week for three hours. The manager told us they gathered all relevant information together on the Wednesday for those people who needed to see the GP. This was then sent to the surgery so that the GP had the information they required prior to their surgery. One person said, "They [staff] will arrange for me to see a doctor if I need one." Another person told us, "Yes I see a doctor when I need to I just ask the staff and they sort it out."

People's health care records showed that their nutritional needs were assessed and monitored to ensure that their wellbeing was maintained. Staff we spoke with were aware of care plans in place relating to people's individual dietary needs such as those requiring a special diet. Such as soft food or people who required a low sugar content [diabetic] diet. They also supported people to use additional aids such as plate guards, where necessary, which allowed them to be as independent as possible whilst eating. The chef told us that they were aware of people's dietary needs and the format that these needed to be in.

All of the people we spoke with told us they were happy with the food provided. One person told us, "You can have an alternative if you don't like the menu choices". They also told us that there was plenty of food and you could always ask for more. Another person said, "They're [staff] very good, they come and take me down for my meals in my wheelchair and they will cut up my food if I find it difficult to do".

At lunchtime tables were set with tablecloths, flowers, cutlery and salt and pepper. There were also drinks which were available on the tables for people to help themselves or staff would serve for those who required assistance. Meals were brought in to the dining room on a hot trolley and staff explained to people what was available and asked what they wanted. The meal looked appetising and was well presented. One person told us, "I have a small meal but can always have more if I am still hungry." People we spoke with were very pleased with the meals being provided with comments such as "The meals are very nice", "The food is fantastic" and "It's restaurant quality". One relative said, "Food is absolutely fabulous [family member] was not eating or drinking anything before they came to live here. They have now put on weight and are so much better. We can't thank the staff enough for their patience and kindness." Another relative said, [family member] can ask for food at any time of day or night and it has been provided. This even included a sandwich during the night." We saw that snacks and drinks were available around the home for people to help themselves or ask staff to provide.

Is the service caring?

Our findings

Everyone we spoke with were complimentary about the care they received. One person said, "The girls [staff] look after me very well". Another person said, "The staff are all very kind and thoughtful, I couldn't manage without them." A relative said, "We thought we had lost [family member] and they would only be here for a few days. The staff have been wonderful, [family member] is now eating and walking about. They are even able to come out with us. We can't thank the staff enough." A

We found that there was a caring and friendly atmosphere in the home. One relative said, "The atmosphere is so friendly and always calm. No one rushes about." People looked comfortable with the staff that were supporting them. We saw that people chatted and socialised with each other and staff. People spoke openly together with staff and others about the activities they had chosen to do that day and reminisced about what they had done during their life.

Assistance with personal care was offered discreetly and we saw that doors were kept closed when people were being assisted with personal care. We noted that all staff knocked on people's doors and waited for an answer before entering. On entering when just checking on people they introduced themselves and asked if they required anything.

People told us that they were supported to maintain their privacy. There were various areas throughout the home for people to meet their visitors in private. People said that they could also have their meals in the privacy of their own bedroom if they wished to, although staff encouraged people to eat in the dining room where possible to promote social inclusion.

We observed people having their lunch within the dining area of the home and noted that the meal time was relaxed with people being encouraged to come together to eat. There were good staff interactions as staff chatted with people and people were well supported. We saw that when necessary people received individual assistance from staff to eat their meal in comfort and that their privacy and dignity was maintained.

The provider had information about the local advocacy services for people who needed additional support in representing their views. Advocates are people who are independent and who help support people to make and communicate their wishes and make decisions. Although there was no-one in the home that required the support from this service.

Is the service responsive?

Our findings

Care records were held in locked cupboards. Staff updated these at various points throughout the day. A handover was conducted at the start of each shift. This was led by the nurse and attended by the staff coming on duty. It included a brief update regarding all the people in the home and on each unit where they lived. People were referred to respectfully and relevant information was passed on. There was also a 'take ten' meeting which involved all the heads of departments. This covered but was not limited to, what was happening during the day, for example any appointments. Changes in people's needs and staffing

People told us that the staff knew them as individuals and understood how to meet their needs and knew them as an individual person. Members of management and care staff showed their understanding of people's individual needs and knowledge about people's family relationships.

People's individual needs were met which included continence, hearing and mobility needs. We saw members of care staff helped people to change their continence aids; people had their hearing aids in; equipment was available and staff helped people with their moving and handling needs by means various equipment such as a hoist or using a frame with support.

Members of staff were also aware of people's individual communication needs. People were offered choices of what they would like to drink in a way that they could understand. This included providing verbal information in measured way. This was in ways such as the use of a visual presentation of three jugs of differently flavoured water.

People told us that they had enough to do with how they spent their time. One person said that they enjoyed reading their daily newspaper and watching the television in the privacy of their own room. People told us that they had opportunities to take part in the arranged activities. For example they had recently celebrated the Queen's 90th Birthday with a 'street style party'. They had recently had 'zootastic' (small animals for petting) come into the home. Another person told us that they were looking forward to a quiz that was due to take place during the afternoon.

The activities co-ordinator told us that the range of activities was based on people's life histories and by 'experiment.' They said, "We mainly talk to the residents [people]. Get information also from families and members of staff. Sometimes it is showing people different things and giving them opportunity to have a go. They told us how some of the people had gained benefits from taking part in the activities. They said, "One person who chose to stay in their room as they were a bit of a recluse. But now they come out and join in and really enjoy the activities. There is a lot of in-house entertainment. They [people] really, really enjoy it." People who were unable to attend group activities received one-to-one activities, which included nail care and one-to-one conversations.

Care records demonstrated that people's needs were assessed before they moved into the home to ensure that their needs would be met. People, if possible, and their relatives were part of this assessment process. One person told us that they had been part of their pre-admission assessment. "They [staff] asked me what I could do for myself and what help did I require." People said that they were also involved in the on-going

reviews of their care plans. One person said, "They [staff] have gone through my care plan with me although I am not bothered as they look after me very well." Relatives also told us that they had attended a review of their family member's care plan.

People's individual needs were assessed and risk assessments were reviewed at least once a month, if not sooner. In addition to these reviews, daily meetings enabled staff and management teams to review the needs of people.

People told us that they knew how to make a complaint. One person said, "I'd speak to [name of manager]." Members of staff were also aware of supporting people to make a complaint and told us that this would be following the provider's complaint procedure, if they were unable to address the concerns. People's complaints were responded to and dealt with in line with the provider's complaints procedure. Relatives told us that they had recently raised their concerns with the manager and were satisfied with the action taken to improve their family member's standard of care. In addition positive comments were used to identify what worked well such as, "We can't thank the staff enough." A relative had sent in a thank you card which read 'I would like to thank you all for taking good care of [family member].'

Is the service well-led?

Our findings

We received positive comments about the leadership style of the manager and improvements within the management of the home. One person said, "I get on well with [manager]." Other people told us that they often saw the manager and we saw their presence throughout the home when helping and talking with people and members of staff.

Members of staff told us that they found the manager to be "approachable". Staff were empowered to make suggestions in improving the standard of people's care. One activities coordinator said that the manager would listen to their suggestions which were supported by clear reasons for their suggestions. Staff were also supported to make recommendations during daily meetings and group meetings. Minutes of the staff meetings demonstrated that the manager had reminded staff of their roles and responsibilities in providing people with safe care. This included, for example, maintaining up-to-date food and fluid charts and staff tasks for the day and how these were allocated.

A member of staff said that since the manager came in post, "The relatives and people have a lot more input. They are provided with opportunities to attend meetings." Relatives we spoke with confirmed that they found the manager very approachable and they are given plenty of opportunities to talk with them.

Quality assurance surveys were also carried out to obtain people's views about the home. During the residents meeting in April people had asked about having chickens and some budgies. Action was taken, based on people's suggestions, and these had both been purchased. People told us they loved watching the budgies and one person told us that they enjoyed sitting with them. The manager advised us that other action that had been taken was to improve staffing numbers and the availability of staff. This has been kept under review each month with a report being sent to head office. The manager told us that it has been difficult to recruit nurses but they had been using the same agency staff to ensure continuity for people.

Quality assurance systems were in place and these included a two-way process between the manager and the provider's different organisational departments. The provider advised what action was to be taken, if needed, by the manager. This included consultation with a falls co-ordinator, to improve the safety of people. The manager told us that information about complaints and compliments contributed to the quality assurance system. Emerging trends or themes were considered and action was taken, if needed, in response to the analysis of the information. Other quality assurance systems included monthly visits by a representative of the provider when audits were carried out in a number of areas. Actions were identified and who was responsible to address any deficits and the timescale for when these were to be achieved. The provider's representative reviewed the completion of these actions, which included the appraisal, supervision and training of all staff.

Members of care staff were aware of the whistle blowing procedure and said that they had no reservations in reporting any concerns to the provider or external agencies, such as the local authority. In addition, they gave examples of when they would follow the whistle blowing policy and the protection this gave them and to people they looked after. One member of care staff said, "Whistle blowing is when we see or hear

anything that demonstrates poor practice. For example, staff not following correct procedures. I would then report to the manager, or CQC [Care Quality Commission] or the local authority."

There was an open culture operating within the home as there were links with the community. The local library visited the home for people to choose books. Also, members from different religious denominations visited the home; this was to carry out services for people to attend if they wanted to. One person had requested someone to pray with them and the home arranged for a lay preacher to come into the home. The relative told is "My [family member] really appreciated this."