

Unity One Limited

Oakwood Rest Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

The inspection took place on 9 October 2014 and was unannounced. Oakwood residential home provides accommodation for 30 people. There were 27 people in residence when we visited.

The service had 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 have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

During our inspection we talked with seven people who used the service, two relatives, and five members of staff.

Some of the people who lived at the home were not able to give their views due to their complex care needs, some of whom are living with dementia. We spent time with people observing the support they received. We observed staff caring for people and saw that this was done with kindness and respect.

People told us they felt safe living at Oakwood. People knew who they could talk to if they had any concerns. There were sufficient numbers of appropriately trained staff to meet the needs of people and keep them safe.

Risk assessments had been completed so that staff had the information they needed to manage identified risks.

Summary of findings

Staff were safely recruited so that only suitable people were employed.

People's healthcare needs were met because they were supported to see healthcare professionals when needed and they received their medicines as prescribed.

People were supported to have their needs met by staff who had the skills and knowledge and who received support and guidance to provide care. People told us that the staff were very good, kind and respectful. Relatives told us they were kept informed about their relative's care. We observed that staff involved people in their care giving them choices and explanations. We observed that people were treated with dignity and respect. We observed that people's care needs were met. However, care plans to support staff to know the different stages of

dementia and what this meant in relation to personalised care were not available. Following our inspection the manager told us that amendments to care plans had been implemented.

People were able to raise their concerns or complaints and these were thoroughly investigated and responded to. People were confident they were listened to and their concerns taken seriously.

People told us that if they needed anything they would just ask the staff. Staff meetings were held so staff could discuss the service provided to people. People and relatives told us that staff and the manager was approachable at all times. We observed that staff gave people choices and asked their opinion. We saw that the provider had recently sent questionnaires to people so they could gain their views about the service provided. Staff told us they were clear about their roles and responsibilities.

Summary of findings

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 was safe.

People said they felt safe living at Oakwood. Our observation showed that staff assisted people safely.

There were sufficient staff who had been appropriately recruited and trained to meet the needs of people who lived in the home.

Staff in the home knew how to recognise and report abuse.

Risks were identified and risk managements plans were put in place to keep people safe.

Good



Is the service effective?

The service was not always effective.

People were supported by staff who received training and supervision to help support them to meet peoples identified needs.

People were able to choose foods they liked and that met their dietary and cultural needs.

People received the support they needed to see the doctor and appropriate specialists when required.

People rights and choices were not always protected because people's ability to make decision had not been assessed.

Requires Improvement



Is the service caring?

The service was caring.

People's privacy and dignity was respected. People were positive about the care they received.

People were supported to express their views on the care they received and staff were knowledgeable about their needs.

Good



Is the service responsive?

The service was not always responsive.

People were not always supported to receive personalised care that met their needs and abilities because care plans were not always updated when people's needs changed in respect of people living with dementia.

People were supported to comment about the service they received and the provider made changes to the service in response to feedback.

Requires Improvement



Summary of findings

Is the service well-led?

The service was not always well led.

People and their relatives were confident that their concerns would be listened to and acted upon.

Surveys had been given to people so they could tell the provider their views about the service provided.

The manager had not updated her knowledge in relation to changes in legislation as a result steps were not always taken to protect people's rights.

Requires Improvement



Oakwood Rest 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 was 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.

The inspection took place on 9 October 2014 and was unannounced. The inspection team consisted of two inspectors 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 service. Before our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We also asked the provider to provide additional information in the form of a Provider Information Return (PIR). This gives the provider an opportunity to tell us about their service. By gathering information from different sources this enables us to have a better understanding about the service and how the provider provides care to meet people needs.

We spoke with seven people, five care staff, two relatives, one visiting professional, the manager and the registered provider. We looked at the care records of four people. Other records looked at included two staff recruitment files, staff planner, complaints and safeguarding records. This enabled us to have a good understanding of how staff and the people who lived there were able to contribute to their care.

We observed how people were cared for by using a Short Observational framework for inspection (SOFI). SOFI is a way of observing people's care to help us understand the experience of people who live there.

Is the service safe?

Our findings

The provider had taken steps to keep people safe from harm. All the people spoken with were positive about living at Oakwood, and told us that they felt safe with the staff that supported them. One person told us, “They [staff] are very good, always polite and helpful, I feel very safe with them.” Staff told us and records confirmed that they had received training in how to protect people from abuse. All staff spoken with knew what to do in the event of a suspicion of abuse and that they would report this to the manager. Staff told us they were aware of external agencies that they could report to if they suspected abuse or had concerns about people. Records showed where concerns had been identified the provider had taken the appropriate action and made the appropriate referrals. A relative told us they visited Oakwood every day and had never heard or seen bad practice.

People were supported to keep safe and maintain as much independence as possible because risks were assessed and steps put in place to manage them. We observed that people had access to mobility aids and equipment to keep them safe and enabled them to be independent. One person told us, “I have all my bits and bobs to keep me

safe”. A staff member told us, “The risks to people are reduced because they have the right equipment for us to use and we have had training in how to use equipment such as hoists”.

The registered manager analysed accidents and incidents so that actions were taken to minimise the reoccurrence of these.

People were kept safe because the provider had assessed staffing levels to identify how many staff were required to meet people’s needs. People told us that there were always staff around to help if needed. One person told us, “They [staff] are always around”. The manager told us and staffing rotas confirmed that staffing levels were increased when the need arose. For example, when a person needed an escort to attend an appointment extra staff were on duty to accommodate this. This was clearly documented on the staffing rota. This showed staffing levels were based on the dependency needs of the people who lived there.

We observed that people were supported to take their medication with appropriate drinks. Staff confirmed that regular checks were completed to monitor that people had received their medication as prescribed by their doctor. Staff told us that only staff who had received training in the safe handling of medicines were allowed to give out medication.

Is the service effective?

Our findings

People told us that staff looked after them well. One person who lived there told us, “They [staff] know what they are doing, never had a problem.” Another person told us, “Yes they [staff] are very good so they must be trained.” A staff member told us that information was available in people’s care plans for them to refer to so that they had the information needed to meet people’s needs. Training records showed and staff confirmed that they had received training and support to meet people’s needs. Staff confirmed that they worked alongside experienced staff as part of the induction which enabled them to learn about people’s care needs.

Staff told us that they had one to one meetings with the manager where they could discuss their personal development and training needs, so that they maintained good working practices and met people’s care needs effectively.

The manager told us people were able to make day to day choices such as where they sat, what they wore and the care they received. We observed that interactions with people who could converse were good but for those people who were living with dementia interactions were limited to task based activities. We saw that one person living with dementia was instructed to sit down when they got up from their chair. Although this was done in a respectful way staff had not enquired where the person wanted to go or what they wanted to do so this particular interaction with staff was task based.

Staff spoken with had some understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards. (DoLS) The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The DoLS provide a legal framework around the deprivation of liberty so people’s rights are protected. The manager told us that some people lacked

the capacity to make some decision about their care but no best interests meetings had been held to ensure that decisions were made in their best interests. For example people living with dementia may not have the capacity to make decision about their care and treatment. This resulted in a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Regulation 18.

People spoken with told us that the meals were good and that they were able to make choices. One person told us, “I have as much as I want and really enjoy my food”. We saw that drinks were given throughout the day and people who needed support with eating were supported by staff in a sensitive and dignified way. The cook told us that if a person had a specific preference to meet their cultural needs that this would be accommodated. Menu sample showed a variety of different meals available.

People’s daily food and drink intake was recorded and regularly reviewed to identify if their nutritional requirements were being met. We had a meal with people which was appetising and all the people spoken with told us their meal was good. Care plans showed that people received support from other health professionals such as dieticians when necessary in order to assess people’s nutritional needs. We spoke to four staff about people’s nutritional needs and they were all able to explain people’s needs in line with their care plans.

Everyone we spoke with told us that the staff supported them to see health care professionals such as GPs. One staff member told us, “When people’s care needs change a review is held so up to date information is available. For example if a person suddenly started to have falls then a referral would be made to the falls clinic so measures could be put in place to reduce the risk of falls”. A visiting professional told us that their instructions were followed when they gave advice about people’s health. A relative told us that staff were communicative and prompt in making referrals when they had concerns about people’s health. This ensured that people were supported to access appropriate support to remain as healthy as possible.

Is the service caring?

Our findings

People spoken with told us staff were caring and involved them in their care. One person told us “Nothing is too much trouble for staff. Another person told us, “Staff are kind and caring”.

We observed that interactions between staff and people was respectful including friendly banter. We saw that attention was paid to people's appearance, including their hair and nails. All clothes worn by people were clean, smart and individualised in style. A number of people had been supported to wear jewellery and apply makeup. This showed that staff recognised the importance of helping people to look their best so their self-esteem was maintained. Throughout the inspection we saw and heard staff respond to people in a patient and caring manner.

Some people were unable to express their views about their care but we observed that staff involved them when they were supported giving them choices and options. Staff told us that they asked family members about people's preferences so that they had information from people who knew them well.

People who were able to be involved in their care told us staff would ask what they wanted and how they wanted things done. One person told us, “They [staff] ask me all the time what I want, and I tell them if they are not doing things right”. Another person told us, “I am very happy. I have good food, a warm bed and good company”.

All the people we spoke with told us and we saw that staff respected people's privacy and dignity when people were supported with their care. One person told us, “I could not ask for better staff to help me. They are all lovely. They make sure I am covered up when they help me to save me being embarrassed.” We observed that staff were discreet when they supported people with their personal needs and knocked on doors before they entered so people had the option of inviting staff in. Staff told us about how they would promote people's dignity making sure people wore appropriate clothing so their dignity was not compromised. One person told us, “They [staff] never make me feel uncomfortable if I ask for things they are always polite and willing to help”.

Is the service responsive?

Our findings

People who were able to express an opinion were involved in planning how they wanted their care to be provided so it was personalised to them. One person told us, “I am always involved in my care. They [staff] ask me what I want doing and never do anything I don’t agree to. My faith is important to me and they [staff] arrange for the vicar to come each week to see me”.

During our observation we saw that staff interactions for people living with dementia were task based and reactive. We observed interactions with staff were limited for those people who were unable to converse freely and observed some people sat in the same space most of the day with little engagement or stimulation.

Staff told us that they supported people living with dementia to make choices and involved them in their care as much as possible. Care plans did not show the different stages and behaviours that may develop with a person who has dementia and so the care and support provided could to be adapted. We sampled care records for three people living with dementia and found that they were not detailed with sufficient information to identify that a particular behaviour signalled an identified need. We found that care plans had identified peoples diagnoses but were not personalised so staff did not have the guidance to identify and respond to people’s individual needs based on the different stages of their dementia.

People were able to join in group activities that the home had organised and some people had individual hobbies that they liked to do. Staff told us that they ask people about their interests and arrangements were made so they could participate in them. We observed one person doing a puzzle, the person told us, that they enjoyed this it was something they use to do at home. Another person told us they enjoyed jigsaws and this was arranged for them. External organisations were used for events such as exercise and movement so people could keep fit. One person told us, “I love doing the exercises, they keep me moving”.

All the people spoken with told us they would speak with the manager if they had any concerns. We saw that meetings with people who used the service, relatives and staff were held to gain their views about the service provided and make suggestions for improvement.

A relative told us, “I have no hesitation if there is something I what to discuss because they [staff] and management are willing to listen and resolve any concerns or worries I might have.” People told us that if they raised any concerns these were dealt with quickly. Records sampled confirmed this. This meant that complaints were investigated and people’s concerns responded to. The manager told us that complaints were discussed with staff in meetings where staff practices were discussed.

Is the service well-led?

Our findings

People told us they knew who the manager was and one person told us, "The "gaffer" she's alright she is." Staff told us that the manager was always accessible and had an open door policy. People and relatives were complimentary about the staff and the manager. One relative told us, "I can approach management at any time without an appointment". We observed that people spoke with the manager and staff without hesitation and the door to the office was kept open so people could speak with the manager at any time. Relatives told us they were made to feel welcome by the staff team, and that there were no visiting restrictions so people maintained close relationship with their families and friends. One visitor told us, "The staff are very professional. They keep me informed and I can always ask questions if I need to."

The provider sought the views of people about the quality of service provided in the form of meetings, questionnaires and general observations so that changes could be made if needed. We sampled some of the questionnaires that had been returned from relatives and people who lived there. Where suggestions had been made action had been taken so people knew that they had been listened to. All staff told us that they were able to put forward ideas and were encouraged to give their views about the service. Staff told us they felt comfortable in expressing their views about the service so improvements could be made for the people who lived there.

There were established links to the local community that involved healthcare professionals, local places of worship, and local activity groups that would come into the home and entertain.

The manager was aware of her role and responsibilities as part of her registration but had not maintained up to date

knowledge about changes in recent legislation particularly in respect of DoLS. Therefore the manager had not sought guidance or submitted applications to the local authority so a professional assessment was completed to establish people's capacity to make decisions about their care. Care records did not reflect the different stages of people's medical condition for example dementia. The manager had not sought guidance in relation to monitoring the different stages for people living with dementia to ensure staff had the information needed in this specialist area. Action was taken during our visit and applications where needed, were submitted to the local authority and care plans reviewed to ensure further information for staff was included in people's care plans.

The manager and the provider carried out checks on the service provided but we found that staff had not always taken responsibility for passing on information so that the premises were adequately maintained. For example, although staff assisted people on a daily basis and the manager walked round the building to ensure areas were clean and safe. On the day of our visit we saw that radiator covers were not secure and posed a risk of injury to people. Privacy curtains were not maintained so people's privacy may have been compromised. We looked at the records for the maintenance of the building and these issues had not been reported. During our inspection action was taken to remedy areas that posed a risk.

Before the inspection we asked the provider to send us a provider information return. This is a report that gives us information about the service. This was not returned before our visit. The registered manager and the registered provider told us that they had not received our request.

Information we hold told us that where necessary the service kept us informed about events that they are required to inform us of.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>The provider must ensure where any restrictions apply that the appropriate assessments have been carried out to ensure the restrictions are in the person best interest.</p>