

Nottingham City Council







The Oaks Residential Unit

Inspection report

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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Requires Improvement	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

We inspected the service on 22 October 2014. The Oaks Residential Unit is registered to provide accommodation for up to 33 older people. The home is owned and managed by Nottingham City Council. On the day of our inspection 31 people were using the service.

The service had a registered manager in place 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.

When we last inspected the service on 30 July 2013 we found there were improvements needed in relation to how people received care and support which met their needs. The provider sent us an action plan telling us they would make these improvements by December 2013. We found at this latest inspection that the provider had

Summary of findings

made some improvements in line with the action plan they provided us with. However we found further improvements were still needed in respect of care plans to ensure people were receiving safe and appropriate care. The new manager had identified the shortfalls and was already in the process of implementing new care plans.

We have recommended the provider considers the National Institute for Health and Care Excellence (NICE) guidance on the prevention and management of pressure ulcers.

People felt safe in the service and we the manager shared information with the Local Authority when needed. Staff knew how to respond to incidents if the manager was not in the home. This meant there were systems in place to protect people from the risk of abuse.

Medicines were managed safely and people received their medication when they should. Staffing levels were matched to the needs of people who used the service to ensure they received care and support when they needed it.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS is part of the MCA, which is in place to protect people who lack

capacity to make certain decisions because of illness or disability. DoLS protects the rights of such people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed. We found this legislation was being used correctly to protect people who were not able to make their own decisions about the care they received. We also found staff were aware of the principles within the MCA and had not deprived people of liberty without applying for the required authorisation.

People were supported to maintain their nutrition. Referrals were made to health care professionals for additional support or guidance if people's health changed. Improvements were needed in relation to pressure care monitoring to reduce the risk of people developing a pressure ulcer.

People were treated with dignity and respect and had their choices acted on. We saw staff were kind and caring when supporting people.

People enjoyed the activities and social stimulation they were offered. People also knew who to speak with if they had any concerns they wished to raise, and they felt these would be taken seriously.

People were involved in giving their views on how the service was run through the systems used to monitor the quality of the service. Audits had been completed that resulted in the manager implementing action plans to improve the service.

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 felt safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medication as prescribed and medicines were managed safely.

There were enough staff to provide care and support to people when they needed it.

Good



Is the service effective?

The service was not always effective.

People had equipment and support provided by external professionals to assist in the management of pressure ulcers. However the risk of developing future ulcers was not always managed by staff.

People were able to make decisions and people who lacked capacity were protected under the Mental Capacity Act 2005.

People were supported by staff who had received the appropriate training and support to carry out their roles and ensure people received support and care in an appropriate way. People were supported to maintain their hydration and nutrition.

Requires Improvement



Is the service caring?

The service was caring.

Staff were kind, caring and respectful of people's privacy and dignity.

People were encouraged to make choices and decisions about the way they lived and if people needed someone to speak on their behalf this was arranged appropriately.

Good



Is the service responsive?

The service was responsive.

People's health was monitored and responded to when their health changed.

People were supported to pursue their interests and hobbies.

People felt comfortable to approach the manager with any issues and complaints were dealt with appropriately.

Good



Is the service well-led?

The service was well led.

Summary of findings

The management team were approachable and sought the views of people who used the service, their relatives and staff.

There were effective procedures in place to monitor the quality of the service and where issues were identified there were action plans in place to address these.

The Oaks Residential Unit

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.

We inspected the service on 22 October 2014. This was an unannounced inspection. 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 care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A

notification is information about important events which the provider is required to send us by law. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views. We read a copy of the local authority contract monitoring report.

During the visit we spoke with nine people who lived at the service and five relatives, seven members of care staff, two members of the catering team, a team leader, the manager and a senior manager. We observed care and support in communal areas. We looked at the care records of five people who used the service, staff training records, as well as a range of records relating to the running of the service including audits carried out by the manager and provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

All of the people who used the service that we spoke with told us they felt safe. One person told us, “Why wouldn't I feel safe.” Another person told us they felt safe and said, “I am very well looked after.”

Staff had received training in protecting people from the risk of abuse and staff we spoke with had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the process for reporting concerns and escalating them to external agencies if needed. The manager demonstrated that they had shared information with the local authority following incidents in the service. This meant people could be assured that incidents would be responded to appropriately.

Risks to people were recognised and assessed so information was available to staff on how to manage risks. We saw that when people sustained a fall, they were referred to an external specialist to assist in minimising further falls.

All of the people we spoke with told us they felt there were enough staff working in the service to meet their needs.

One person said, “There is always plenty of staff.” We observed that staff responded to people’s requests for assistance quickly and people did not have to wait for support.

The manager told us that they would increase the number of staff on duty if people’s needs changed and told us this had happened recently due to recognition that some people required a higher level of care and support from staff. Staff we spoke with told us they felt there were enough staff working in the service to meet the needs of people.

People who used the service did not manage their own medication and relied on staff to administer this to them. We observed a member of staff administering medicines to a person and saw they followed safe practices. We saw records which showed staff had received training in the safe handling and administration of medicines and had their competency assessed. The staff we talked with confirmed they had undertaken training and felt they were competent to administer medicines. We reviewed the medicine administration for ten people who used the service and we found the systems were safe and people were receiving their medicines as prescribed.

Is the service effective?

Our findings

The last time we inspected the service we found there had been a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We had some concerns in relation to care planning and asked the provider to improve. During this inspection we found some improvements had been made to the care planning and new care plans were also being implemented. The new care plans were more organised and centred on people's preferences.

We found there were further improvements needed in relation to how staff monitored people's skin to prevent them from getting a pressure ulcer. Where people were at risk of developing a pressure ulcer staff had sought appropriate advice from the district nursing team and had obtained specialist equipment to help manage the risk. However we saw from the care records of one person that staff should be assisting the person to reposition at regular intervals and there were no records to show this was being done. A member of staff told us they thought the person was repositioned but could not be sure. Another person who had a pressure ulcer in the past did not have a plan in place informing staff how to minimise the risk of a further pressure ulcer.

People we spoke with told us they were happy with the care they received from the staff, and their relatives also spoke positively about the care provided. One person said, "This is my home. I love it here. I've got everything I need and the staff will help me any time I ask." Another person said, "I had to go into [another service] and it was horrible. I couldn't wait to get back here. I love it here." Their relative told us that they had been 'amazed' at the improvement in their relation due to the good care from staff.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. Staff we spoke with told us they enjoyed working in the service and the majority of the staff we spoke with had worked in the service for many years. Staff told us they had regular support and supervision with the manager, where they were able to discuss the need for any extra training and their personal development.

Staff we spoke with told us they felt the training given enabled them to do their job safely. Records confirmed regular training was given to staff. They told us that training

was well organised and that they were able to undertake other training courses if they expressed a particular interest. For example, one staff member said, 'I asked if I could do a diabetic care course because we're getting more people with diabetes and I was able to do it. It was really useful and interesting.' A member of staff who had been recently recruited said, "The manager and team leader here make sure I have the right training and am confident in this new role. I really like working here. I am very well supported."

People we spoke with told us they were supported to make decisions about their care and support and we saw people being consulted by staff prior to them giving any support. The manager had applied the principles of the Mental Capacity Act 2005 (MCA). Staff we spoke with had a good understanding of the MCA and described how they supported people to make decisions. We saw an assessment of a person's capacity to make decisions in relation to an aspect of their personal care had been undertaken. The person had been assessed as lacking the capacity to make the decision themselves and there was a plan in place with information for staff on the approaches to be used to support this person. We saw the manager had recently made an application for a Deprivation of Liberty Safeguard (DoLS) due to concerns that a person's freedom was being restricted. The manager and the staff we spoke with understood the principles of the MCA and DoLS.

People we spoke with told us they enjoyed the meals provided in the service. One person said, "The food is magnificent, you can't fault it." We observed the lunch period in three of the dining areas in the service. We saw menus were on display offering a choice of meal and we observed people being given a choice. The service had its own vegetable garden and catering staff used the vegetables and other fresh ingredients to prepare home-cooked meals.

People were supported to eat and drink. Two people had some unplanned weight loss and we saw staff had assessed this and put steps in place to support them with the nutritional risk. This included a referral to a dietician, increasing the frequency of monitoring their weights and fortifying their meals to provide extra calories. We spoke with catering staff in relation to one of these people and they were aware of the need to fortify the person's meals and explained to us how they did this. We saw that meals were prepared from raw ingredients rather than shop

Is the service effective?

brought products, including the ice cream and yogurt. A member of the catering staff told us this enabled them to use extra calories to support people to maintain their weight where there was a risk of weight loss.

People's health needs were monitored and their changing needs responded to. People we spoke with told us they were supported to see a doctor when they needed to and that chiropodists and opticians visited them at the service. We saw evidence that staff sought advice and intervention

from a range of external professionals such as dieticians, occupational therapists and the falls prevention team to support people with their health care. Records also showed that when people became unwell staff arranged for them to see their doctor.

We recommend that the provider considers the NICE guidance on the prevention and management of pressure ulcers.

Is the service caring?

Our findings

People we spoke with told us they felt staff were kind and respectful to them. We spoke with three people who spent time in their bedrooms. We saw staff popped in to see people whilst they spent time in their bedroom and people seemed pleased to see staff members who came in to them. One person pointed to a staff member who brought their medication and said, “[Staff name] is lovely.”

Positive caring relationships were developed with people who used the service. For example, we heard two staff members discussing recent football matches with a person, and the person clearly had a strong interest in football. We saw the person was engaged by the discussion and gave their views on the matches.

We observed a number of interactions between staff and people who used the service, all of which were relaxed, warm and friendly. One person started to fall asleep in the lounge and looked uncomfortable. A member of staff quickly noticed this and fetched the person a cushion and kindly asked them, “Would you rather go and rest on your bed?” Another member of staff noticed a person who became tearful and we saw them comfort the person and reassure them. The staff member then engaged the person in a conversation until the person relaxed and started smiling. When we spoke with staff, they talked with kindness and warmth about the people they were supporting.

We saw the manager kept a record of compliments received from relatives of people who used the service. We saw one relative had said, “I cannot fault the care and affection shown by all the staff. Another relative had said, “[Relative] felt at home, safe and above all, well cared for.”

We saw people were given choices about what they did and where they spent their time. We saw people spending time in their own bedrooms when they wished and could choose to have their meals in their rooms.

People were supported to have a say in how they were cared for. The manager told us that one person used an independent advocate to support them in having a say about their care. Two people who lacked the capacity to make decisions had been supported to access an Independent Mental Capacity Advocate (IMCA). An IMCA can support the views and rights of people who lack mental capacity.

People we spoke with told us that staff respected their privacy and dignity. We saw staff respecting people’s privacy and dignity when supporting them. For example knocking on people’s bedroom doors and waiting for permission prior to entering. We spoke with two members of staff about how they would respect people’s privacy and dignity and both showed a good level of understanding in relation to this. We saw staff were given training on how to respect privacy and dignity and information was available to staff to ensure they knew the appropriate values in relation to this.

Is the service responsive?

Our findings

People spoke highly of the entertainment and opportunities and support to go out into the community. One person said, "We get taken on bus trips which is lovely. We went to some lovely gardens the other week." A relative said, "I really like it here. When we come to visit, we can't always find [relation] because [relation] is always so busy doing something. There is always something going on. They've started having armchair Olympics which [relation] loves." Relatives told us they were always welcome to visit their relation in the service.

Staff understood the need for social inclusion and one member of staff told us there was a person who didn't have any family and the staff member had asked them if they would like a 'befriender' or a person from a local place of worship to come and visit them. We spoke with the 'activities coordinator' who described a wide range of activities to suit people's hobbies and interests, available on a daily basis. This included group and individual activities both inside the service and in the local community. Examples included pamper sessions to coincide with hairdresser visits, flexible approaches to bingo to increase participation, arts and crafts and visits to the local shops and park. There were also visits to the service by entertainers and events such as barbeques and open house days.

An initiative to have a dog visit the service once a week had been heralded in the local newspaper as being a success, with people who used the service taking the dog for a walk or sitting and stroking him in the home. People who used the service had given positive feedback about this with one saying, "It's a pleasure to see the dog on a Friday, it brightens my day."

We found that the new care plans gave a range of information about individual preferences and abilities. The information included what people liked and disliked, what was important to them and how staff should support them in a way they preferred. Assessments of preferences and needs had been completed prior to people moving in to the service and the information was used to create a full plan of care.

People we spoke with told us they would tell staff if they were unhappy in the service. They told us they did not have any concerns about the service. One person said, "I'd go to the office if I was upset about anything. I know they would sort it out for me." Another person said, "If there was anything wrong I'd go to the office here. The staff there are very helpful."

We observed a relative raising a concern about their relation's nutrition during our visit. We saw the staff member went straight away to fetch the person's care records and was able to quickly reassure the relative. The staff member then spent some time discussing the relative's diet and clearly knew their likes and dislikes.

Staff we spoke with knew how to respond to complaints if they arose and knew their responsibility to respond to the concerns and report them immediately to a team leader or the manager. The relatives we spoke with said they felt comfortable to speak with staff if they wanted to raise any concerns.

People could be assured their concerns would be responded to. There was a clear procedure for staff to follow should a concern be raised. We saw two concerns had been raised and one had been documented, investigated and resolved with the person raising the complaint. The second one was still being investigated.

Is the service well-led?

Our findings

People who used the service told us they felt the service was well run. Two people commented on the staff, saying they were a good team. One person said, “The good thing is that they (the staff) do work well together and that comes from the top.” One relative said, “It’s very open here. Nothing is behind closed doors and I’m really glad that [relative] is here.”

People were supported by staff who felt valued. Staff we spoke with were full of praise for the manager and team leaders. They were particularly enthusiastic about the training and opportunities for learning. Staff also had opportunities to contribute to the running of the service through staff meetings. The manager and staff told us there were regular meetings held for the care staff and staff told us felt they were listened to at the meetings.

The staff we spoke with told us that they felt supported by the management team and said that they were approachable. Staff told us they enjoyed working in the service and felt they were included in decisions and improvements. One member of staff told us that they had requested training in diabetes and this was provided. We observed staff were comfortable approaching the manager and team leaders throughout the day and saw that they were given support and direction. There was a staff structure in place with staff having different levels of responsibility in the service. We found this had a positive effect with staff being organised and directed in their duty.

Records we looked at showed that the manager sent the required notifications to us within the required timescale. This meant we were kept up to date with events in the home in between our inspections.

Three people we spoke with told us that they had regular ‘residents meetings’. One person said, “We had a meeting a couple of weeks ago and you can say what you think about things, but everything is alright.” Another person said, “We have meetings and staff ask what we think about the food and things like that. Everything is alright so we just talk about the war instead.” We saw the minutes kept of the meetings and saw people were supported to make decisions and choices in relation to the service, such as planning activities and menus.

We saw there were meetings held for relatives to enable them to have a say in the quality of the service. We saw that when relatives had identified where improvements could be made, these had been carried out. For example relatives had expressed that they were sometimes not able to identify members of staff and had asked for a board to be placed in reception with the photographs and names of staff. We saw that following the request, this had been acted on and the board put in place.

People had the opportunity to have a say in how the service was run. We saw people had recently been asked for their views of the service via a survey sent to them. The survey results were displayed in the service for people to see. The results were not service specific and showed the results of Nottingham City Council services as a whole. This meant the results were not reflective of life at The Oaks Residential Care Unit. The manager told us they had recognised this and had requested the results be broken down. They told us they also planned to carry out surveys of their own in the future.

There were systems in place to monitor the quality of the service provided. These included, a monthly audit completed by the management team in areas such as medication, infection control, health and safety and the environment. There were visits by a senior manager on a monthly basis which included observing care practices, speaking with staff and looking at records such as accident records, staff recruitment and staffing levels. A monthly visit was also carried out by a manager from another Nottingham City Council service. Any areas for improvement such as improvements to the environment were recorded and these were to be followed up at the next audit.

The manager told us that reports of accidents and incidents were submitted to a senior manager on a monthly basis and these were analysed to identify any trends in order to identify and make improvements to the support people received. We saw that where any issues were identified, an action plan was given to the manager and this was followed up at the next visit by the senior manager.