

Oak House Residential Home Limited

Oak House Residential 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

What life is like for people using this service:

People continued to receive safe care. Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report abuse and incidents of concern. Risk assessments were in place to manage potential risks within people's lives, whilst also promoting their independence.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Good staffing levels were in place. Staffing support matched the level of assessed needs within the service during our inspection.

Staff induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles. Specialist training was provided to make sure that people's needs were met and they were supported effectively.

Staff were well supported by the management and senior team, and had regular one to one supervisions. The staff we spoke with were all positive about the senior staff and management in place, and were happy with the support they received.

People's consent was gained before any care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice

Staff continued to treat people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Care plans reflected people's likes and dislikes, and staff spoke with people in a friendly manner. Our observations during inspection, were of positive and friendly interactions between staff and people.

People were involved in their own care planning and were able to contribute to the way in which they were supported. People and their family were involved in reviewing their care and making any necessary changes.

A process was in place which ensured people could raise any complaints or concerns. Concerns were acted upon promptly and lessons were learned through positive communication.

The service continued to be well managed. The provider had systems in place to monitor the quality of the service. Actions were taken and improvements were made when required.

Rating at last inspection: Good (report published 09/06/2016)

About the service: Oak House Residential Home is a residential care home that was providing personal care

to 19 older people at the time of the inspection.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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.
Details are in our Well-Led findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our Well-Led findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our Well-Led findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our Well-Led findings below.

Good ●

Is the service well-led?

The service was well-led
Details are in our Well-Led findings below.

Good ●

Oak House Residential Home

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

Oak House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to 25 people in one purpose built building. At the time of our visit there were 19 people using the service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

Inspection site visit activity started on 3 November 2018 and ended on 3 November 2018.

What we did:

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. The provider returned the PIR and we took this into account when we made judgements

in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection, we spoke with four people who used the service and one relative of a person using the service. We also spoke with two staff members, the assistant care manager, and the kitchen staff. The registered manager was not available on the day of our inspection.

We looked at the care records of three people who used the service, we undertook a tour of the premises and observed staff interaction with people, and activities that were taking place. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- Safe care continued to be delivered at the service. One person said, "I'm quite independent, but if I need anything, I can call the staff and they are here quickly. I feel very safe living here." All the people we spoke with, including a relative of a person, told us they felt that care was delivered in a safe manner.
- Safeguarding investigations were carried out when required, and lessons learned were shared with the staff team. The deputy manager and the staff understood and told us about their responsibilities to protect people's safety. All the staff we spoke with understood how to report safeguarding concerns, and had trust in the management team to follow up concerns appropriately.

Assessing risk, safety monitoring and management

- Risk assessments were in place to document risks present in people's lives. For example, the risks of pressure sores developing, the safe moving and handling of people, and any healthcare requirements people might have.
- When one person was assessed as being at risk of developing pressure sores, we saw that an appropriate assessment was in place, and that staff regularly supported the person to maintain healthy skin. This involved the use of pressure mattresses, regular checks and turns, and input from health professionals.

Staffing levels

- There were enough staff on shift to safely support people. All the people and relatives we spoke with confirmed that staffing numbers were consistent, and they got the support they required promptly. One person said, "The staffing has always been very good here, there is always someone at hand."
- Our observations on inspection, were that there were plenty of staff spread across the building to support and respond to people as required.
- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.

Using medicines safely

- People continued to receive their medicines as prescribed. Medicines were stored securely, and medication administration records in use were accurate, and regularly checked for any mistakes. People we spoke with were happy that they received their medicine on time, and as they wanted.
- Where people were prescribed medicines to take 'as and when required' there was sufficient detail to guide staff on when to administer them safely and consistently.

Preventing and controlling infection

- People continued to be protected against the spread of infection. One relative told us, "The home is

always clean and tidy, it always smells nice." We saw that regular cleaning took place, and the staff understood about how to prevent the spread of infection, by using the appropriate personal protective equipment such as gloves and aprons when required. Staff were trained in infection control.

Learning lessons when things go wrong

- Incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence. The staff and the deputy manager responded appropriately when things went wrong and used any incident as a learning opportunity. Any learning required was discussed in team meetings and supervisions by staff, who were open to feedback and ways to improve care.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: □ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed before moving to the service, to ensure that effective care could be delivered to them.
- People's diverse needs were detailed in their care plans and met in practice, this included support required in relation to their culture, religion, lifestyle choices, diet and gender preferences for staff support. For example, a church service was held within the service to enable people to take part in if they wished to.
- Staff all had a good knowledge of each individual, and the preferences they had in regard to their lifestyle, and choices.

Staff skills, knowledge and experience

- All the staff had received the training they required to effectively do their jobs, and were supervised by management to monitor their competency, and discuss any concerns. Staff told us that they were able to seek advice and support from senior staff at any time, and were comfortable to do so.
- The staff we spoke with were happy that the training was of a good quality, and gave them confidence in their roles. Training records we saw confirmed that all staff were regularly completing the necessary training.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to maintain a healthy diet. We saw that a range of fresh produce was used to cook a variety of meals for people, who could choose what they wanted daily. One person said, "The food is excellent. I'm gluten free and they provide me with all the right things."
- We saw that a variety of beverages were on offer to people throughout the day, including wine at meal times. People's preferences and dietary requirements were recorded in their care plans and observed by staff.

Staff providing consistent, effective, timely care

- Staff continued to support people in a timely manner with their healthcare needs. One person told us, "I have to go out to several different appointments regularly. The deputy manager takes me in the car."
- Records showed that people's health requirements were documented in detail, and they got access to the health professionals they required. For example, district nurses and chiropodists visited the service regularly to support people with ongoing treatments.
- The staff we spoke with had a good knowledge of people's health needs.

Adapting service, design, decoration to meet people's needs

- People were able to personalise their bedrooms with their own furniture, decorations, pictures and

ornaments. All the bedrooms we went in were personalised to the individual living there.

- The service was accessible for people using it. Stair lifts were in place to enable people to go upstairs, and the communal areas including the garden were usable and accessible to people.

Ensuring consent to care and treatment in line with law and guidance

- 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 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.

- Records were clear when decisions had been made in people's best interests or they had been asked to sign to consent. People we spoke said they were always offered choice, and staff checked for consent before providing care.

- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure this was lawful. Records confirmed this.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People continued to receive support from a staff team that were friendly and caring in their approach. One person told us, "You really couldn't hope for more, everyone is so lovely here, I'm very glad I came and hope that I stay here." One relative we spoke with told us, "It took me a long time to find a place that was right for [name] but this is one of the best. Everyone is so well cared for, and it feels like home." We saw a written compliment from a relative of a person which said, 'Staff were always friendly and helpful, and seemed to have unlimited time to devote to [name].'
- During our inspection, we observed staff and the deputy manager, take the time to talk with people, and regularly check if they were ok. We saw that people regularly laughed and joked with staff who knew them well.

Supporting people to express their views and be involved in making decisions about their care

- People and their families were encouraged to be involved in making decisions about care and support. We saw that care plans were regularly reviewed and changes were made when required. Reviews of care documented people's involvement, and people we spoke with all told us they felt in control of their own care, and that staff respected their choices and preferences in how they received care, or if they wanted any changes to be implemented.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with felt that staff were always respectful of their privacy. One person told us, "I prefer to stay in my room most of the time. Staff respect that. They always knock on the door, they are always welcome in."
- We observed staff speak with people in a respectful manner, and people told us that staff approached them with respect and dignity at all times.
- Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files and personal records were stored securely.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

How people's needs are met

Personalised care

- People continued to receive person centred care that met their needs. A relative told us, "They (staff) have really got to know [name] well." A staff member told us, "It's like a family here. We get to know everyone, and give people as much time as we can."
- People's care plans contained personalised information about their likes, dislikes, preferences and choices. This included information about their life history, emotional wellbeing, and memories of their life and childhood. This enabled staff to understand each person's personality and history, and ensure that people were treated as individuals.
- People were provided with a range of meaningful activity. An activity coordinator regularly hosted activities and games for people to join in with. During our inspection we saw people enjoying an exercise session involving throwing small beanbags. One person told us, "When I moved in, I said I liked gardening and growing vegetables, so they got me a shed and put it up in the garden. I go out there and do my gardening now, and grow different vegetables. It keeps me active."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which they followed. All complaints were recorded along with the outcome of the investigation and action taken. We saw that staff had acted to investigate previous complaints and had resolved the concern. No recent complaints had been made.
- The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

End of life care and support

- At the time of the inspection, nobody was receiving end of life care. People had an End of Life care plan in place that recorded any wishes they may have in relation to their end of life care. We saw that for some people, the appropriate medication had been stocked and was ready for use should their needs change and end of life care be required.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The management staff had a clear vision and were committed to delivering person-centred care that respected people's diversity, personal and cultural needs. People knew who the management were and saw them regularly. One person said, "(Deputy managers name) Is fantastic, They are always around, and will always sort things out for me." A written compliment from a relative said, 'This is a well-managed ship.' All the staff we spoke with felt well supported in their roles. One staff member said, "Everyone works well here as a team. The support I get from the management and office staff is excellent. Communication is good."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- There were effective systems in place to monitor the quality of the service. Comprehensive audits were undertaken by the provider, and the systems in place to monitor the standards and quality of the service were being managed effectively. Actions for improvements were set for the registered manager to address. We saw that all aspects of the service were looked at, including health and safety, staffing, and medication. We saw that when errors were discovered, improvements were actioned.
- There was a registered manager in post, but they were not available on the day 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. The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.

Engaging and involving people using the service, the public and staff

- The provider and the registered manager positively encouraged feedback from people and staff and acted on it to continuously improve the service, for example, a suggestion box had been placed in a communal area so that people could provide feedback on any area of the service.
- Surveys were also sent out which asked for feedback on the quality of care being received, and if any changes were required.

Continuous learning and improving care

- Team meetings were utilised to ensure that continuous learning and improvements took place. Staff told

us that they were comfortable in raising any issues or concerns within team meetings, and that the management were open to feedback.

- People told us they generally felt that their voices were heard, and that the staff and management acted promptly and learnt from the feedback they gave.
- Information from the quality checks, complaints, feedback, care plan reviews and accidents and incidents was used to inform changes and improvements to the quality of care people received.

Working in partnership with others

- The service worked in partnership with outside agencies, and were open to feedback from others. We saw that a community lunch club had been set up to encourage the local community in to the service, to socialise and interact with people and staff. This raised money for other projects within the service.
- People we spoke with felt they had a good connection with the local community, and could access community facilities as they wanted to.
- The deputy manager told us that the service had close links with a variety of professionals to enable better care for people. This included health professionals such as the speech and language therapy team, and the local pharmacist who conducted audits on the service medicines storage and administration systems for quality assurance.