

Oak Care Limited

Oak Tree Manor

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out this unannounced inspection on the 24 September 2015. When we last inspected this service on 29 & 30 October 2014 we found them to not be meeting the required standards and they were in breach of regulations 9, 10, 13, 17 & 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulations 9, 10, 12, 17 & 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that they had made the required improvements and were now meeting the fundamental standards.

Oak Tree Manor provides care for up to 80 people some of whom may be living with dementia. The home has two floors and the people who are living with dementia are cared for on the top floor. At the time of the inspection there were 60 people living in the home.

The service had a new manager in post. They were currently in the process of applying to become the registered manager of the home. The registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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. At the time of our inspection, there was a manager in post and they had commenced the process to register with the Care Quality Commission.

The provider had effective recruitment processes in place, and there were sufficient staff employed. They received formal supervision and were managed effectively by a team of senior staff on a day to day basis.

People's needs were assessed and care plans took into account of people's individual needs, wishes and choices and they were supported to pursue their interests and hobbies.

Medicines were managed safely although an error was identified during this visit with regard to one person's medicines. There were risk assessments in place, which contained sufficient detail to keep people safe at all times. There were systems in place to safeguard people from the risk of abuse.

Training was provided for staff to help them carry out their roles and increase their knowledge of the healthcare conditions of the people they were supporting and caring for. Staff were supported by the management team through supervision and appraisal.

The manager understood their role in relation to Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to have sufficient food and drinks in a manner that reflected their needs and abilities.

People were supported to access other health and social care professionals when required. They were also enabled to maintain close relationships with their family members and friends.

The provider had a formal process for handling complaints and concerns and people told us they knew how to complain, if required to do so.

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 not consistently safe.

Staff knew how to safeguard people from abuse and people had easy access to information about safeguarding.

People were involved in decisions regarding risk management. They were encouraged to live an independent life.

Robust recruitment procedures were in place which ensured that staff who worked at the service was suitable to do so.

People's medicines were not always managed safely.

Requires improvement



Is the service effective?

The service was effective.

Staff received training to support them to carry out their roles.

The service had followed legal requirements relating to consent to care and treatment. Although we noted that some staff had not yet been provided with training related to this.

People were supported with their dietary and healthcare needs.

Good



Is the service caring?

The service was caring.

People developed close relationships with staff which was built on trust and respect.

Staff respected people's choices and preferences.

People had access to advocacy services in case they were not able to manage their affairs.

Good



Is the service responsive?

The service was responsive.

People received support from staff when and how they needed it.

People's choices and preferences were recorded in their care plans and they were supported to give feedback about their care.

People were supported to play an active part in their local community and follow their own interests' and hobbies.

People knew how to complain and they were confident in raising any issues with staff and management.

Good



Summary of findings

People were given the opportunity to discuss any issues in regular meetings with the provider and one to one meetings with staff.

Is the service well-led?

The service was well led.

Effective systems were in place to quality assure the services provided, manage risks and drive continuous improvement.

People, their relatives and staff were very positive about the manager and how the home operated.

Staff understood their roles and responsibilities and were supported by senior colleagues and the manager.

Good



Oak Tree Manor

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 met 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 under the Care Act 2014.

This inspection took place on 24 September 2015 and was unannounced. The inspection was undertaken by two inspectors and two specialist advisors (SPA's).

Before our inspection we reviewed information held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we observed staff supporting people who used the service, we spoke with twenty people who used the service, eight support staff, the manager and the provider. We spoke with five relatives both during and after the inspection visit to obtain their feedback on how people were supported to live their lives.

We reviewed care records relating to seven people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits. We also reviewed three staff employment files.

Is the service safe?

Our findings

When we inspected the service on 29 & 30 October 2014 we found that the service was not meeting the requirements in relation to risks associated with the unsafe administration of

Medication. At this inspection we found that some improvements had been made. However an error in medicines was discovered when we carried out a check of medication administration records [MAR] this meant that people were still not always protected from the risk of the unsafe administration of medicines.

We reviewed medication administration records and found an error with the administration for one person's medicines. This was raised with the manager at the time of the visit for their immediate attention. The error was also reported to safeguarding for further investigation, by the local safeguarding authority. The manager subsequently informed us that the medicine error was a missed dosage. We were informed that the GP visited the person the same day and there had been no adverse effects to this person health and welfare. As a result, the protocol and auditing system for medication had been reviewed and improved to reduce the risk of further medication errors. This included ensuring that two staff members administer and audit all medication procedures.

Where people needed medicines only occasionally, (PRN), there were protocols to inform staff when to use them and for how long before contacting a healthcare professional such as a GP for further advice. Information about people's medicines and how they liked to have them was available for staff. All eight members of staff on duty demonstrated a good knowledge of people's healthcare conditions and the medicines they administered.

We saw that temperatures were monitored twice a day for the medicine room and the fridge. The temperature on two occasions was recorded above the manufacturers recommended limits. The floor manager told us that when this occurs they put a fan on to ensure the temperature does not exceed 25 degrees.

Records showed that staff had received the appropriate training to enable them to administer medicines safely and competency checks were carried out by senior staff before people were able to administer medicines unsupervised.

People told us they felt safe living at Oak Tree Manor. One person told us that "My relative has been here over four years and I have no worries at all that they are very safe and staff are really good here". Another person told us "I cannot fault the staff as my [Relative] can be difficult at times but they show them respect and treat them with dignity." Another person told us "My [Relative] is safe and they are always clean and tidy."

One person who lived at the home told us "It's marvellous here, could not get anything better, I feel very safe and well cared for. Another person who was visiting their relative told us my [Relative] loves this place."

We found that systems were in place to reduce the risk of abuse and to ensure that staff knew how to spot the signs of abuse and take appropriate action. Staff were able to tell us what they would do if they suspected or witnessed abuse and knew how to report issues both within the company and to external agencies directly. One staff member told us "Safeguarding means that we [Staff] make sure that every person here is safe and we [Staff] protect their health and well-being. We need to report any concerns, for example unexplained bruising we notice and ensure we follow procedures." Another staff member told us, "I will report any concerns I have to the managers and if I need to I know where I can find information about CQC and the Local Authority."

Financial procedures and audit systems were in place where the service was responsible for people's money. These were designed to protect people from financial abuse and were audited monthly by the management and administration team.

At the last inspection we found that people did not have individual risk assessments in place, and risks had not been identified or managed properly. At this inspection we saw that the process for completing risk assessments had improved. We found that risks to people's health and their well-being were identified in areas such as falls, moving and handling and nutrition. Staff were knowledgeable about these risks.

However we found that staff had not always been provided with clear guidance about how to reduce or manage some risks effectively. For example we found that one person displayed behaviour which was at times, difficult to manage. There were occasions, where this person had been physically challenging towards staff who delivered

Is the service safe?

personal care. We found that incidents were recorded however plans to manage this behaviour were not in place. We spoke to all eight staff about how they manages this person if their behaviour became challenging. They were all able to explain, in detail how they would try and calm the situation down and what control measures were in place to pre-empt this situation from occurring.

We found that staff were knowledgeable about people`s needs and abilities and they were helping and supporting people in a way which promoted their independence. We saw people independently walking in the home and using walking aids when needed, we also saw staff supported people to mobilise. For example we saw a person who wanted to go to one of the seating areas and watch their favourite musical DVD. We saw that staff helped the person into their wheelchair and ensured the DVD was set up. They then gave the remote control to the person to adjust the volume and start the DVD themselves.

We saw that staff monitored people who were at risk of malnutrition and dehydration although the charts seen did not always provide accurate information with regard to the

amount of fluid the person had consumed. The charts only detailed if the person had drank one or half cups of fluid without the exact quantity being measured or recorded. This made it difficult to establish when and if the person had enough to drink in a day or not. This information was reported to the manager for their attention.

There was appropriate staffing to meet people`s needs. We found that people`s dependency levels were monitored monthly and staff were able to tell us if and how the needs of the people impacted on staffing ratios to ensure people`s continued safety. One staff member said, "We will have even more staff if the number of residents increases." Another staff member told us "Every day is different but most of the time we have time to sit and chat with people." "I have regular supervisions with the floor manager, however the manager is very approachable and I can talk to them anytime."

Recruitment records showed that staff had followed a robust recruitment process, had been interviewed and had their suitability to work with this client group checked with the Disclosure and Barring Service.

Is the service effective?

Our findings

When we inspected the service on 29 & 30 October 2014 we found that the service was not meeting the requirements in relation to not having suitably trained staff to meet people's needs. At this inspection we found that they had made the required improvements and were now meeting the fundamental standards.

Staff was very knowledgeable about topics covered during training they received. All eight staff we spoke with confirmed they had regular training provided. One staff member said, "I have started my NVQ 2, I had a lot of training to help me understand and learn this job. I never done it before I came here and I love it." Staff confirmed that they had regular one to one supervisions to discuss their role and development needs. We saw evidence that regular staff meetings were held which ensured that staff had the opportunity to discuss and be involved with the service and its development. We found that most of the staff had achieved national vocational training relevant to their job roles and the few staff that hadn't were due to be enrolled and supported to achieve this.

Staff told us they had manual handling training, infection control, first aid, fire, safeguarding, MCA and DoLS (Deprivation of Liberty Safeguards). One person [Staff] told us that "I have had a lot of training here and I feel confident to do my job and I know about the whistleblowing procedures as well. I really like it here as it is my first caring role. I love my job and have learned a lot and feel well supported."

We saw that staff obtained consent from people before they delivered care. They were knowledgeable and demonstrated a good understanding of MCA and DoLS. One staff member told us, "People still have the right to have choices and make decisions even if they lack capacity. They will still be able to make simple choices about when they want to get up or go to bed, what they want to eat, and what clothes they would like to wear."

We saw that mental capacity assessments were done for people who had a formal diagnosis of Dementia and where they lacked capacity the best interest procedure was followed which ensured that the care people received was

in their best interest. DoLS applications were submitted to the Local Authority for people who were at risk of being deprived of their liberty because they were unable to leave the building freely or that they required bed rails.

We found that one person who had lacked capacity on occasions, had behaviour that challenged towards staff. Although we found that staff were very knowledgeable about MCA, Dols and restraint, they had no guidance to follow on how to deliver personal care to this person, who on occasions scratched and physically assaulted staff. We were told that a recent Deprivation of Liberty safeguard (DoLS) application had been made to the local authority with regard to use of restraint.

When we asked a staff member about the menu choices and how they support people with dementia who may have forgotten what they ordered. We were told "It is true, they do forget what they have ordered, however if I present the two options to people, then they can choose the one they like the most." We know people very well and therefore make sure people have a wide range of choices and food that we know that they will enjoy."

One person told us that "The meals are lovely here and we get a choice, the menu is up on the board, It's more like a posh hotel that a care home here." We saw that the food looked well-presented and appetising with a good selection of freshly cooked vegetables and meat". One person told us, "The food is nice. They make lovely salads and mashed potatoes." Another person said, "The food is good. The other day we had cauliflower cheese for supper. It was the best one I ever tasted. They [Staff] said the chef made it." However one person said "I would like something other than sandwiches for tea. The sandwiches don't always look appealing, they offer soup and sandwiches everyday so it gets a little boring we could do with more choice come tea time." This was passed onto the manager at the time of the visit.

We saw that people were offered a range of refreshments and snacks throughout the day of the inspection visit.

All seven care plans we reviewed had a record of people's weight and a tool to assess each person's nutritional needs was in place. We saw people were referred to the GP and dietician when the person's weight significantly changed.

Is the service effective?

We saw, that where people had been assessed as at risk of weight loss, people had been prescribed build-up drinks which was a dietary supplement which ensured that people received a nutritionally balanced diet.

People told us that they had access to health and social care professionals such as GP's, opticians, nursing professionals and dentists. The provider worked with a variety of health and social care professionals which ensured that people's on going health needs were managed appropriately. We spoke with two health care professionals who told that they had found that staff worked in the best interest of the people. However we found that a person who was cared for in bed was last seen by their GP on the 21 August 2014. The home's policy stated that each person should expect at least an annual health check from their GP. This information was passed on to the manager for their immediate attention.

We found that all areas of the environment were maintained to a high standard, with the exception of one bathroom on the ground floor, which required

re-decorating and the tiles replacing where they had been chipped or broken. We saw that symbols were displayed throughout the home to assist people in locating their bedrooms and in locating the various communal areas throughout the home. There was also a library with a range of books for people to borrow and displays of memorabilia from the fifties and sixties. A pictorial notice board was displayed on both floors with the day, the month, the season and weather, along with menu charts for the week. One person told us "The home is spotless and my room is always clean here." A relative told us that "It's really clean here and there are no smells either, It's a well-run care home."

The garden area was well maintained and fully wheelchair accessible with arrange of seating areas. We saw several people walking around the garden during the visit and several people told us how much they enjoyed being able to access the garden areas. One person told us "I love to sit out here and look at the birds and enjoy the fresh air."

Is the service caring?

Our findings

When we inspected the service on 29 & 30 October 2014 we found that the service was not meeting the requirements in relation to promoting people's dignity, privacy and treating them with respect. At this inspection we found that they had made the required improvements and were now meeting the fundamental standards.

One person told us that "Staff are excellent and very caring, they always help me, and they meet my needs and are always respectful and polite."

Another person [Relative] said "They are really caring the staff here and they treat my relative with dignity and are always respectful, so I have no worries here." One person [Relative] told us that "I have never seen anyone treated badly here and I come twice a week to visit, I would report anything I thought was wrong but no, staff are good here."

The interaction we saw between staff and people was kind and caring. People were asked to choose what and how they wanted to spend their days. Staff was respectful in their approach to people, they often get down to the person's level and had conversations about the weather, the songs they were singing that day and how they had slept. One person told us, "I am very happy here, people are very nice."

We saw staff knocking on bedroom doors before entering and they acknowledge the person by name, "Hello [name of the person], how are you, would you like anything to drink?" We saw that people's dignity in delivering personal care was promoted throughout the home, during this visit.

Information was shared with people who used the service in a way they understood. We saw that care plans had been drawn up with the people concerned and shared, if appropriate, with their relatives. People had signed their care plans and had been fully involved in decisions about their care.

We found that confidentiality was well maintained and that information held about people's health, support needs and medical histories was kept secure. Information about how to access local advocacy services was available for people who wished to obtain independent advice or guidance.

We saw that end of life plans were discussed with people and also if they wanted to be resuscitated. For example we saw that a person wanted to be resuscitated and staff recorded their decision, "[Person's name] has expressed that she would like to be saved if possible." DNACPR's checked were correctly completed with involvement of the person and/or family.

Is the service responsive?

Our findings

When we inspected the service on 29 & 30 October 2014 we found that the service was not meeting the requirements in relation to making sure people received care that was responsive to their individual needs. At this inspection we found that they were now meeting the fundamental standards and issues previously identified had been resolved.

One person told us that “Staff come whenever I press my buzzer and they always help me.” Another person [Relative] said “Staff are very responsive here and seem well trained they know what my relatives needs are.”

Before coming to live at Oak Tree Manor each person had received a full assessment of their needs and abilities carried out by the manager. The findings of this assessment were used to formulate a care plan. Care plans were subject to on going review and reflected any changes in people’s needs promptly. Where people were able to sign for themselves, the care plans reflected this and for people who had been assessed as unable to consent to their plan of care we saw that their relative or representative had signed on their behalf which confirmed they had been consulted and involved in the person’s plan of care.

Care plans were developed in respect of people’s basic needs such as personal care, communication, nutrition and mobility. We saw from the seven care plans that people’s needs were reviewed on a monthly basis by senior care staff and a six monthly review was carried out which involved discussions with family members who were involved in the care of their relative.

We saw that activities were provided on the day of the visit and we saw that people had a choice in what they wanted to do. For example we saw a person who told us that every day after breakfast they wanted to watch their favourite DVD. We saw that staff supported this person with this request. They told us, “I watch and listen to this every day for a little bit. They [Staff] help set it all up for me and then I can enjoy it.”

The home has two activity co-ordinators, one for each floor that provided regular sing a long sessions, board games,

quizzes, and bingo. A pictorial activity board was on display on both floors of the home. On the day of the visit we saw that people were encouraged to choose between a variety of activities. This included a sing a long session in the morning and flower arranging in the afternoon. We saw several people were also offered a one to one session with the activity worker in their room. All the activities provided were inclusive which ensured people living with dementia had an equal opportunity to join in all the activities on offer. One person told us “Next week we are making bread for harvest festival.” Another person was looking forward to a visit from The Children’s Royal Ballet Company in the coming week. One person told us “Small group activities would be nice where you get to meet people and chat about life maybe they could help us do those type of things, I am new here and would like to make friends.”

We saw that the activity staff had great enthusiasm for their job and in ensuring that people were offered a range of diverse and interesting activities both within the home and organised trips to places of interest within the local area.

People were encouraged to maintain contact with family and friends. There were no restrictions on visiting. People’s relatives told us that they were welcomed at all times into the home.

We saw that staff received specific training about the complex conditions that people lived with to help them do their jobs more effectively. Staff also had access to guidance about how to recognise and respond to the potential triggers, signs and behaviours associated with people living with dementia. This meant that staff were better equipped to provide care and support in a way that was responsive to meet people’s individual needs.

People told us that they felt confident to raise any issues or concerns with staff and management. One person told us “Staff are kind and polite here and they do care, if I wasn’t happy I would soon talk to management but I have no concerns.” We saw that people had been given a copy of the complaints procedure and each person we spoke to was aware who they could complain to if necessary, however people told us they had no reason to complain.

Is the service well-led?

Our findings

People, their relatives and staff were all very positive about how the home was run. They were complimentary about the manager who they described as being approachable, supportive and enthusiastic. One person said “This place has had problems and I came to the family meeting after the last inspection, however things have improved here without a doubt and I can see the difference. The manager is very approachable.” Another person told us that “Yes it’s a well-managed place and the manager is lovely we see them a lot, they haven’t been here long but they are very nice.” We spoke with two relatives who both told us that “It appears to be well led and staff seem happy, they are always cheerful here and I cannot fault them, whenever I ask about my [Relative] the manager always knows what is happening.” We also spoke with a visiting health professional who told us “I have no concerns here, it is well organised and a well led home.”

Staff were supported to obtain the skills, knowledge and experience necessary for them to perform their roles effectively and as part of their personal and professional development. This included specific awareness about the complex needs of the people they supported. Good work was identified and recognised as part of the supervision and appraisal process.

The culture of the service was based on a set of values which related to promoting people’s independence, celebrating their individuality and providing the care and support they needed in a way that maintained their dignity. Staff we spoke with were clear about how they provided support which met people’s needs and maintained their independence and we observed this during our visit. There

was a real commitment from the new manager which ensured that the people who lived at Oak Tree Manor were supported to enjoy every aspect of the service provided. We spoke with a variety of people during our visit and received a range of positive comments about the changes the new manager has implemented since being appointed. These included increasing the number of activity hours, the range of activities offered and a new care planning system is to be introduced that will be more person centred focussed.

There was a clear management structure in place, with the manager in day to day charge and their line manager visiting the service on a regular basis, which provided them with both support and guidance. We saw that communication was good between these two people and the manager told us they felt well supported. The manager understood their responsibilities and had a good understanding of the statutory notifications that were required to be submitted to the Care Quality Commission for any incidents or changes that affected the service. Feedback we received from a service commissioner was positive and commented on the efficiency and good communication of the manager.

There were systems in place to monitor the quality of the service. A training matrix gave an overview of the training provision at the service. Other records for the people who used the service and staff were well organised and clear, which meant that important information could be located easily and quickly. The manager recognised that the current system for auditing medicines required improvement due to the error discovered during this visit and therefore implemented a more robust system of auditing immediately.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.