

HC-One Limited

Oak Tree Mews

Inspection report

Hospital Road West
Moreton In Marsh
Gloucestershire
GL56 0BL

Tel: 01608650797

Website: www.hc-one.co.uk/homes/oaktree-mews

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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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Oak Tree Mews 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.

This inspection took place on 1 and 12 April 2018 and was unannounced. Oak Tree Mews accommodates up to 20 people in one adapted building. At the time of our inspection visit there were 15 people using the service.

Oak Tree Mews had a registered manager in post. 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.

We previously inspected the service in May 2017 and it was rated Requires Improvement. At this inspection we rated the service Good. We found improvements to people's care plans and the provision of activities had been made. However we found some assessments of people's needs had not been accurately completed and therefore did not provide staff with the appropriate information to support people. The provider had plans in place to make this improvement.

The service was well led. Quality assurance checks were in place and identified actions to improve the service. Staff and relatives spoke positively about the management team.

People were protected from harm and abuse through the knowledge of staff and management. People were protected from risks in the care home environment. People's medicines were safely managed. We found the environment of the care home was clean and had been well maintained.

People received support from caring staff who respected their privacy, dignity and the importance of independence. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. There were arrangements in place for people and their representatives to raise concerns about the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were safeguarded from the risk of abuse because staff understood how to protect them.

Environmental risks were safely managed.

Adequate staffing was in place.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the knowledge and skills to carry out their roles.

People's dietary preferences were understood by staff.

People's health care needs were met through on-going support and liaison with healthcare professionals.

People gave their consent to care and their rights were protected because the staff acted in accordance with the Mental Capacity Act.

Is the service caring?

Good ●

The service was caring.

People benefitted from positive relationships with the staff.

People were treated with respect and kindness.

People were involved in decisions about their care.

People's privacy, dignity and independence was understood, promoted and respected by staff.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Assessments of people's needs did not always provide staff with the information they needed to support people.

People were supported to take part in a range of activities of their choice.

There were arrangements to respond to any concerns and complaints by people using the service or their representatives.

Is the service well-led?

Good ●

The service was well led.

Quality assurance systems were in operation to identify shortfalls in quality and risks in the service. Plans were in place to act on shortfalls with assessments of people's needs.

A registered manager was in post. People, relatives and staff praised the approach of the new manager.

The views of people and their representatives had been sought about aspects of the service.

Oak Tree Mews

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 and 12 April 2018 and was unannounced. One inspector carried out the inspection. We spoke with three people using the service, six relatives, the registered manager, the area quality director and four members of care staff. In addition we reviewed records of three people using the service and looked over the premises of the care home. We examined records relating to staff training, recruitment and the management and safety of the service. We used the Short Observational Framework for Inspection (SOFI) for people living with dementia. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Following the inspection we received a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

Is the service safe?

Our findings

People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service and contact details for reporting a safeguarding concern were available. Staff were confident any safeguarding concerns reported to the registered manager would be dealt with correctly. People were protected from financial abuse because there were appropriate systems in place to support people to manage their money safely.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Systems were in place to identify and reduce the risks to people living in the home. People's care plans included risk assessments. These documents were individualised and provided staff with a description of their risks and guidance on the support people needed to manage these. Staff understood the support people needed to promote their independence and freedom, yet minimise the risks. People were cared for in a safe and comfortable environment. They were protected from risks associated with the environment of the care home such as legionella, fire and electrical equipment through checks and management of identified risks.

Adequate staffing was in place. The care staff team consisted of mainly agency staff while recruitment was underway. Consistency had been achieved by using care staff familiar with the care home and the needs of people using the service. One person said "There is always someone around day and night" although another person told us they sometimes had to wait for assistance when staff were busy with other people. Throughout our inspection we found staff responded promptly to people's requests for assistance. A member of agency staff felt there were enough staff deployed for people's needs. Care staff were supported by domestic, catering, administrative and maintenance staff.

Procedures were in place to gather information about the suitability of applicants to posts providing care and support to people using the service. We found identity checks and health checks were completed. In addition Disclosure and Barring service (DBS) checks were carried out before staff started work with people. If information appeared on a DBS check then this would be subject to a risk assessment to determine if the person was suitable for employment. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Checks were also made on the suitability of applicants from overseas to work in the United Kingdom.

References had been sought about conduct in previous employment although with one of the staff files we looked at these did not cover all relevant previous employment. The registered manager informed us that they will revisit the provider's recruitment policy to ensure staff responsible for recruitment are confident with the nature of the reference checks that need to be completed.

People's medicines were managed safely and they received their medicines as prescribed. Guidelines were in place for staff to follow to give people their medicines prescribed on an 'as required' basis. For example, medicines to relieve anxiety and for pain relief. Medicines were being stored securely and at the correct temperature with medicine storage temperatures being monitored.

Medicines Administration Records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts we examined. There were records of medicines received and of medicines disposed of. We found handwritten directions for giving people their medicines had been checked for accuracy and signed by a second member of staff. Checks were in place to ensure staff were aware of the expiry dates of people's medicines once they were opened. A system was in place to respond to any errors with supporting people to take their medicines. Regular audits were completed on the management of people's medicines to ensure safe medicine systems remained effective. As part of the 'resident of the day' review a person's medicines and medicine recording documents were reviewed.

We found the environment of the care home was clean and people told us it was kept clean. The latest inspection of food hygiene by the local authority for the care home in November 2017 had resulted in three out of a total of five stars. The registered manager told us the care home was awaiting re-inspection of the food hygiene rating following improvements made. Staff had received training in infection control. An infection control audit had been completed in April 2018. The overall score was 96% with action planned to remedy the two issues found in relation to staff training and the door of the sluice not locking.

The registered manager described how accidents and incidents were analysed for any lessons that may be learnt in terms of how the staff team responded and any revisions to care plans and risk assessments were made. A clinical risk audit was in use to highlight any clinical issues people may have, such as weight loss or a fall, for action.

Is the service effective?

Our findings

People using the service were supported by staff who had received training suitable for their role. Staff had received training in subjects such as, food safety, equality and diversity, safer people handling and health and safety. We heard positive comments from people and their relatives about the staff such as, "They've all been very good", "Excellent staff" and "They do know what they are doing". Staff employed by the service had regular individual meetings called supervision sessions with senior staff to identify their learning and development needs. Annual performance appraisals were completed. The registered manager reported both supervisions and appraisals were up to date.

People were supported to eat a varied diet. People's dietary preferences were recorded along with any assistance they would need at mealtimes. For example it was recorded one person didn't like chilli so that staff would know not to provide them with a meal they did not like. The Provider Information Return (PIR) stated, "Our Chef discusses the menu with our 'Resident of the Day' and regularly attends the Resident and relative meetings to gather feedback on menu requirements. We ensure that our Residents receive a quality dining experience and we monitor this by completing regular 'mealtime experience audits' ". We heard mixed views about the meals provided. Such as "very nice", "fair" and "it depends on who the chef is". Everyone told us the meals were "presented very well". Seasonal menus were used, with plans in place for the winter menu due to change to the summer menu. The menu included a choice of main course for lunch each day. At lunchtime we saw staff checking the choices people had made for their lunch and ensured people were served their choices in the way they preferred.

People's healthcare needs were met through regular healthcare visits and appointments. Care records indicated that other health professionals were involved in the provision of care such as GPs, district nurses and chiropodists. A local GP held a 'surgery' at the care home once a fortnight to review people's health needs.

People had access to communal areas used for sitting and watching television and a dining area. There was also a garden at the rear of the building which people could access in fine weather which included raised flower beds for people to tend. The PIR stated, "We have had a refurbishment of the home and continue to listen to Residents and relatives ideas and put them into practice as this is their home and it needs to be warm and welcoming. We will be creating a gardening committee where Residents come and take part in decisions and deployment of the garden". Suitable adaptations had been made in the toilets to enable those people living with dementia to use them independently.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Care plans reflected people's ability to consent to receiving personal care and support. Where decisions had been made about resuscitation these were prominently displayed in people's care plan folders.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. An application for authorisation to deprive one person of their liberty had been made following an assessment of their mental capacity to consent to this and was awaiting a decision.

Is the service caring?

Our findings

People had developed positive relationships with the staff that supported them. We heard comments from people about staff such as, "Very nice, very good, all very kind", "Very good, they do help you in many ways". A person's relative told us how they appreciated the atmosphere of a small care home in contrast to larger establishments, they told us about the caring nature of the staff and how they respected the choices made by the person.

During our observations at lunchtime we saw staff checking on people's well-being, responding appropriately to requests for help and were observant and attentive to people's needs. Staff maintained a good rapport when communicating with people. One member of staff was supporting a person to eat their meal, they checked with the person if the support they provided was at the right pace for the person's needs. A calm atmosphere was maintained. Staff showed a genuine concern for one person who did not wish to eat their meal at the time and this was put by for them to eat later. Some peoples' choice to eat their meals in their rooms was respected.

People's care needs and care plans were reviewed through a 'resident of the day' system. This was explained in the Provider Information Return (PIR) as "Each Resident is allocated a specific day of the month where they are 'Resident of the Day' to encourage and record the involvement of the Resident / relative / advocate in the review of care. They are asked what activity they would like to do, their room is deep cleaned and care plans reviewed along with medication. Residents are encouraged to talk to the chef and discuss menus and Residents are involved in all aspects of the day to make them feel special."

Information about advocacy services was available and on display at the service. Advocates help people to express their views, so they can be heard. They can be lay advocates or statutory advocates such as Independent Mental Capacity Advocates (IMCAs). There were no people using advocacy services at the time of our inspection visit.

People's privacy and dignity was respected. People told us they were able to maintain their privacy and staff would always knock on the doors of their individual rooms. This was the practice we observed during our inspection as well as staff greeting people with the time of day before entering their rooms.

Staff described how they would act to maintain people's privacy, dignity and the confidentiality of information held about them. Care plans described people's preferences for the gender of staff providing personal care. People's preferred forms of address were recorded for staff reference. People were supported to remain independent and their care records contained information for staff to support people to maintain their independence.

Is the service responsive?

Our findings

At our inspection in May 2017 we found staff understood people's needs and responded to them in a timely way; however people's care plans did not always provide staff with information they needed to support people's individual needs. This was a breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The provider wrote to us about the improvements they were making to people's care plan documentation. They told us the improvements would be completed by the end of July 2017. At this inspection we found improvements had been made and the service met the requirements of this regulation.

At this inspection we found improvements had been made to people's care plans which provided staff with the information they needed to support people. We found references to people's needs around oral and foot care needs and how they should be supported to take their medicines. There was also information for staff about supporting people living with dementia including care plans for sleeping and to guide staff in dealing with any distress people may experience. Where people did not have the mental capacity to make decisions about their day to day care, information was recorded about their families and backgrounds for staff reference to support people with decisions. People's care plans detailed the outcome and management of risk assessments. People's daily notes recorded included information about people's emotional and social wellbeing as well as information about the care and support provided to them. For example the daily notes for one person noted, "No concern or sign of distress" and "(the person) in good spirits".

However, we found further improvement was needed to ensure tools used to assess people's needs would always be complete appropriately to ensure staff would have accurate information about people's needs. For example, assessment tools had not been used effectively to identify and review a person's care plan to support their skin health when they had become unwell. For example, their nutrition screening tool had been updated to reflect the situation with illness, reduced appetite and weight loss when they became unwell. People who are unwell and struggle to eat sufficiently often required additional support to keep their skin healthy. However staff had not re-assessed this person's skin health when they had identified they had struggled to eat sufficiently. This would have been good practice and would have alerted staff that preventative action was required to keep their skin healthy. Some of the person's daily notes relating to the period when the person first became unwell could not be found. This meant staff did not have comprehensive and accurate information to determine the person's needs and inform their skin management plan. Another person's choking assessment had also not been completed accurately.

We brought this to the attention of the registered manager who promptly audited all people's assessments relating to choking, pressure area care and nutrition. Following the inspection they contacted us to confirm they had done this and detailed any remedial action taken to improve the assessments. They also told us there were plans for a reflective meeting and further training for staff in the completion of risk assessment tools. Time was needed to ensure this remedial action would be effective in ensuring staff always completed people's assessment tools correctly.

People's individual communication needs were recorded in care plans for staff reference for example, "(The person) can understand instructions which are clear and concise but needs closed questions as she struggles to communicate her needs and wishes."

At our inspection in May 2017 we found people enjoyed activities when they occurred. An activity coordinator planned regular activities with people; however people's individual interests and social needs were not always being met.

At this inspection we found improvements had been made and people took part in a range of appropriate activities. For example people enjoyed chair exercises, quizzes, bingo, games and chatting with people and staff on a one to one basis. A firework display had been held in November and a fete in the summer. A local volunteer group visited the care home to organise activities and spend time with people. Some people preferred their own individual activities. For example, relatives of one person told us the person's choice not to join in group activities was respected. One person told us how they kept busy knitting and reading in their room. The PIR stated, "We listen to Resident feedback and incorporate new activities based on this. We encourage our Residents to continue pre-existing hobbies. We have a Resident that likes to Knit; she likes to send her knitting to the special baby units and we help her achieve this. We have a lady that loves to play scrabble and we have now set up a scrabble club and other Residents have joined in."

People were supported to maintain contact with family in response to their wishes. People were able to receive visitors without restrictions. Care plans acknowledged people's relationships with their relatives. People's religious and spiritual needs were known and responded to. A regular religious service was held in the home. One person also had regular visits from a representative of their religion.

There were arrangements to listen to and respond to any concerns or complaints. Records showed, complaints were recorded, investigated, meetings held with complainants and responses provided. There had been one complaint recorded in the 12 months prior to our previous inspection. Appropriate action had been taken and a response provided to the complainant.

People were supported at the end of their life where this was possible with the support of local health services. People's wishes for the arrangements at the end of their life had been discussed and recorded where people or their relatives felt able and willing to do this. Records showed where appropriate care had been provided for one person at the end of their life.

Is the service well-led?

Our findings

At our inspection in May 2017 we found auditing systems were being used to monitor the service being delivered however they had not identified a shortfall in the detail of people's care records.

At this inspection we found improvements had been made to people's care plans. However, we found further time was needed for the service to ensure people's needs assessment tools would always be completed accurately. The provider had identified that this area of clinical oversight required further development and time was needed for this to become fully effective. During our inspection the area quality director visited and spoke with us about their plans for further oversight of the completion of assessments tools relating to people's needs so that staff had accurate information to work from to support people.

There were robust quality assurance systems in place to ensure every area of the service was being monitored. For example, a Key Clinical Indicator Report had been completed in March 2018. This was produced from information about clinical risks such as people's weight monitoring, use of bed rails, hospital admissions and falls. The report included a plan to address any required actions. A falls audit had been completed with actions for raising the awareness of falls prevention in the care home.

The views of people using the service and their representatives had been sought through annual survey questionnaires the latest of which had recently been sent out.

Oak Tree Mews had a manager in post who had been registered as manager since January 2018. A registered manager is a person who has registered with CQC 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 and associated regulations about how the service is run.

The registered manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred. The rating from our previous inspection was displayed at the care home and on the provider's website.

We heard positive comments about the registered manager. One person told us, "The manager is very friendly and helpful." A relative told us "I can walk in and chat with the manager". Another relative said, "I have confidence in the manager." A member of staff commented, "You can talk to her". The manager was available to people and their representatives and held a 'surgery' on a weekly basis.

The registered manager described the vision and values of the service as, "to provide good personalised care to meet people's needs". We were told that their current challenges were recruiting a care staff team and so reduce the use of agency staff. The registered manager also planned to make more links with the local community.