

Oak Farm Court Limited

Oak Court

Inspection report

321 Fakenham Road
Taverham
Norwich
Norfolk
NR8 6LF

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Tel: 01603868953

Website: www.selecthealthcaregroup.com/oak-court-nursing

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

Oak Court is a residential care home service which offers nursing care to a maximum of 19 adults who have a physical disability or neurological condition and require either long term or respite care or rehabilitation. At the time of our inspection 19 people were using the service. Oak Court is a very spacious, purpose built, bungalow, with large outdoor areas and gardens. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At the time of our inspection there were two registered managers 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.

The service was safe and people were protected from harm. Staff were knowledgeable about safeguarding adults from abuse and knew what to do if they had any concerns and how to report them. Risks to people using the service were assessed and their safety was monitored and managed, with minimal restrictions on their freedom. Risk assessments were thorough and personalised.

The service ensured there were sufficient numbers of suitable staff to meet people's needs and support them to stay safe. Records confirmed that robust recruitment procedures were followed. Medicines were stored, managed and administered safely. Staff were trained, and their competency checked, in respect of administering and managing medicines.

People using the service were supported to have sufficient amounts to eat and drink and maintain a balanced diet. People enjoyed their meals and were involved in discussions and decisions regarding the menus and options available.

Staff demonstrated a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff understood the importance of helping people to make their own choices regarding their care and support. People using the service were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The service ensured people were treated with kindness, respect and compassion. People also received emotional support when needed. People told us they were involved in planning the care and support they

received and were able to make choices and decisions and maintain their independence as much as possible. Information was provided to people in formats they could understand.

Care plans were personalised and described the holistic care and support each person required, together with details of their strengths and aspirations. Information also explained how people could be supported to maintain and enhance their independence and what could help ensure they consistently had a good quality of life. People's comments and concerns were listened to and taken seriously. The service also used any comments or complaints to help drive improvement within the service.

People who used the service and staff spoke highly of the management team and told us they felt supported. CQC's registration requirements were met and complied with and effective quality assurance procedures were in place.

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? The service remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Oak Court

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.

The inspection took place on 29 January 2019 and was unannounced. The inspection team consisted of one inspector.

We examined information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. The provider had completed a Provider Information Return. This is information we require providers to send us at least once a year to give some key information about the service, including what the service does well and improvements they plan to make.

During our inspection we observed care, support and interactions between staff and people using the service. We spoke with three people who were using the service, both registered managers, a nurse, two members of care staff, a member of the domestic staff and the kitchen assistant. We reviewed five care files, two staff recruitment files and a sample of management related records, such as audits, rotas, quality assurance results and minutes from meetings.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, "They [staff] are lovely; I trust them; they look after me properly." Another person said, "Yes I'm safe here." We saw that systems were in place to ensure up to date safeguarding information was effectively communicated to staff. Staff were trained and understood the responsibilities of safeguarding and were familiar with the provider's and local safeguarding authority's policies. One member of care staff told us, "We usually report any concerns to the nurse on duty or one of the managers but I know how to report things directly if I had to."

We saw that risks to people who used the service were fully assessed and their safety was monitored and managed, with minimal restrictions on their freedom. This helped ensure people were supported to stay safe, whilst having their freedom respected. Where people's behaviours may be challenging, staff demonstrated a good understanding of how to support people safely and appropriately and within agreed and legal guidelines.

Records we looked at with information relating to people's safety were up to date, accurate, securely stored and available to relevant staff. This meant that staff were able to follow guidance to help ensure people were consistently supported safely.

There were effective systems in place to promote and encourage concerns to be shared appropriately. Thorough investigations were also carried out in respect of any issues or concerns such as staff concerns, safeguarding, accidents and incidents. Regular and appropriate checks were also carried out to ensure the premises and equipment were properly maintained and remained safe and fit for purpose.

The service ensured there were sufficient numbers of suitable staff to meet people's needs and support them to stay safe. Where agency staff were used, the service tried to ensure consistency by using the same people as much as possible. Staff were also appropriately deployed so that people were supported effectively. Where people who used the service required one-to-one staff support, we saw that this was provided accordingly.

Robust recruitment procedures were followed. For example, all staff had references and DBS checks had been carried out. DBS is the Disclosure and Barring Service and is a check to see if prospective staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. This process helps to ensure that only staff who are suitable to work in a care environment are employed.

The service ensured proper and safe use of medicines by following current professional guidance and engaging with professionals in people's medicine reviews. We saw that the service had appropriate facilities to ensure the safe storage of medicines. Staff also adhered to robust procedures for ordering, disposing, administering and recording medicines for people in the service. The service had a dedicated nurse's and medical office and all the records we looked at had been completed properly. Topical creams were being applied and recorded as prescribed and required and body maps were in place. Pain patches were also being applied and removed in accordance with instructions and, again, body maps showed where each new

patch had been applied.

We found the home to be clean and hygienic throughout. People who used the service were helped to stay safe and well because the service followed effective procedures for the prevention and control of infection. Staff had been trained to understand how to identify potential risks and prevent and avoid the spread of infection.

The service had effective systems in place to ensure lessons were learned and improvements were made in the event that things went wrong. For example, any safety incidents or 'near misses' were recorded and investigated thoroughly. Audits were also undertaken and reviewed regularly to identify any negative trends and risks to people's safety. Staff also demonstrated good knowledge and understanding of appropriately recording and reporting any incidents or concerns regarding people's safety.

Is the service effective?

Our findings

The service ensured that care and treatment for people who used the service was being delivered in line with current legislation and guidance. People's needs and choices were assessed in a way that ensured each person had their individual holistic needs met effectively and without discrimination.

The service ensured that all staff had the skills, knowledge and experience to deliver effective care and support. All staff completed essential training that was relevant to their roles, as well as training in subjects that were 'service or person specific'. For example, we saw that staff completed training in areas such as catheter care, diabetes management and understanding brain injuries. Staff were also supported to complete refresher courses to ensure their skills and knowledge remained up to date and relevant. The service maintained a training matrix, which helped to ensure staff training remained up to date, as well as highlight any areas where there were shortfalls. One member of care staff told us, "I can't fault the training, there's always something going on and we can ask for any extra training if we think we need it."

New staff completed a comprehensive induction and all staff received regular support, supervision and appraisals. Staff's competency in their work was checked and monitored by way of regular observations and mentoring by other appropriately experienced or qualified staff, such as the nurses, team leaders or managers. One member of care staff told us, "Yes, I would say we're supported very well. Some people are a bit more difficult to care for than others but I know I can rely on the other staff if I need any help. I'm never made to do anything I don't feel confident doing."

People who used the service were supported to have sufficient amounts to eat and drink and maintain a balanced diet. People told us they enjoyed their meals and said that they could make suggestions regarding the menus and could choose what they wanted. Risks regarding people's intake of food and drink were identified, assessed, monitored and managed effectively. Appropriate input and guidance was also consistently sought from dietary and nutritional specialists to help ensure people remained healthy and well.

We saw that the service worked well with other professionals and organisations who were also involved in providing people with care and support, such as day services, medical and healthcare services. Relevant information was shared appropriately with these other professionals and organisations, to help ensure people using this service consistently received effective care, support and treatment. People were also supported to maintain good health and had access to healthcare services as needed such as, district nurses, mental health nurses, GPs, physiotherapists, occupational therapists, dieticians and speech and language therapists. Routine appointments were also scheduled with other professionals such as opticians, chiropodists, audiologists and dentists.

The premises were safe and accessible and people could choose whether they wished to spend their time in the communal areas or in a quiet area, alone or with visitors. We also saw that people's bedrooms were furnished and decorated in accordance with their individual choices.

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 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.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the service ensured that consent to care and treatment was always sought in line with current legislation and guidance and staff demonstrated a good understanding of the MCA and DoLS,

Capacity assessments were recorded and reviewed regularly. For some people, who had capacity which fluctuated, information was clearly recorded to explain which decisions people could make by themselves and which they need assistance with. The service had protocols in place to support people who lacked capacity, without the use of physical restraint.

Staff understood the importance of helping people to make their own choices regarding their care and support. Staff consistently obtained people's consent before providing support and, when people lacked capacity to make some decisions, staff understood how to act in people's best interests to protect their human rights. Throughout this inspection we observed staff obtaining people's consent before providing support to them.

Is the service caring?

Our findings

People told us that staff were caring and consistently treated them with kindness, compassion, empathy and respect. People said that staff listened to them and responded quickly to their needs. We also noted that staff recognised when people were in pain, discomfort or emotional distress and responded quickly and appropriately.

People using the service told us they were involved in planning the care and support they received and were able to make choices and decisions and maintain their independence as much as possible. Information was also provided to people in formats they could understand.

Staff demonstrated that they knew people and their histories well and regularly engaged in meaningful conversations and interactions with the people they were supporting. People using the service were also supported to maintain relationships that were important to them and relatives and friends were welcome to visit without restrictions.

Staff demonstrated that they understood the importance of respecting people's privacy, dignity and human rights. People using the service also told us that their privacy, dignity, independence and confidentiality was consistently promoted and respected in the service.

The service had policies and procedures in place that gave guidance to staff in line with the Equality Act 2010. Staff had completed equality and diversity training to ensure they understood inclusion, discrimination, diversity and prejudice. This helped to ensure that staff demonstrated interactions that respected people's beliefs, values, culture and preferences. All our observations during this inspection confirmed that people were treated equally and their human rights were respected.

Is the service responsive?

Our findings

People's health, care and support needs were regularly assessed and reviewed, with any updates and changes recorded clearly and accurately. Care plans were personalised and described the holistic care and support each person required, together with details of their strengths and aspirations. Information also explained how people were supported to maintain and enhance their independence and what could help ensure they had a good quality of life. For example, some people told us they enjoyed the breakfast club and we noted that some people were now able to prepare their own breakfasts independently.

People's views were respected and people were encouraged and supported to follow their individual interests, hobbies and activities, such as reading, watching television or socialising. We also saw that people could join in with structured or group activities if they wished, such as baking, art and craft, music sessions, film afternoons and exercises. We saw that there were raised beds in the communal garden and some people were enjoying being part of a gardening group. We also noted that people were looking forward to a sensory garden project, which was being planned to start in the spring of 2019.

People's individual communication needs were identified and met appropriately. Where needed, we saw that pictures or objects were used to help support people with their communication and making choices. We also saw that some people had 'communication passports' that were individually tailored to their individual and specific needs. This assured us that the service was meeting the Accessible Information Standard (AIS).

People told us they knew how to raise any concerns or complaints if they needed to. People also told us that they were listened to and taken seriously. One person said, "I haven't got any complaints but I can talk to staff if I need to."

People were reassured by knowing that any pain or symptoms they experienced would be regularly assessed and managed as the end of their life approached. Advice and input from palliative care professionals was consistently sought when needed and people were provided promptly with appropriate support, equipment and medicines. This helped ensure they were comfortable, dignified and pain free at the end of their lives.

The service also offered care, support and reassurance to people's families and friends before and after their loved one died. We were assured that when a person passed away, the service ensured their body was cared for in a culturally sensitive, dignified and respectful way.

Is the service well-led?

Our findings

The service ensured CQC's registration requirements were met and complied with. There were two registered managers in post who told us they were fully supported by the provider and completely understood their responsibilities. Both managers ensured they kept themselves up to date with any necessary changes and communicated relevant information to the staff team effectively and efficiently.

The service had a clear vision and credible strategy to help ensure they continually delivered high quality care and support and achieved positive outcomes for people. We also found that the service promoted a positive culture that was person-centred, open, inclusive and empowering.

Both managers told us they felt proud of the service and the progress that many people made whilst using the service. One manager told us that it was a 'great feeling' when someone was able to move back into their own home and live independently after a period of rehabilitation.

We saw that staff took responsibility and understood their accountability at all levels. Staff knew what was expected of them in the course of their duties and said they received constructive and motivating feedback about their work from senior staff and the managers. Staff also demonstrated how they remained constantly aware of any potential risks to people's safety.

Staff told us that they were happy working at Oak Court and would definitely recommend the service. One member of staff told us that one of the best things about working at the service was seeing people regain or improve their levels of independence. People using the service also told us they were happy living there and this was further evident by all our observations.

The service had effective systems and procedures in place to monitor and assess the quality of the service. The area manager completed monthly visits and other regular checks and audits were completed in respect of areas such as medication, care plans, environment and staffing levels. We also saw that appropriate remedial action was taken when any shortfalls were identified, which helped ensure a good quality service was maintained.

Staff told us they could contribute to the way the service operated through staff meetings, supervisions and daily handovers. We also saw that regular meetings took place with the people who used the service, relatives and friends, during which they also had opportunities to make suggestions for improvement.

People's views and experiences were regularly gathered and acted upon in order to shape and constantly improve the service and culture, to help ensure people were experienced the best outcomes possible. The most recent quality assurance questionnaires we looked at all contained positive responses.

We saw that the service worked openly with other services, such as the local authority's safeguarding team and Clinical Commissioning Groups (CCG). Appropriate information and assessments were shared with other relevant healthcare professionals and agencies. This helped ensure people using the service benefitted from

'joined up' and consistent care.