

Hill Care 3 Limited

The Oaks Care Home

Inspection report

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Blyth
Northumberland
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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 ●

Summary of findings

Overall summary

About the service: The Oaks Care Home provides personal and nursing care for up to 45 older people in one adapted building. At the time of the inspection there were 37 people living at the service, some of whom were living with a dementia.

People's experience of using this service:

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider is no longer in breach of regulations.

Risk assessments and care plans varied in the amount of detail they contained. The registered manager had identified this and had planned to review all care records.

People who required support with moving and handling did not always have access to their own sling. This was an infection control risk.

People told us they felt safe. The service had established systems in place for reporting and responding to any allegations of abuse. Staff knew how to safeguard people and were confident to raise any concerns.

Medicines were managed safely.

Staff treated people in a dignified manner and people told us staff were caring, supportive and kind.

People had access to health and social care professionals to support them.

Staff told us they were well trained and supported.

The home had a consistent staff team who understood the needs of people well. Staff were recognised for their achievements

Activities were arranged for people that suited their individual interests. Staff supported people to integrate

into the local community on outings. Members of the public were invited into the home for events.

The provider and registered manager carried out checks to ensure the service was effectively managed.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service did support this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected: This was a planned inspection based on the previous rating.

Rating at the last inspection: The service was rated as requires improvement (the report was published in June 2018).

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?

Requires Improvement 

The service was not always safe.

Details are in our Safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our Well-Led findings below.

The Oaks Care 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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one inspector and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. 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.

What we did: Prior to the inspection, we checked all the information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We contacted the local authority commissioning and safeguarding teams and the local Healthwatch. Healthwatch are a consumer champion in health and care. They ensure the voice of the consumer is heard by those who commission, deliver and regulate health and care services.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

We undertook general observations in communal areas and during mealtimes observing how staff interacted with people and supported them.

During the inspection we spoke with nine people who used the service and 4 relatives. We spoke with 15 members of staff including the manager, regional manager and the divisional director and received feedback from two health and social care professionals.

We reviewed care records for 13 people. We looked at 3 staff personnel files, in addition to a range of records in relation to the safety and management of the service. After the inspection we reviewed further information which we had requested from the management team.



Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. However, some risk assessments lacked specific detail of how a health diagnosis impacted the person. For example, one person's risk assessment to manage their diabetes did not give specific information to guide staff on the actions to take in the event of certain symptoms.
- Risk assessments were regularly reviewed and updated when a change in need was identified.
- Emergency plans were in place to ensure people were supported in certain events, such as fire.
- The provider had ensured premises checks had been completed to help ensure the safety of the building.

Preventing and controlling infection

- Moving and handling slings were sometimes shared and were not laundered between use. This was an infection control risk. Following our inspection, the registered manager wrote to us and stated individual slings were available for every person who required one.
- The environment was clean and had no malodours.
- Personal protective equipment such as gloves and aprons were available for staff use.

Staffing and recruitment

At our last inspection the provider had not ensured staffing levels were sufficient and staff were not appropriately deployed to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 18.

- There were enough staff on duty to meet the needs of people. Staffing levels were determined using a dependency tool and staff were deployed effectively. Staff tasks were allocated during handover meetings

by the registered manager or their deputy in their absence.

- Agency staff were used where necessary to ensure there were sufficient staff to meet people's needs. Where possible the provider looked to provide consistency by using the same agency and requesting the same agency staff.
- Staff supported people to access their local community, and all staff supported people to engage in activities of their choice when they chose to.
- Checks were carried out to ensure nurses were registered with the Nursing & Midwifery Council.
- Safe recruitment procedures were in place and followed. Some people contributed questions they wanted the registered manager to ask during the interview process.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "I feel safe here, safe and comfortable. I wouldn't be here otherwise" and "They give me confidence and keep me sane. There is always someone around."
- Systems were in place to safeguard people from abuse. Staff understood their role in how to protect people and were confident in the actions they would take to safeguard people. A visiting healthcare professional told us, "The home deals with situations that at times can lead to unpredictable events. These are dealt with promptly and efficiently by the experienced care staff who are in the main long serving and experienced."

Using medicines safely

- Medicines were managed safely. Medicines records were completed and showed people had received their medicines as prescribed.

Learning lessons when things go wrong

- Systems were in place to review accidents or incidents. Accidents and incidents were reviewed to identify if there were any trends or if lessons could be learned.
- Staff were encouraged to reflect on their practice to consider different ways of working to deliver service improvements.



Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager followed all the principles and guidance related to MCA and DoLS authorisations.
- Decision specific capacity assessments had been completed for people when decisions had been made in their best interests.
- Checks were carried out to confirm a relative or friend had the legal right to make decisions on the person's behalf. Copies of Lasting Power of Attorney (LPA) were available. LPA is a way of giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity at some time in the future.

Staff support: induction, training, skills and experience

- There were some gaps in training for staff which the provider had deemed mandatory. A plan was in place to address this and training dates were organised.
- Staff completed Care Certificate training. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in care-based roles.

- Staff reported they felt well supported. Staff understanding, and skills were checked through supervision, observation and staff meetings.
- Newly recruited and agency staff completed a comprehensive induction programme.

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

- People's needs had been assessed.
- Assessments were updated when people's needs changed.

Supporting people to eat and drink enough to maintain a balanced diet

- People were asked what they would like to eat at meal times. Menus were available in picture format which were displayed on the dining room wall. People were not always shown a choice of meal to stimulate their senses, to help them make their decision. Alternative food options were available to people who did not want the choice of meal on offer.
- Staff were knowledgeable about people's dietary needs and preferences. Systems were in place to ensure information was shared with catering staff.
- Food was well presented, and people told us they enjoyed it. One person laughed as they told us, "The food is Brilliant, I`m frightened to get on the scales." A relative confirmed they thought food was appetising they said, "There is plenty of choice and all of the meals are excellent with enough choice and plenty to drink."
- An intelligent hydration system was in place to support people at risk of dehydration. This worked to reduce the risk of dehydration by giving verbal reminders if enough fluid had not been consumed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to have access to a range of healthcare professionals to ensure they remained healthy.
- Strong links were established with the local GP surgery and a weekly ward round was established.

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

- A programme of redecoration was planned to maintain the fabric of the home. Building work had been completed to improve the internal living environment for people.
- The home had some adaptations for people living with dementia. For example, pictorial signage which helped people to orientate themselves. Corridors had been decorated in themes, for example to resemble a garden to stimulate people's interest.



Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

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

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were caring. One person said, "The staff are really good and pleasant. They pop in and have a cup of tea and a chat. I can't speak highly enough of them, they always ask how you are and if there is anything they can do for you."
- Relatives confirmed they thought staff were caring. Comments included, "I can't speak highly enough of the care here, its outstanding. I can sleep at night knowing [name of person] is safe and being looked after."
- Staff treated people with kindness and engaged with people in a warm, sensitive and compassionate way.
- Staff knew people well, including their personal history and preferences. Care plans recorded people's preferences of what was important to them.
- Staff respected people's protected characteristics. Inclusion, equality and diversity were encouraged, and plans were in place to invite different sections of the community into the home.
- People's religious views were recorded in care plans.

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

- Care plans demonstrated people and their representatives had been involved deciding the care they received. One relative told us, "I`m involved in [name of person] care planning and get regular updates every time I visit."
- Advocacy services were available to support people and staff knew how to refer people. An advocate helps people to access information and to be involved in decisions about their lives.
- Letter writing sessions were held every month. People who wanted to write letters to family members or friends were supported to do this.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's and treated them with respect. One person told us, "They [staff] keep my dignity and lock the door when I`m having a shower but keep me independent by encouraging me to do what I

can."

- People's confidentiality was maintained through the secure management of records.



Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support by staff who knew them well.
- Care plans were developed with the involvement of people and their representative. However, they varied in the amount of detail they contained. The registered manager told us a plan was in place to update all care plans and risk assessments to ensure they consistently contained all relevant person-centred information and reflected people's specific needs.
- Health and social care professionals' recommendations had been included in care plans. One visiting professional told us communication could be improved. They said, "Information I am given is often very generic." The registered manager told us this was being addressed in senior meetings to ensure improved communication systems between professionals.
- Systems were in place to support couples to maintain their relationships with each other. To celebrate Valentine's Day people were supported to invite their partner to join them for a meal at the home. Staff helped people to make personal handmade invites for this event.

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available for people in accessible formats. For example, minutes of resident's meetings were produced in an easy read format using pictures.
- The home used technology to improve outcomes for people. E-mail was used to assist people to maintain contact with relatives or friends who were unable to visit in person.
- Talking clocks were situated throughout the home to help orientate people with the date, day and time.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The home employed an activities co-ordinator; staff supported them to offer a range of activities.
- Photographs of activities were taken and were displayed in a talking photograph album. This helped to stimulate conversations with people about activities they had taken part in.
- New activity initiatives were being developed. This included a 'Hen Power' scheme where the home would receive some hens and their care will be incorporated into activities for people.
- Feedback was positive regarding the choices of activities which were available. One person said, "I like the bingo, card games, chair exercises, the singers and my keyworker takes me out in my wheelchair when its fine. They used to have a minibus, but I don't think they have one now, so we take wheelchair taxi's."

Improving care quality in response to complaints or concerns

- Systems were in place for any concerns, complaints, or compliments to be acknowledged and investigated.
- Previous complaints had been fully investigated and resolved.
- People and their relatives told us they knew how to complain. In relation to complaints one person said, "It's the opposite, in fact no one has anything to complain about. I spend a lot of time with my key worker, [name of staff] helps me. The manager and the nurses are really spot on."

End of life care and support

- End of life care plans were in place for people. They recorded person-centred information of what people's wishes were for their end of life care.
- An 'end of life box' had been implemented to help staff support people at this difficult time. The box included prayer books, lavender creams and sprays and an aromatherapy diffuser to try and create a relaxing atmosphere for people.



Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider did not have robust systems in place to effectively monitor and improve the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 17.

- The registered manager understood the duty of candour regulation and their responsibilities of what needed to be notified to CQC.
- The registered manager received a '365-degree supervision' on a yearly basis from their line manager. This process involved gaining the views from relatives, visiting professionals and staff on their performance to encourage improvement.
- The provider had a quality assurance system in place. Audits had identified areas where improvements were required which resulted in the development of an action plan and home improvement plan which was updated weekly.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted a culture of delivering person-centred care to achieve good outcomes for people. Care records demonstrated people and their representative had been involved in their development.
- Staff told us they were empowered to share ideas and encouraged to reflect on their practice.

- Staff had positive working relationships. The registered manager told us, "I am very proud of the staff team, they have all come a long way in the past year helping to improve the care, health, safety and wellbeing of everyone. They [staff] all go the extra mile, will work extra shifts, organise an activity or just engage with people to get a smile."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Systems were in place to recognise the achievements of staff. The registered manager and provider nominated staff for awards to show their appreciation for their work. One member of staff was successful in winning a national award. They told us, "We won it as a team."
- Staff told us the registered manager was approachable. Staff felt confident to raise issues and felt assured action would be taken.
- Staff meetings were held which gave staff the opportunity to share ideas and consider ways to improve care. Staff participated in charity events on behalf of the home to raise funds for a chosen charitable organisation.
- The provider used surveys to gain the views of people, relatives and staff. Feedback was used to deliver service improvements.

Working in partnership with others

- The service worked in partnership with other health and social care professionals. One visiting professional told us, "The manager is helpful and popular with the staff. [Name of manager] runs the home efficiently and is always around should I have a query."
- A weekly ward round took place with a linked GP to review the clinical needs of people. We received positive feedback on the effectiveness of this arrangement.