

RNJ Care Limited

Burton Oaks

Inspection report

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09 December 2020

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Burton Oaks is a residential care home that provides accommodation and personal care for up to 28 older people and people living with dementia. At the time of inspection there were 20 people living at the home.

People's experience of using this service and what we found

Staff understood their roles and responsibilities to safeguard people from the risk of harm. People were supported to access relevant health and social care professionals.

There were enough staff deployed to meet people's needs. People's medicines were managed in a safe way. People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that mitigated these known risks.

People received care from staff they knew. Staff had a good understanding of people's needs, choices and preferences. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. Staff gained people's consent before providing personal care.

People were involved in the planning of their care which was person centred and updated regularly. People were supported to express themselves, their views were acknowledged and acted upon. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

Staff were recruited using safe recruitment practices. Staff received training to enable them to meet people's needs and were supported to carry out their roles.

The management team continually monitored the quality of the service, identifying issues and making changes to improve the care.

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

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

Rating at last inspection

This was the first inspection at the service (registered 15 May 2019).

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was 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.

Burton Oaks

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. We checked 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by two inspectors.

Service and service type

This service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced and took place on 9 December 2020.

What we did before the inspection

We reviewed information we had received about the service since the service was registered. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in

this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including two care staff, a care lead, the registered manager and the operations manager.

We reviewed a range of records. This included four people's care records and medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us staff helped them to feel safe. One person said they were, "perfectly safe here" and "the staff were lovely."
- Staff received training in safeguarding vulnerable adults. They demonstrated they understood their responsibilities to protect people from the risks of harm and abuse. One staff member told us, "I've never needed to report anything, but I know how to if it was needed."
- The provider's safeguarding policy guided staff on how to raise referrals to the local authority safeguarding team.
- Safeguarding alerts had been raised appropriately and clear records were maintained. This included sharing info with the local authority safeguarding team and putting measures in place to reduce the chance of reoccurrence.

Assessing risk, safety monitoring and management

- Risks to people were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that mitigated these known risks. Staff were kept up to date with changes in people's care during handovers and team meetings.
- Staff demonstrated how they were aware of people's risks and acted to mitigate these risks. For example, one member of staff told us how they prompted and encouraged one person to drink more fluids as they were at risk of lack of fluid intake.
- People who used call bells told us the call bells were answered quickly. Staff carried out regular checks on people who could not summon assistance.
- People were protected from environmental risks and the risk of fire. Each person had been assessed for their mobility needs in the event of an evacuation and these assessments were kept updated.

Staffing and recruitment

- There were enough staff deployed to provide people with their care. Where there were staff shortages due to last minute sickness the registered manager called upon agency staff. The registered manager confirmed the agency staff were the same consistent staff who supported the service and they knew the people well. A comprehensive handover at the start of each shift ensured all staff were up to date with any changes to people's care needs.
- People received care from a regular group of staff who knew people well.
- Staff were recruited using safe recruitment practices whereby references were checked and their suitability to work with the people who used the service.

Using medicines safely

- People received these as prescribed. Protocols for medicine prescribed 'as and when required' were in place.
- Staff received training in the safe management of medicines and their competencies had been checked.
- Regular medicines' audits informed the registered manager of any issues which were rectified in a timely manner.

Learning lessons when things go wrong

- The registered manager was pro-active in using information from audits, complaints, feedback, incidents and safeguarding alerts to improve the service. The registered manager worked with staff to understand how things went wrong and involved them in finding solutions.
- Lessons learnt from incidents or complaints were acted upon and embedded into the service. For example, it was identified the pager which alerts staff to the call bell, had ran out of charge. Practice was changed to ensure the pager was placed back on a charging base during staff breaks and was replaced with a fully charged pager.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service effective?

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they commenced using the service to ensure staff understood the support people needed and their preferences. The registered manager used a holistic assessment to understand people's needs and facilitated people's discharge from hospitals.
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs such as religious and cultural needs.
- Staff used evidence-based tools to assess people's risks and needs.

Staff support: induction, training, skills and experience

- New staff received an induction, including time with the registered manager, which provided staff with a good foundation of knowledge and understanding of the organisation and their roles. One member of staff told us, "I didn't have any experience in care, so they [staff team] had to teach me everything. I love my job here and care for people like they are family."
- New staff shadowed experienced staff to get to know people they would be caring for.
- Staff were encouraged and supported to study and gain vocational qualifications.
- Staff received regular supervision and guidance to support them in their roles. Staff told us the registered manager and supervisor were very supportive.

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

- People were able to choose their options of meals at meal times. One person told us, "The cook knows I don't like faggots, I don't have to tell them anymore, they know I prefer fish on those days."
- Staff knew people's dietary requirements and ensured people were served these.
- People told us they enjoyed the food available. One person said, "The food is very nice, lots of nice puddings!"
- Staff monitored people's weight regularly and referred people to health professionals if they were not eating and drinking well. Staff followed health professional's advice, for example providing pureed foods where prescribed.

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

- People were supported to make healthier life choices such as diet and exercise.
- Staff supported people to attend health appointments and referred people promptly to their GP or other

medical services when they showed signs of illness.

- People had access to routine GP appointments via telephone and a practice nurse followed up with any on-going treatment or assessments.

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

- The building and amenities were suitable and accessible to the people living at the service. The layout of the building ensured the environment offered plenty of personal space. There were various areas for people to use for different activities.
- People's rooms were decorated to their choice and needs.
- There were several communal areas which could be accessed by people and their family members who were visiting. People in wheelchairs could easily access these areas.

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 when this is in their best interests and legally authorised under the MCA.

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 and were being met.

- Staff demonstrated they understood the principles of MCA, supporting people to make choices. People confirmed the staff always asked their consent before providing their care.
- Staff carried out regular mental capacity assessments to establish people's insight and understanding of their care needs. This enabled people to make informed decisions about their care, or health and social care professionals make best interest decisions about people's future care.
- We saw evidence that DoLS applications had been applied for.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 received care from staff who knew them well. Everyone we spoke with told us staff had a caring attitude. One person said, "They [staff] have always been lovely and kind." A relative said, "The staff are really good here. They keep me up to date about [relative's] health. They update me about everything."
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships within their circle of support.

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

- People were involved in the planning of their care; their care plans clearly showed how people preferred to receive their care. Where people could not express their wishes, their representatives had been involved in their care planning.
- We saw people's views were listened to and acted on. For example, one person informed staff they would like to move to a downstairs room when there was one available. We saw this was written in the person's care plan and a plan was in place for this to happen when a room became available.
- The provider had information to refer people to an advocacy service where people needed additional support to make decisions. Advocates are independent of the service who support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their dignity.
- Staff were respectful of people's personal spaces. One person told us, "Everyone [staff] knocks before entering my room."
- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves. People and their relatives told us staff asked their permission before they carried out any care and encouraged them to do as much as possible for themselves.
- People's information was stored securely, and all staff were aware of keeping people's personal information secure.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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's initial assessments and people's care plans considered their preferences about how they wished to be supported, which included any cultural or religious requirements.
- People's care plans had been kept under regular review, to make sure they reflected people's current needs. This helped ensure staff were provided with up to date and appropriate information to meet people's needs. The registered manager told us, "It is so important care plans are accurate because we use temporary staff [agency] and we want the residents to receive the best care from everyone."
- Care plans were personalised and contained information about people's likes and dislikes. For example, hobbies and interest and people who were important to them.
- People's care was planned and delivered in a person-centred way. Staff treated each person as an individual and considered people's personalities and previous lives.

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

- Pre COVID-19 pandemic, people enjoyed a range of social activities. We saw photograph collages of people enjoying garden parties, a valentine party, cheese and wine tasting evenings and group activities. This had reduced due to COVID-19 restrictions in place. It was clear however, that activities were still on-going where it was safe to do so, people were supported to spend time in the garden and people had benefitted from additional one to one time.
- People were helped to pursue their hobbies and pastimes. One person told us, "I am going to make Christmas decorations this morning, I like doing arts and crafts."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider complied with the AIS, they ensured people with a disability or sensory loss had access and understood information they were given.
- We saw a communication book was in use for a person who had communication difficulties. The book contained photographs of the person's likes, dislikes, members of their family, television programs, activities and everyday objects. Staff told us this was in use and it helped the person to communicate their wishes.

Improving care quality in response to complaints or concerns

- People and their relatives told us they were confident they could complain to the registered manager and have their concerns addressed.
- There was a complaints procedure in place whereby complaints would be addressed in accordance with the provider's policy.
- There had been one concern raised about the call bell and we saw this had been addressed immediately by the registered manager and plans were in place to ensure lessons were learnt.

End of life care and support

- People were given the opportunity to record what was important to them at end of life. For example, one person expressed a wish to stay at the home and not go into hospital. Staff followed people's wishes.
- Staff worked closely with people's GP and district nurses to ensure people were assessed for their symptoms and kept comfortable.

Is the service well-led?

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted person centred care in all aspects of the service. One relative told us, "Well it appears a very happy home, we always feel welcomed, it's a very pleasant home." People told us the registered manager was very approachable and easy to talk to.
- Staff told us they were happy working at the service and felt supported by the registered manager. One member of staff told us, "I think we are a good team, we all work together like a family."

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; Continuous learning and improving care

- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.
- The management team supported staff to learn from incidents and actions taken.
- The registered manager received updates about social care best practice from a variety of sources to ensure their knowledge was up to date.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager carried out regular audits and checks to ensure people continued to receive high quality care. Where issues were identified, the registered manager acted to improve the service.
- The registered manager understood their regulatory requirements to report incidents and events to CQC, our records showed these had been submitted as required.
- The provider ensured any changes to best practice, medical alerts and changes in policies were cascaded to the registered manager in weekly management discussions.
- Staff attended meetings to discuss updates in policies and refresh knowledge.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were asked for their feedback through formal surveys and at group meetings. Feedback was positive and included, "What a wonderful home" and "We can't believe the difference in [relative] since they have moved here."
- Staff were able to share their views and feedback and we saw this was listened to. The registered manager told us about changes that had taken place following staff feedback. For example, changes to the laundry

system.

- People's equality characteristics were considered when sharing information, accessing care and activities.

Working in partnership with others

- The registered manager had developed good relationships with people's GP, district nurses and health teams.