Florence Care Homes Limited

The Oaks Residential Care Home

Inspection report

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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?	Requires improvement

Overall summary

We inspected this service on 20 January 2015 and this was an unannounced inspection. The Oaks Residential care Home provides accommodation and personal care for up to 30 older people. Some People are living with dementia. There were 24 People in the service when we inspected.

There was 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.

The provider had systems in place which guided staff on how to safeguard people who used the service from abuse. Staff spoken with understood the various types of abuse and knew who to report any concerns to. However, we identified an instance where alleged abuse had taken

Summary of findings

place, but the matter had not been reported to the local authority's safeguarding investigating body or reported to us. This was a breach of the Regulation 11 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

At our last inspection on 12 June 2014, we asked the provider to take action to make improvements in consent to care and treatment, medication, infection control and staff competency The provider wrote to us to tell us how they had implemented these improvements. During this inspection we checked on their improvement plan and found that the required improvements had been made.

Procedures and processes were in place to guide staff on how to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how the risks to People were minimised. There were systems in place to provide People with a clean and hygienic environment to live in.

Appropriate arrangements were in place to provide People with their medication at the prescribed times. Medication was obtained and stored safely.

There were sufficient numbers of staff who were trained and supported to meet the needs of the People . Staff respected people's privacy and dignity and interacted with People in a caring, respectful and professional manner.

People who used the service or their representatives, where appropriate, were involved in making decisions about their care and support. The service was up to date with recent changes to the law regarding the Deprivation of Liberty Safeguards and at the time of our inspection they were working with the local authority to make sure People's legal rights were protected.

Staff were trained and knowledgeable about the Mental Capacity Act (MCA) 2005. The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment. People were supported to have sufficient to eat, drink and maintain a balanced diet. Their nutritional needs were being assessed and met.

Staff understood their roles and responsibilities in providing safe and good quality care to the People. The provider had an annual quality assurance system, and had recently enhanced this by introducing a system of incorporating quality assurance questionnaires as part of monthly care reviews. The manager told us that they felt that as a result, the quality of the service continued to improve

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff told us they understood how to recognise abuse or potential abuse and knew who to report concerns to.

There were enough staff to meet people's needs.

There were effective systems in place to provide people with their medicines as prescribed and in a safe manner.

People were provided with a clean and hygienic environment to live in.

Good

Is the service effective?
The service is effective.

Staff were trained and supported to meet the needs of the people who used the service. The principles of the Mental Capacity Act 2005 (MCA) were understood by staff and appropriately implemented.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People were provided with enough to eat and drink. People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Good

Is the service caring?
The service was caring.

People had their privacy and dignity respected and staff supported them to maintain their independence.

People experienced positive, caring relationships with staff.

People were involved in making decisions about their care and these were respected.

Good

Is the service responsive?
The service was responsive.

People were provided with personalised care that was responsive to their needs.

People had access to a clear complaints procedure and had the opportunity to talk about their experiences of care and/or concerns about the service.

Good

Is the service well-led?
The service was not consistently well led.

Requires improvement

Summary of findings

The manager had failed to report an allegation of abuse, detailed in the records of care maintained at the home.

People were cared for in a way that promoted indvidulasied care and community involvement.

People had access to a management team that was visible, supportive and responsive to the needs of the service.

The service had quality assurance systems that were designed to ensure the service developed in line with the expressed views of people who used the service.

The Oaks Residential Care Home

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 20 January 2015 and was unannounced.

The inspection team consisted of two Inspectors.

Before the inspection, we asked the provider to complete 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. They did not return a PIR and we took this into account when we made the judgements in this report.

We spoke with 11 people who were able to verbally express their views about the service and one person's relative. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people. We also observed the interaction between staff and people who used the service.

We spoke with five members of staff, including the registered manager, the provider's area manager who is also the nominated individual for the service and care, domestic, and activities staff. We looked at records in relation to five people's care, records relating to the management of the service including five staff training files, and systems in place for monitoring the quality of the service.

Good

Is the service safe?

Our findings

Our previous inspection of 12 June 2014 found that there were breaches of Regulations 12 and 13 of the Health and Social Care Act 2008. This was because The laundry room was not clean and hygienic in line with appropriate guidance and the provider did not have appropriate arrangements in place to manage medicines safely. During this inspection we found that improvements had been made in both of these areas. People were cared for in a clean and hygienic environment and the laundry equipment had been cleaned and replaced where necessary. The home's medication policy and practices had been reviewed and improved, and additional training in medication administration and recording had been provided.

People told us they were happy with the cleanliness of the home. One person told us, "They come and clean my room every day without fail." Another person said, "I'm happy with the cleanliness, there's a cleaner in every day."

Records showed that cleaning schedules were in place for the kitchen and laundry, and that these were completed by the staff responsible. Quality monitoring reports included reference to the environment, which showed that the provider ensured the standards of cleanliness were checked regularly. We saw that the service was clean throughout, and cupboards and work areas, which were identified as being in poor condition and not having impermeable surfaces at the last inspection had been cleaned and/or replaced. We spoke with a member of cleaning staff who described some of the infection control measures the home had in place. For example, there was a colour coding system for mops with one colour used for the kitchen area and a different colour for the bathrooms. The member of staff also told us that the manager had ensured new brushes were purchased immediately when cleaning staff informed them they were worn down.

People told us they were happy with the way the home handled medicines. One person told us, "I always get my pills on time. The staff remind me which ones I'm taking, which is good because I find it difficult to remember."

We observed a member of staff administering the lunchtime medicines round. All people received the medicines in line with their prescriptions and records were completed in a timely manner and with accuracy. We also examined additional medicines records, which included the detail of the medicines to be given, the dosage and the method of administration. No gaps were identified each person's record was preceded with an overall cover page with picture of the person.

The manager told us, and records confirmed that the senior staff who administer medicines had attended a training courses since the last inspection and a further two attended training in July 2014 They also told us that all medicines were now put into the Biodose medicine storage system rather than issued in boxes to help prevent errors.

People gave positive comments regarding feeling safe. One person told us, "I feel safe here. I know all the people and we get on together." Another person told us, "The staff are all friendly, I would trust any of them."

Staff told us they had received training in safeguarding adults from abuse. One member of staff told us, "I have done the safeguarding course and it covered all the signs and symptoms of abuse, and what to do if we were worried about someone – tell the manager and write everything down." Another member of staff told us they had covered safeguarding during their induction and would report any concerns to the manager, and go higher if they felt their concerns had not been responded to.

Staff responded to people who showed signs of being in distress and of becoming aggressive towards other people sitting at the same table as them. Whilst the staff responses were calming, and situations did not develop into any actual violence we noted that the staff left the people concerned as soon as the situation calmed, only for it to restart again shortly afterwards. This happened on a number of occasions. We raised this with the manager who agreed the staff involved could have tried different strategies, such as separating the people concerned or remaining at the table for longer periods of time. The manager agreed to review the care plan of the person concerned.

Staff had access to care plans which highlighted potential risks to people in areas including mobility, nutrition, pressure ulcers and the amount of support needed to facilitate the provision of personal care. One person told us, "My legs are bad and I always have two people to help me in and out of bed." We saw one care plan which identified the appropriate settings to use with the hoist to ensure the

Good

Is the service safe?

person was supported in a safe manner. We saw that equipment used to support people with their mobility, including hoists, had been serviced and cleaned to ensure that the equipment was fit for purpose and safe to use.

There were systems in place to identify and reduce risks to people who used the service. We saw records of the analysis of falls, including the circumstances surrounding the falls and the actions taken by the home in response to the fall. The manager told us, and records confirmed that staff monitored any resident who had a fall for a minimum of 48 hours.

The area manager, who is also the provider's nominated individual, told us they had commissioned the service of an external professional agency to produce detailed risk assessments in respect of the health and safety of the service and to train the manager and responsible individual how to review these on an ongoing basis. Similarly, external professional had completed risk assessments in respect of fire safety for the premises.

The manager had completed individual risk assessments for each person living at the home in respect of evacuation in the event of a fire. Risk assessments had also been completed in respect of responding to accidents and near misses, control of substances hazardous to health, electrical appliances, office safety and manual handling for staff. A detailed contingency plan was in place, providing staff with access to phone numbers to ring in the event of foreseeable emergencies. This showed us that actions were undertaken to ensure the service was maintained, and equipment used in ways that were intended to keep people safe.

All of the people we spoke with told us there were enough staff available to meet their needs. One person told us, "I've got my buzzer if someone annoys me and if I use it one, or sometimes two people come along." Another person told us, "There are no problems with staffing, I always get what I need." We saw that staff were responsive to people's needs, for example one person was distressed and staff were prompt in attending to the person in a kind and reassuring way. The manager showed us the assessment tool they used to determine the staffing requirements, based on the needs of people. Staff told us that whilst they felt more staff would help, the levels currently in place were sufficient to meet the needs of people.

Records demonstrated that robust checks were undertaken in respect of prospective staff, including a minimum of two references, verification of the right to work in the U.K., interview notes and police criminal records checks. Staff also confirmed they had these checks made on them and were interviewed before they were allowed to start work.

Good

Is the service effective?

Our findings

Our previous inspection of 12 June 2014 found that there was a breach of Regulations 18 and 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because where people did not have the capacity to consent, the provider did not act in accordance with legal requirements, and, whilst there were sufficient numbers of staff on duty, we identified a lack of suitably competent, skilled and experienced staff to meet people's needs. During this inspection we found that improvements had been made.

The home's rota highlighted the qualified staff to demonstrate that there were sufficient competent staff on each shift to meet the needs of the people using the service. The registered manager required agencies to provide copies of qualifications, training and experience of their care staff sent to the home which were kept on file so they could demonstrate they had the appropriate levels of skill and experiance.

People told us they were asked for their consent before they were provided with care and treatment. One person told us, "The staff are very respectful, they always check I am okay with what they are doing." Another person told us, "They talk to you about what they are doing."

Care plans included clear protocols for providing care and treatment, including administering medication to people who were unable to give consent. These protocols included consultation with different professionals and the person who had been nominated to represent the person, with a view to ensuring the decision taken was in thier best interests.. Flowcharts were provided to guide staff to ensure they made every effort to obtain consent, or administered medication in line with the recorded best interests of people. Where people had enduring or lasting power of attorney , records were kept in care files with all the required information.

The Care Quality Commission (CQC) monitors the operation Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff had a good understanding of DoLS legislation and were aware of the process for making referrals to the local authority in accordance with new guidance to ensure that restrictions on people were lawful.

Staff also understood the Mental Capacity Act 2005 (MCA) and were able to speak knowledgably about their responsibility. Records and discussions with staff showed that they had received training in MCA and DoLS.

Staff told us they received regularsupervision with senior staff, and training in areas relevant to the work they undertook. One member of staff told us, "They're good at training here, I have done safeguarding, first aid, dementia care, MCA and diabetes care." The manager told us, and records confirmed that all new staff were required to complete an induction training programme as soon as they started work at the home. The induction was linked to all the 'common induction standards' identified by the national training organisation, Skills For Care.

People told us that they felt that the staff were competent in their role. One person told us, "They [staff] seem to be very well trained." Another person said, "The staff are brilliant, very good at their jobs."

People were supported to have sufficient drinks to minimise the risks of dehydration. One person told us, "I can always have a drink when I want one." We observed staff offering a variety of drinks to people on a regular basis. People also had access to jugs of water in their own rooms – so what needed.

People told us that they were provided with choices of food and drink. One person told us, "Yes I get a choice, they gave me something else when I wanted it." Another person said, "The food is very good here and I can have what I want more or less." The nominated individual told us people were consulted about the menu and choice of meals. For example, at a recent resident's meeting one person had expressed a desire to have steak. The nominated individual had arranged for the chef to put steak and onions on the menu for the near future.

People were supported to eat and drink enough and maintain a balanced diet. During lunch people were supported to eat their meal in an unrushed manner, at a pace that suited them and in a way which was encouraging and promoted their independence. For example, a staff member assisted a person to eat the first few mouthfuls of their food, then placed the spoon into their hand and guided their hand, which enabled this person to eat independently. Records showed that people's dietary needs were being assessed and met.

Good

Is the service effective?

People told us their health needs were met. One person told us, "I got ill shortly after I moved in. They made sure I got to see a doctor and got tablets." Another person told us, "I had an issue recently with my catheter and the staff were brilliant." We also saw records of appropriate referrals to healthcare professionals, such as dieticians, when concerns about people losing weight were noted.

Good

Is the service caring?

Our findings

People we spoke with made positive comments about the care provided at The Oaks Care Home. One person who lived at the home told us, "The staff are lovely, so kind and caring." A visitor told us, "The staff are exceptionally good. My [relative] has a good rapport with staff…. They cheer [relative] up."" Another visitor told us, "The care is very good. Staff are very caring and will provide help when requested." This person described the person they were visiting as "not the easiest person to care for but staff are very polite to [friend]."

People told us they had caring relationships with staff. One person told us a story of a recent event where a carer was getting married, and came to visit the people in their horse drawn carriage on the day of the service. This made them feel involved and part of the celebrations?

Staff delivered care in a kind and compassionate way. We saw staff showing pictures of their family members to people and discussing their experiences of being a grandparent. We saw examples of compassionate physical contact, such as hand stroking and soothing stroking of the hair of omeone who was distressed. The staff were friendly, patient and discreet when providing support to people. We saw that all the staff took the time to speak with people as they supported them. We observed many positive interactions and saw that these supported people's wellbeing.

People told us that they felt that their privacy and dignity was promoted and respected. One person told us, "It's not easy being washed but they do respect my dignity and make sure it is done in private." Another person said, "(member of staff) is brilliant – so caring." We observed that people's privacy and dignity was respected. For example staff knocked on bedroom doors and waited for an answer before entering the room. Staff understood how people's privacy, independence and dignity was promoted and respected, and why this was important.

Staff responded to people's needs and preferences. For example, one person was listening to the music in the lounge and requested a different style of music. The manager knew what type of music the person liked and checked with them that this was indeed their preference before changing the music. The manager also observed that the person did not have their hearing aids in, so went and got them for them, checked they were working and helped the person fit them.

Staff demonstrated an understanding of the needs of people. One member of staff told us, "Care notes are useful and sometimes include comments from relatives. We ensure these are entered in their care plan." Care records confirmed that they had been involved in planning their care and support. This included their likes and dislikes, preferences about how they wanted to be supported and cared for and their decisions about end of life care.

People told us they felt consulted about their care and treatment. One person told us, "I went through my plan when I moved in. I'm happy with the arrangements." Another person told us, "I attend the people meetings and we all speak up about what we like, for example the food and the activities."

The notice board provided information for people about the next people meeting, including the agenda. The agenda included care and care planning, activities, contact with family and friends, nutrition and resident's views on external services, e.g. the visiting hairdresser. The notice board also promoted information about advocacy services, the complaints policy, religious services and a copy of the home's statement of purpose and welcome guide.

Good

Is the service responsive?

Our findings

People told us that they were satisfied with the care and support they received and were happy living in the service. One person said, "It's a lovely home. I've lived in this village all my life and I still feel part of it now with all these lovely staff, some of whom I've known since they were babies." Another person told us, "I am very satisfied." Another person commented, "I'm very happy living here" Two visitors told us that they were satisfied with the care and support that their relative/friend received.

Staff were knowledgeable about people care and support needs. For example risks associated with moving and handling and accessing services in the community were discussed and agreed with people. Through this they were supported to find ways to maintain their independence and choice.

Care plans and risk assessments were regularly reviewed and updated to reflect people's changing needs and preferences. This told us that the service responded appropriately to identify when people's needs had changed and documented this. We saw evidence of the involvement of people and their relatives in the development of care plans. For example, one person's relative had identified that the person had a particular fondness for pickles, and suggested this as a way of encouraging them to eat. Care plans had been regularly reviewed and updated to reflect peoples changing needs. This showed that people received personalised support that was responsive to their needs.

People told us that there were social events that they could participate in. One person commented, "We've just finished a game of snakes and ladders." Another person said, "We have lots of activities that we can choose to join, if I don't fancy it there is no pressure on me to join in." People told us that they were regularly asked what types of activities they wanted and were provided with one to one time if they wanted to pursue their individual interests. For example we saw one staff member looking at a magazine with a person and talking about their interest in farming and the countryside.

People were provided with the opportunity to participate in social group and individual activities. There were specially adapted versions of games for people with visual or physical impairments, such as the inflatable snakes and ladders game and a similarly adapted computer which enabled people with physical and/or visual impairment to access the internet. This helped people keep in touch with friends and family who were unable to visit the home. There were several other games and books and magazines available, which staff told us people could access at any time.

People told us they were able to voice their concerns in a variety of ways if they had any. One person told us they could raise any issues at people meetings. Another person told us, "I would talk to [manager], they are always available and if anything needed looking into they would do it straight away, but I have no complaints." We saw a copy of the home's complaints policy on display and a suggestions box by the front door for people , or visitors to make suggestions or comments about the service.

Requires improvement

Is the service well-led?

Our findings

The manager had failed to demonstrate good leadership in respect of demonstrating appropriate levels of responsibility and accountability in respect of managing incidents of alleged abuse. We saw care records that identified behaviour displayed by one resident that was clearly abusive towards another resident. However, despite this being recorded in the records held at the home, the manager had not referred this case of alleged abuse to the local authority's safeguarding investigating body or reported the matter to the Care Quality Commission. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 because they had not responded appropriately to an allegation of abuse.

People and staff told us they thought the service was well led. One person who used the service told us, "The manager is very hands on, [the manager] is always available and comes and chats to us all the time." Another person said, "It all seems quite efficient."

People who used the service, their relatives and visitors, and visiting professional were asked on an annual basis, to give their views about the quality of care provided at the home. We saw the most recent results of this service on display in a communal area of the home. This showed that the service was transparent with people about the comments they had received. The manager confirmed several actions that they had undertaken in response to comments made by people, including changing the menu and activities provided at the home. The manager also informed us that in addition to the annual survey, the home had recently introduced a monthly quality questionnaire to be completed with the person who used the service and, or their relatives as part of their monthly review of care plans.

The Oaks is situated in a small village, with limited travel connections to other towns and villages. This means that a large proportion of people and staff come from the local area. We observed several examples of staff and people discussing the local area and how the staff were known to people, and visa versa, for many years before moving in to the home. There was also evidence of strong community involvement with the home. For example, a group of people had been invited for a meal at a local restaurant, and the local amateur dramatics group had been booked to come in to the home for entertainment. The manager told us there were strong links with the local church who provided a number of visits to the home for religious celebrations and services.

Staff told us they felt supported by the management team at the home. One member of staff told us they had been undertaking nurse training whilst working at the home and had found the management supportive. Another member of staff told us, "I get regular supervision and the manager is always available for a chat if you need support." Another member of staff told us, "Several staff wanted to go on a course on speech and language therapy, the manager sorted it."

During our inspection we observed that the manager spent time with in the communal areas of the home, supporting people and guiding staff on what needed doing when necessary.

Discussions with the manager and the nominated individual showed that they both understood their roles and responsibilities in delivering quality care to people. The management team had responded positively to the shortfalls identified when the service was last inspected and had produced and implemented a clear plan of action to address those shortfalls. For example, medication policies had been reviewed, along with arrangements for ensuring any agency staff used were suitably qualified and competent to do the job.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding service users from abuse. How the regulation was not being met: The registered persons had not made suitable arrangements to ensure service users are safeguarded against the risk of abuse by failing to respond appropriately to an allegation of abuse. Regulation 11.