Three Oaks Care Home Limited

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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

Summary of findings

Overall summary

About the service
Three Oaks Care Home Limited is a large home, bigger than most domestic style properties. It was registered for the support of up to 13 people with learning disabilities and autism. Ten people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. However, there were identifying signs like the name of the service and intercom at the gates. Staff were discouraged from wearing anything that suggested they were care staff when coming and going with people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People living in the home had limited verbal communication skills. They answered 'yes' or 'no' to our questions. People's relatives told us, their family member received care and support from staff in a safe and caring way.

Staff knew how to safeguard people from potential abuse and how to report any concerns they may have had. Risk assessments were developed and regularly reviewed to ensure people could live as independently as possible whilst risks were mitigated.

People's care plans reflected their needs but also their likes, dislikes and preferences. Behaviour support plans were used by staff to promote people's wellbeing by understanding their behaviours and pre-empt any incidents.

People`s dietary needs were met and if they required support from health care professionals staff involved them. People had planned annual health checks. Relatives told us they were happy and involved in people's

care. They visited the service regularly and always found staff caring and respectful towards their family members. They felt confident that if they raised any concerns the management in the home would take those seriously and resolve them.

Staff used a range of communication tools to help people express their views, likes and dislikes. Staff felt supported by the manager and the provider. They received training relevant to their roles and regular supervisions.

The manager developed good working relationships with health and social care professionals involved in people's care. A number of methods were used to assess the quality and safety of the service people received and continuous improvements were made in response to the findings.

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

Rating at last inspection
The last rating for this service was Good (report published in April 2017).

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Three Oaks Care Home Limited on our website at www.cqc.org.uk

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? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-Led findings below.	**Requires Improvement**

Three Oaks Care Home Limited

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.

Inspection team
The inspection was conducted by one adult social care inspector.

Service and service type
Three Oaks Care Home Limited is a care home which provides accommodation and personal care for up to 13 adults with learning disabilities and/or autism. People in care homes receive accommodation and personal care as a 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. They were not yet registered with the Care Quality Commission. The registered manager 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 carried out on 14 October 2019.

What we did before the inspection
Prior to the inspection we reviewed the Provider Information Record (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had

received. A notification is information about important events which the service is required to send us by law.

We spoke with two people receiving a service, two relatives and four members of staff. We also spoke with the acting manager and received feedback from local authority commissioners.

We reviewed two people's care files, three staff files, staff training records and a selection of policies, procedures and records relating to the management of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We received further information from the manager and provider on 15 October 2019.

Good

Is the service safe?

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 good. At this inspection this key question has remained 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 'yes' when we asked if they felt safe in the home. We observed they were relaxed and smiled in staff's presence and had confidence to approach staff throughout the day to ask for a drink. This meant, people felt at ease and confident in staff's presence.

Relatives told us they visited at different times in the day and always found staff being nice and patient with people. One relative said, "I never came across anything worrying. I am visiting often at different times, early morning, afternoon, evening but never had any concerns."

● Safeguarding posters were displayed around the home to prompt visitors and staff to report anything they were concerned about.

●Staff demonstrated an understanding of what might be considered abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as to the local authority, police and the Care Quality Commission (CQC). ●Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.

Assessing risk, safety monitoring and management

● People continued to have risk assessments in place for the activities they were doing as well as for their health conditions. For example, bed rails, moving and positioning, falling, choking and getting public transport.

● Care plans and guidance were in place people to take positive risks. For example, risks were evaluated to allow people to have maximum control by discussing this with them and with the staff supporting them. People were encouraged to take up activities which involved positive risk taking when planning and going on holidays and using public transport.

Staffing and recruitment

●There were enough staff to meet people's needs safely. When needed, regular bank staff was booked to cover for permanent staff's absences. Relatives and staff told us there were always enough staff to ensure people could go out if they wanted and had their needs met promptly.

● Recruitment checks were in place to ensure staff employed were sufficiently skilled and experienced to work with people safely. Prior to staff starting work, a range of checks were completed. These checks included identity and right to work, criminal records check and references from previous employment.

Using medicines safely

● People received their medicines as the prescriber intended. Staff administering medicines had received

appropriate training, and their competency had been assessed.
● Medication administration records (MAR) were complete with no gaps or omissions.
● Protocols were in place for medicines prescribed as needed and guidance in regard to covert administration were in place.
● There were regular checks in place including a monthly medicines audit. The manager was closely monitoring the temperature in the medicine storage as, at times, this needed the use of fans to keep it below the maximum recommended temperature.

Preventing and controlling infection
● We found all areas of the premises to be clean, fresh and free of malodours.
● Staff ensured infection control procedures were in place. Personal protective equipment was readily available to staff when assisting people with personal care. For example, gloves and aprons. Staff had also completed infection control training.

Learning lessons when things go wrong
● Lessons learned were shared at team meetings, supervisions or as needed. We noted where any issues were discussed actions were put in place to make improvements.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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 had an assessment done before they moved to the home to look at their health needs, mobility, falls risk, skin integrity and required equipment, and to assess if they had capacity to understand and retain information to take decisions.
- National guidance and advice to improve health and social care issued by The National Institute for Health and Care Excellence (NICE) were followed by staff. For example, when administering people's medicines, involving health and social care professionals in people`s care and when meeting people's health care needs.
- Care plans were reflective of best practice guidelines when supporting people with a learning disability. We observed staff supporting people to be independent and exercise their rights. There was clear person-centred information and guidance for staff to gain a good understanding of people's emotional and health needs. We saw that, because staff knew people well, they knew the things that were important to them.

Staff support: induction, training, skills and experience

- Staff continued to receive training, which enabled them to meet people's needs and recognise when people's health needs changed.
- Newly employed staff received training in line with the nationally recognised `Care Certificate`. They worked alongside other experienced colleagues until they were competent in their duties.
- Staff received on-going supervision and appraisals for them to feel supported in their roles and to identify any future professional development opportunities. One staff member told us, "Training is good, and the manager is good to help us keep up to date. They are very hot on training. We have epilepsy training and we have refreshers yearly. Supervisions are regular, and the manager's door is always open."

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 attend appointments with health care professionals to maintain good health, including GP, opticians, chiropodist, community nurses and psychiatrists.
- People had regular reviews of their care and support needs by their social worker and also health professionals involved in their care.
- We found staff able to identify people's changing health needs and they communicated effectively with appropriate health care professionals to ensure people were getting the right support when they needed it. One relative said, "Staff are able to pick up if anything is wrong or changing [in relation to person's health

needs]."

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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● Care plans evidenced if people had capacity to decide about their care or treatment and what was done in case people lacked capacity to make certain decisions. Where people were found to lack capacity a care plan was in place to evidence what restrictions were in place and how they were still encouraged to have choice and control over their life.
●Decisions for people who lacked capacity were taken following a best interest process. This involved relatives, health and social care professionals to ensure the care people received was in their best interest.
●The Registering the Right support national best practice guidance for supporting people with a learning disability and autism was fully adhered to by the provider and staff.
● People were included in their care, their opinion mattered, and they were supported to live life being active part of their community.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to eat and drink sufficient amounts. We observed staff were available to assist people to eat if needed.
● People were unable to talk with us about the food and drink they had. However, relatives told us the menu was varied and nutritious. They also said that the chef knew people's likes and dislikes and choices were provided by means of pictures and non-verbal communication. One relative said, "[Person] has ways to let staff know about their liking and disliking."
● Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration. Where needed, staff provided fortified diet to people and monitored their weight closely. They involved people's GP's and dieticians in supporting people with their nutritional needs.
● People were offered a variety of hot and cold drinks throughout the day.

Adapting service, design, decoration to meet people's needs
● People lived in a clean environment which was adapted for the use of wheelchairs, hoists and other special equipment people needed.
● The environment was undergoing regular refurbishment, painting and decorating to ensure it was well maintained and comfortable for people.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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 smiled when they saw staff approaching them and they reached out to hold staff's hands. This suggested they were pleased to see staff and they liked to be in their company.
- Relatives told us staff were kind and caring. One relative said, "Staff are very nice. I know them all and I haven't got a bad word to say. They are caring."
- During our visit we observed staff were always courteous and kind towards people they supported. Staff greeted people when they passed them in corridors, offering support and reassurance where necessary.
- Staff demonstrated that they knew people's needs and preferences well.

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

- Staff helped people to make as many decisions and choices about their care as possible. They observed people's likes and dislikes and their behaviour to establish what people wanted.
- Where needed, staff involved health and social care professionals in people's care so that decisions could be made in their best interest
- Relatives told us they attended regular reviews. They found these useful and provided them with an opportunity to talk about people's changing needs. Relatives said staff were always keeping them up to date with any changes in people's needs.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect when helping them with daily living tasks. They knocked on people's doors before they entered.
- People's bedrooms gave them privacy and space to spend time on their own if they wished. Bedrooms reflected people's personalities and were decorated with pictures and posters.
- Records were stored securely, and staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

Good

Is the service responsive?

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 good. At this inspection this key question has remained 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; 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

- People's care plans were detailed with regards to people's likes, dislikes and preferences. They also identified what people's strengths and interests were as well as areas where they needed more support. Staff members used this information to support people in a non-intrusive way.
- People were well known by staff who were responsive to their needs. We saw people received care that was individualised because staff knew and understood people well. Staff shared with us information around people's preferences and how they wanted their care to be delivered.
- People's care plans were developed with personalised information about how people communicated and what their likes, dislikes and preferences were in terms of their routines, hobbies and favourite meals.
- People were supported to develop their activity schedule depending on their interest. In house activities as well as outings were a regular occurrence on people`s activity schedule.
- Relatives told us staff supported people to go to town, day centre, shopping trips, and to visit other local attractions.

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.

- Each person had a communication profile in their care plan describing the way they communicated. Staff used a variety of methods people preferred to ensure they could effectively communicate and get people involved in their care. For example, they used pictures, gestures and easy read documents to communicate with people.

Improving care quality in response to complaints or concerns

- The provider's complaints procedure was appropriately shared with people and relatives to ensure they knew how to raise their concerns.
- People and relatives were encouraged to share any concerns and complaints with staff or members of management. The manager spent time during the day talking to people; this gave them further opportunities to identify any concerns or complaints.
- Complaints or concerns raised by people or their relatives were acted on swiftly. The outcome of these

were shared to help develop and improve staff practise. One relative said, "I am confident in raising concerns and these are listened to."

End of life care and support

● People's end of life preferences and choices were recorded. No current end of life care was being delivered. The manager was aware of what was required to support people with end of life care if needed.

Requires Improvement

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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; 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

- The service had a manager; however they were not registered with CQC at the time of the inspection. Following the inspection, the provider confirmed that the manager was going through the process of registering with CQC.
- Relatives told us the manager was very good and the service was well-managed. Staff praised the manager for being supportive and always ready to help. One staff member said, "The manager is tough but very fair. They are always ready to help."
- Accidents and incidents were recorded investigated, reported to safeguarding authorities and CQC when needed. A lesson learnt process started after any accident or incident. This included what went well and what needed improving. For example, CCTV was put in place to capture the back of the garden due to a person falling there and staff had not recorded this accurately. Further staff training was offered, and senior staff meetings were held to discuss and refresh staff's knowledge about their responsibilities.
- The care and support people received was value based. The provider's values were reflected through staff's attitude, and people's care plans. People were empowered to be as involved as possible and lead the care they received.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Audits were completed on a regular basis by the manager and the provider to ensure the quality of the service was regularly checked. For example, checks reviewed people's care plans and risk assessments, medicines, incidents, accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans had been updated and maintenance jobs completed.
- Staff told us they worked in a supportive team, which enabled them to share learning and develop in their roles.
- Staff knew what was expected of them to ensure good standards of care were always maintained.

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

● People, relatives and other stakeholders had opportunities to regularly give feedback about their care and support. The provider had an independent organisation carrying out an annual survey to share their views about the care people received. Staff kept in close contact with people's relatives to give them the opportunity to communicate their opinions, ideas and contribute to their family member's care.

Working in partnership with others

● The service worked well with health and social care professionals who were involved in people's care.

● Local authorities that commissioned the service also inspected it regularly. This ensured everyone could check that people consistently received the support they required and expected.