

# Caring Homes Healthcare Group Limited

## Oaken Holt Nursing and Residential 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?	Good ●

# Summary of findings

## Overall summary

We undertook an unannounced inspection of Oaken Holt Nursing and Residential Home on 1 November 2018. People in nursing 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 is registered to provide nursing care for up to 59 older people, some of whom have dementia. On the day of our inspection 48 people were living at the home.

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

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.

People were safe. There were sufficient staff to meet people's needs and staff had time to spend with people. People's nutritional needs were met and staff supported people to maintain a healthy diet. Where people had specific dietary needs, these were met.

Risk assessments were carried out and promoted positive risk taking, which enabled people to live their lives as they chose. People received their medicines safely. Records relating to risks and medicines were accurate and up to date.

The service provided support in a caring way. Staff supported people with kindness and compassion and went the extra mile to provide support at a personal level. Staff knew people extremely well, respected them as individuals and treated them with dignity whilst providing emotional support. People and their relatives, were fully involved in decisions about their care needs and the support they required to meet those individual needs.

There was a positive culture at the service that valued people, relatives and staff and promoted a caring ethos that put people at the forefront of everything they did.

People received effective care from staff who had the skills and knowledge to support them and meet their needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to access health professionals when needed and staff worked closely with people's GPs to ensure their health and well-being was monitored.

People had access to information about their care and staff supported people in their preferred method of communication.

The service continued to be responsive to people's needs and ensured people were supported in a personalised way. People's changing needs were responded to promptly. People had access to a variety of activities that met their individual needs.

The registered manager monitored the quality of the service and looked for continuous improvement. There was a clear vision to deliver high-quality care and support and promote a positive culture that was person-centred, open, inclusive and empowering which achieved good outcomes for people.

## 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 has improved to Good

There were sufficient staff deployed to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns.

Risks to people were managed and assessments were in place to manage the risk and keep people safe. People received their medicines as prescribed.

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Oaken Holt Nursing and Residential 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 1 November 2018 and was unannounced. The inspection was carried out by two inspectors 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 care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and information we held about the service. This included notifications we had received. Notifications are certain events that providers are required by law to tell us about. In addition, we contacted the local authority commissioners of services to obtain their views on the service.

We spoke with 14 people, five relatives, six care staff, the chef, a domestic staff member, the clinical analyst, the deputy manager and the registered manager. We also spoke with a visiting healthcare professional. During the inspection we looked at six people's care plans, four staff files, medicine records and other records relating to the management of the service.

# Is the service safe?

## Our findings

At our last inspection in July 2016 we rated Safe as Requires Improvement. We found medicines were not always stored appropriately and that medicine records were not always accurate. At the time of the inspection action was taken to make improvements. At this inspection we saw the improvements had been sustained and we have rated Safe as Good.

Medicines were managed safely. One person spoke about medicine. They said, "Medical care, fantastic. Tablets on time, leg creamed and dressed". Records relating to the administration of medicines were accurate and complete. Medicines were stored securely. Where people were prescribed medicines with specific instructions for administration we saw these instructions were followed. Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely. Staff we spoke with told us they had received medicine training and were confident supporting people with their medicines. One staff member said, "My competency to administer medicine safely is regularly checked".

People told us they felt safe. People's comments included; "Yes a nice safe place. Everyone kind and helpful", "Very, very much [safe], have a problem, ring the bell and they are there", "Very, very safe. Staff are on the ball if you need help. Staff are very helpful" and "No worries, totally safe because you are never on your own". A relative said, "Very safe because of the very good staff. Very happy, it's a fantastic place".

People were supported by staff who could explain how they would recognise and report abuse relating to children and adults. Staff told us they would report concerns immediately to their line manager or the senior person on duty. Staff were also aware they could report externally if needed. Comments included; "Any concerns and I would tell the manager straight away and call local safeguarding". The service had systems in place to investigate and report concerns to the appropriate authorities.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. Risks managed included mobility, tissue viability and choking. Staff were provided with detailed guidance to protect people from risks associated with their conditions, treatment and care.

People were protected from risks associated with infection control. Staff had been trained in infection control procedures and were provided with personal protective equipment (PPE). An up to date infection control policy was in place which provided staff with information relating to infection control. This included; PPE (personal protective equipment), hand washing, safe disposal of sharps and information on infectious diseases. One person spoke about cleanliness. They said, "Very clean, it's done every day".

There were sufficient staff to meet people's needs. Staff were not rushed in their duties and had time to sit and chat with people. One person said, "Enough staff to help when necessary" and a relative commented, "From what I've seen there are reasonable numbers of staff around". One staff member said, "We can be busy but we have enough to do what we need to do".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

Accidents and incidents were recorded and investigated to enable the service to learn from incidents and mistakes. For example, where people suffered falls the incidents were investigated individually and collectively to look for patterns and trends. Where patterns were identified people's care was reviewed and referrals made to healthcare professionals.

## Is the service effective?

### Our findings

At our inspection in July 2016 we rated the Effective as Good. At this inspection Effective remains Good.

The service provided effective care and support to people. People were supported by staff who had the skills and knowledge to meet their needs. New staff completed an induction to ensure they had appropriate skills and were confident to support people effectively. Staff training was linked to the Care Certificate which is a recognised set of national standards. Staff training covered all aspects of care and included; safeguarding vulnerable adults, moving and handling, infection control and medicines. Staff also had further training opportunities. For example, one staff member told us they had just completed a national qualification in care.

People's needs were assessed prior to their admission to ensure their care needs could be met in line with current guidance and best practice. This included guidance from healthcare professionals. For example, where people were at risk of choking a speech and language therapist (SALT) had assessed the person and provided guidance for staff. This guidance was incorporated into the person's support plan. The service worked closely with healthcare professionals, GPs and social workers and ensured people had good access to services to meet their healthcare needs. One person said, "Manager came to talk to me about the care that I wanted".

We spoke with a visiting healthcare professional who commented about the service. They said, "It is fantastic here, the nurses are very helpful. They follow any guidance given and they really do have such good knowledge of their residents".

Staff told us and records confirmed that staff received support through regular one to one meetings with their line manager and training. Staff training records were maintained and we saw planned training was up to date. Where training was required, we saw training events had been booked. One staff member said, "I am up to date with my training and the training here is very good".

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager. 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. The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). Staff had received training and understood how to support people in line with the principles of the Act. One person said, "You make your own choices here. I can choose what time I get up and when I go to bed, where I eat and how I spend my day". One staff member said, "I assume residents have capacity and I provide choices for them. It is their decisions that count".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a clear understanding of DoLS. At the time of our inspection, one person at the service was subject to a DoLS authorisation.

People had enough to eat and drink. Care plans contained information about people's dietary preferences and details of how people wanted to be supported. Any allergies or special nutritional information was highlighted in people's care plans. We observed the lunchtime meal which was a quiet but sociable event. The food was served hot from the kitchen and looked wholesome and appetising.

People spoke about the food. Their comments included; "Food is very good and on the odd occasion that I don't like what is on offer they always do something else that you like", "I recently had a birthday here and the chef made me a beautiful birthday cake. My family came in for it and we had a lovely birthday tea" and "Wonderful [food] I can't fault it".

People's rooms were furnished and adapted to meet their individual needs and preferences. Paintings, pictures and soft furnishings evidenced people were involved in adapting their rooms. Signage was clear supporting people to navigate around the home.

## Is the service caring?

### Our findings

At our inspection in July 2016 we rated Caring as Good. At this inspection Caring remains Good.

People told us they benefitted from caring relationships with the staff. Comments included; "The staff are excellent, they look after me very well. Nurses are very nice people and know what they are doing", "Staff are all nice, I talk to them, have a laugh with them", "Absolute kindness itself, [staff are] always there to see to your needs" and "Care is very good and the are staff very conscientious". A relative said, "Some carers have been at Oaken Holt a long time, that says a lot. The nurse is so caring to Mum".

Staff spoke with us about positive relationships at the service. One staff member said, "I enjoy my work. I just love working with older people".

Staff were supported by the service to provide emotional support for people. Care plans evidenced staff interacted with people beyond physical support. One staff member said, "One resident can be anxious and tearful at times. I've known her a while so I sense if something is not right. I hold her hand, chat and reassure her, it is all she needs".

People were treated with dignity and respect. One person said, "[Staff] always knock on my door and speak to me nicely". When staff spoke about people with us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. We observed many respectful interactions throughout our visit and saw staff promoted people's dignity by being discreet, thoughtful and caring. It was clear this culture was embedded throughout the service.

People's independence was promoted. Care plans guided staff to support people to remain independent. We spoke with staff about promoting people's independence. One staff member said, "I only do what residents need doing, if they can do it themselves I encourage them to do so".

People were involved in planning their care and the day to day support they received. One person said, "At the start came and sorted a care plan, any changes, they talk to me about it". Care plans contained detailed personal information evidencing people and their relatives had contributed to the creation of their care plans. Records showed people were involved in reviews of their care and staff told us they involved people in their support.

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office. Where office staff moved away from their desks we saw computer screens were turned off to maintain information security. A confidentiality policy was in place and gave staff information about keeping people's information confidential.

## Is the service responsive?

### Our findings

At our inspection in July 2016 we rated Responsive as Good. At this inspection Responsive remains Good.

People were assessed to ensure their care plans met their individual needs. Staff were knowledgeable about people's needs and told us they supported people as individuals, respecting their diversity. For example, one staff member said, "Residents are all individuals, different, so we treat them as individuals". Records confirmed staff had received training in equality and diversity.

Discussion with the registered manager showed that they respected people's differences so people could feel accepted and welcomed in the service. The equality policy covered all aspects of diversity including race, sex, sexual orientation, gender re-assignment and religion.

The service was responsive to people's changing needs. One person's needs changed due to their condition and were prescribed new medicine. The care plan reflected this person's current needs and new medicine was being administered.

The service supported people to have access to information. People had access to their care records and staff informed people about all aspects of their care. Where appropriate, staff explained documents to relatives and legal representatives. Where required, documents could be provided in large print or in a foreign language. One staff member spoke about helping people to access information. They said, "I often clean resident's glasses for them and change hearing aid batteries. I also go through care plans with them so they understand".

People knew how to raise concerns and were confident action would be taken. One person said, "No complains whatsoever, something on your mind then you talk to them [staff]". The services complaints policy and procedure were held in people's 'service user guides' in their rooms and displayed around the home. The service had seven complaints recorded for 2018, all had been resolved in line with the provider's complaints policy.

The service also recorded numerous compliments from people and their relatives, thanking the home and staff for care and treatment provided.

People's opinions were sought and acted upon. The provider conducted regular quality assurance telephone surveys where people and their relatives could express their views about all aspects of the service. We saw the results for the latest surveys which were extremely positive. The registered manager investigated any issues raised by the survey and took action. For example, people had requested notice boards for the registered manager to post updates and improvements made to the service. These boards were in place and in use. Regular 'resident and relative's' meetings were held. Again, people's views were respected and we were told recent changes to the menu were as a result of a 'residents' meeting.

People were offered a range of activities they could engage in. Activities included; arts and crafts, music, and

games. Events such as fireworks night, Halloween and Christmas were celebrated and people enjoyed regular trips out of the home to places of interest. A large, well maintained garden area containing furniture was available for people to enjoy. Access to the garden was unrestricted via safe, wheelchair friendly pathways. People were also supported to visit the local community.

People commented on activities. Their comments included; "Mostly Monday and Friday take us shopping in the mini-bus", "Very good, big variety, On the day there's always something to do" and "Lots of things to do, it's not a boring place".

At the time of our inspection no one at the service was receiving end of life care. However, staff told people's advanced wishes would be respected. For example, some care plans contained details relating to people's wishes not to be resuscitated in the event of a cardiac arrest. The service also had strong links with a local hospice which provided additional support if a person was reaching the end of their life.

## Is the service well-led?

### Our findings

At our inspection in July 2016 we rated Well-Led as Good. At this inspection Well-Led remains Good.

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.

People we spoke with knew the registered manager and felt the service was well run. Throughout the inspection we saw the registered manager speaking with and supporting people in a friendly, familiar manner. We saw that people clearly knew the registered manager and they responded positively. People's comments included; "Very well managed, things work well here", "They are fantastic [management]" and "Oh yes very good, everyone is very friendly". A relative said, "Met the new manager, friendly, approachable, I have approached her a few times".

Staff told us they had confidence in the service and felt it was well managed. Staff comments included; "There's a good positive culture here and the manager, well she is fantastic, lovely. I can talk to her about anything. She listens, supports you and takes action" and "I have to say I am very well supported by [registered manager]".

The service had a positive culture that was open and honest. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. Both the registered manager and staff spoke openly and honestly about the service and the challenges they faced.

Staff told us learning was shared at staff meetings and supervisions and that communication in the service was good. One staff member said, "We have handovers and we discuss issues at meetings. I do feel involved and informed".

The registered manager monitored the quality of service provided. Regular audits were conducted to monitor and assess procedures and systems. Information from these audits was used to improve the service. Audits covered all aspects of care and were aligned with CQCs domains and key lines of enquiry. Action plans were created to drive improvement in such areas as staff training, medicine, care planning and records. The registered manager was robustly supported by the clinical analyst who regularly visited the service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

The service worked in partnership with local authorities, healthcare professionals and social services. A visiting healthcare professional told us, "Communication is really good here and we are often in contact. We

have a good partnership together and this is a wonderful home". The registered manager was also a member of the Oxford Care Home Association. The registered manager said, "The association provides us with updates and ideas along with training information. It helps to keep pace with best practice in our area".