Kents Oak Care Homes Limited

Kents Oak Rest 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

Overall summary

Kents Oak Care Home is registered to provide accommodation and support for up to 13 older people who may also be living with dementia. This home is not registered to provide nursing care. On the day of our visit 12 people were living at the home. The home is located in a rural area two miles from the town of Romsey, Hampshire. The home has two large living rooms, conservatory / dining area and kitchen. People's private rooms are on both the ground and first floors. There is a stair lift to the first floor. The home has a garden and a patio area that people are actively encouraged to use.

The inspection on 26 and 27 February 2015 was unannounced.

There was a registered manager at the home. 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 and associated Regulations about how the service is run.

Staff understood the needs of the people and care was provided with kindness and compassion. People,

Summary of findings

relatives and health care professionals told us they were very happy with the care and described the service as excellent. A visiting GP told us, "I have the utmost confidence that staff provide excellent care. I have no concerns at all regarding anyone living there. The home always contact us if they are unsure or need advice".

People were supported to take part in activities they had chosen. One person said, "I love living here. The staff are very kind and look after all of us very well".

Staff were appropriately trained and skilled to ensure the care delivered to people was safe and effective. They all received a thorough induction when they started work at the home and fully understood their roles and responsibilities.

The registered manager assessed and monitored the quality of care consistently involving people, relatives and professionals. Care plans were reviewed regularly and people's support was personalised and tailored to their individual needs. Each person and every relative told us they were asked for feedback and encouraged to voice their opinions about the quality of care provided.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Two people living at the home were currently subject to a DoLS. The manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

Staff talked to people in a friendly and respectful manner. People told us staff had developed good relationships with them and were attentive to their individual needs. Staff respected people's privacy and dignity at all times and interacted with people in a caring and professional manner. People who used the service told us they felt staff were always kind and respectful to them.

Staff told us they were encouraged to raise any concerns about possible abuse. One member of staff said, "We talk about abuse all the time. How to recognise it and what to do if we thought someone was being abused. I know if we have concerns we can speak to the manager and she would report it".

People and relatives knew how to make a complaint if they needed to. The complaints procedure was displayed in the home. It included information about how to contact the ombudsman, if they were not satisfied with how the service responded to any complaint. There was also information about how to contact the Care Quality Commission (CQC).

The home routinely listened and learned from people and visitor experiences through annual resident/ relatives' survey. The surveys gained the views of people living at the home, their relatives and visiting health and social care professionals and were used to monitor and where necessary improve the service.

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?

Good

The service was safe. People felt safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medicines when they needed them. Medicines were stored and managed safely.

There were sufficient numbers of staff employed to ensure the needs of people could be met. Staff recruitment was robust and followed policies and procedures that ensured only those considered suitable to work with vulnerable people were employed.

Is the service effective?

Good

The service was effective. Staff received training to ensure that they had the skills and additional specialist knowledge to meet people's individual needs.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and how to act in people's best interests.

People's dietary needs were assessed and taken into account when providing them with meals. Meal times were managed effectively to make sure people had an enjoyable experience and received the support they needed.

Is the service caring?

Good

The service was caring. Staff knew people well and communicated with them in a kind and relaxed manner.

Good supportive relationships had been developed between the home and people's family members.

People were supported to maintain their dignity and privacy and to be as independent as possible.

Is the service responsive?

Good

The service was responsive. People's needs were assessed before they moved into the home to ensure their needs could be met.

People received care and supported when they needed it. Staff were knowledgeable about people's support needs, interests and preferences.

Information about how to make a complaint was clearly displayed in the home in a suitable format and staff knew how to respond to any concerns that were raised.

Is the service well-led?

Good

The service was well-led. People felt there was an open, welcoming and approachable culture within the home.

Staff felt valued and supported by the registered manager and the provider.

The provider regularly sought the views of people living at the home, their relatives and staff to improve the service.

Kents Oak Rest 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 checked 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 26 and 27 February 2015 and was unannounced.

The inspection was conducted by one inspector.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with the registered manager, three care staff, the chef, eight people using the service and two relatives. Following our visit, we telephoned two health care professionals to discuss their experiences of the care provided to people.

We pathway tracked three care plans for people using the service. This is when we follow a person's route through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment. We also looked at staff duty rosters, four staff recruitment files, feedback questionnaires from relatives and the homes internal quality assurance audit which was dated July 2014.

We observed interaction throughout the day between people and care staff. Some of the people were unable to tell us about their experiences due to their complex needs. We used a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who are unable to talk with us.

We last inspected the home on 28 and 29 April 2014 where no concerns were identified.

Good

Is the service safe?

Our findings

People said they felt safe. They told us that if they were concerned they would talk to a member of staff or the registered manager if it was more serious. One person said, "I am very safe and comfortable here. The staff are very kind". Another person told us, "I feel very safe and secure here. All the staff are kind and helpful and always smiling which is really nice". Relatives told us they felt their family members were safe. One relative said, "I can sleep now. It's a tremendous reassurance that my mum is here and I know the staff care and look after her". Another said, "I feel much more content knowing they are here and are safe".

Staff received training in protecting people from the risk of abuse. Staff had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the process for reporting concerns and escalating them to external agencies if needed. We asked staff about Whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. All staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as CQC if they felt their concerns had been ignored.

Risks to individuals were recognised and assessed and staff had access to information about how to manage the risks. For example, one care record showed that a referral had been made to the falls team after the person had a fall. The home had access to specialist equipment and physiotherapy to try and minimise the risk of further falls and this had been effective. The registered manager told us the service had a good relationship with the local falls team and if a person had more than one fall they were immediately referred to the team. We spoke with the local falls team and they confirmed this was the case.

Equipment used to support people with their mobility needs, including hoists, had been serviced to ensure it was safe to use and fit for purpose. Staff had received training in moving and handling, including using equipment to assist people to mobilise. One staff member told us it was important to know how to move people safely and they felt confident that they and their colleagues were fully competent with this.

Recruitment practice was robust. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. We saw a Disclosure and Barring Service (DBS) check had been obtained before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions.

People we spoke with told us that their medicine was given to them on time. One person said, "I can set my watch by the times I get my medicine. It's never late and I am always asked how I feel before I take my pills. I'm glad they bring it to me otherwise I might forget". At lunchtime we saw people being given their medicines. This was done safely and people were provided with their medicine in a polite manner by staff.

There was a clear medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People's medicine was stored securely in a medicine trolley that was secured to the wall. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Medication administration records were appropriately completed and identified staff had signed to show that people had been given their medicines.

The registered manager told us that reports of accidents and incidents were recorded and were reviewed to assess if there were any trends in order to identify and make improvements to the support people received. We saw this system was used and had resulted in referrals to the falls prevention team where needed. People felt there were enough staff working in the service to meet their needs. They told us that if they needed help then staff were 'quick to respond'. Relatives also said they felt there were enough staff to give their relation the care they needed. One relative told us there had been occasions when their relation had called for staff using the alarm call and that, "A member of staff always comes within a minute or two".

The service planned for emergency situations and maintained important equipment to ensure people would be safe. There were regular checks on the stair lifts and the

Good

Is the service safe?

fire detection system to make sure they remained safe. Hot water outlets were regularly checked to ensure temperatures remained within safe limits. There was an emergency plan in place to appropriately support people if the home needed to be evacuated.

Good

Is the service effective?

Our findings

People told us they enjoyed eating the food at the home. Comments included, “The food is good” and, “The food is nice. We are having an all-day breakfast today and sandwiches for tea”. People were supported in maintaining a balanced and nutritious diet. A cook was employed who was responsible for ordering food supplies and planning the menus with the registered manager. The cook based the menu around what foods were available seasonally and people’s likes and dislikes. A list of people’s likes and dislikes was displayed on the kitchen wall and was available to any staff member responsible for preparing food. There was also a detailed list of whether people needed a soft diet or their food cut up into small pieces, and people’s specific dietary needs. For example, if they were diabetic.

Most people took their meals in the dining room and this was encouraged to enable people to socialise. We observed part of breakfast and joined people at lunchtime. The cook explained to people that they had cut up their food and checked that this was to their satisfaction. The majority of people did not require support with their meals, but staff were available to offer this if it was needed. Staff sat next to people who required support to eat and let them eat at their own pace. Some people talked to each other and others preferred to eat quietly. We saw that lunchtime was a positive experience for people.

The home had procedures in place to monitor people’s health needs. People’s care plans gave clear written guidance about people’s health needs and medical history. Each person had a “Health Action Plan” which focused on their health needs and the action that had been taken to assess and monitor them. This included details of people’s skin care, eye care, dental care, foot care and specific medical needs. A record was made of all health care appointments including why the person needed the visit and the outcome and any recommendations. People’s weights were recorded monthly so that prompt action could be taken to address any significant weight loss, such as contacting the dietician or doctor for advice.

New staff received an in-house induction which was based on Skills for Care’s “Common Induction Standards (CIS)”.CIS are the standards people working in adult social care staff meet before they are assessed as being safe to work unsupervised. Staff completed a workbook which included specific training around supporting people living with dementia and written responses to questions and scenarios. New staff also shadowed senior staff. This was to provide evidence that staff had the skills, knowledge and experience to care for people.

There was an on-going programme of development to make sure that all staff were kept up to date with required training subjects. These included health and safety, fire awareness, moving and handling, emergency first aid, infection control, safeguarding, and food hygiene. Specialist training had been provided to most staff in communication, continence management, dementia awareness, diabetes awareness, and people with swallowing difficulties. This meant that staff had the training and specialist skills and knowledge that they needed to support people effectively.

Support for staff was achieved through individual supervision sessions and an annual appraisal. Staff said that supervisions and appraisals were valuable and useful in measuring their own development. Supervision sessions were planned in advance so that they were given priority. Staff told us that they received regular training. It was provided through training packages, external trainers and in-house, which included an assessment of staff’s competency in each area.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff had a good understanding of DoLS legislation and had completed two referrals to the local authority in accordance with new guidance to ensure that restrictions on people were lawful. Staff understood the Mental Capacity Act 2005 (MCA) and were able to speak knowledgably about their responsibility.

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. The Deprivation of Liberty Safeguards concern decisions about depriving people of their liberty, so that they can be given the care and treatment they need, where there is no less restrictive way of achieving this.

People’s mental capacity had been assessed and taken into consideration when planning their care needs. The Mental

Good

Is the service effective?

Capacity Act 2005 (MCA) contains five key principles that must be followed when assessing people's capacity to make decisions. Staff were knowledgeable about the requirements of the MCA and told us they gained consent from people before they provided personal care. Staff were able to describe the principles of the MCA and tell us the times when a best interest decision may be appropriate. One member of staff said, "We would need to hold a best interest meeting if a person did not have capacity to make a decision that could put them at risk".

Whilst most people were able to chat about their daily lives, some people were not able to understand and make decisions about their care and support. The registered manager and staff said where necessary they would liaise with people's relatives, where appropriate, and health and social care professionals should people's needs change, so that appropriate care and support was provided. Staff were sensitive to people's needs and offered reassurance and encouragement where necessary.

Good

Is the service caring?

Our findings

People made positive comments about the way the staff supported them. One person told us, “Staff are kind to me” and another person pointed to a member of staff and said, “She is lovely, very patient and always makes me smile”. The home had received a number of compliments from relatives about the caring nature of the home. These included, “My father, quite unprovoked by me, has told me on many occasions that he likes living here. The girls are lovely and the food is very good”. “The staff are always very friendly when we come to see him; nothing is too much bother for them, including always supplying us with cups of tea”. All the visitors we spoke with said they were very happy with the home, in particular the staff. People’s comments included; “It’s a nice homely place”, “Mum is very well looked after” and “The staff are very caring”.

People told us they could make everyday choices. One person told us, “I do what I want really. If I want to watch TV in the lounge I can or I can watch it in my room”. A second person said, “The garden is a nice place to go and sit. At the moment the weather is not very good so it’s not something I do. But spring is just around the corner and I’m looking forward to going out there”.

Staff communicated with people in a kind and attentive manner. Staff chatted easily with people and we heard a lot of joking and laughter. Staff also knew when to stand back so that people could talk to one another and make their own decisions and choices about how to plan their day. People’s ability to express their views and make decisions about their care varied. To make sure that all staff were aware of people’s views and opinions these, together with their past history, were recorded in people’s care plans. This enabled staff to understand people’s character, interests and abilities if they were not able to verbalise them and so help to support people to make decisions in their best interests, on a day to day basis.

Staff knocked on people’s doors before entering rooms and staff took the time to talk with people. People’s bedrooms were personalised and contained pictures, ornaments and the things each person wanted in their bedroom. People told us they could spend time in their room if they did not want to join other people in the communal areas.

We observed staff seeking permission before undertaking any care and support with a person. We saw one staff member ask a person if they wanted assistance with their meal which the person accepted. Another person who had not eaten their pudding was offered an alternative. The person declined this which the staff member respected and was an example of staff showing they sought people’s opinions.

Care plans contained guidance that maintained people’s privacy and dignity whilst staff supported them with their personal care. This included explaining to people what they were doing before they carried out each personal care task. Records contained information about what was important to each person living at the home. People’s likes, dislikes and preferences had been recorded. There was a section on people’s life history which detailed previous employment, religious beliefs and important events. Staff explained information was used to support them to have a better understanding of the people they were supporting and to engage people in conversation. People’s preferences on how they wished to receive their daily care and support were recorded. One person explained that they did not feel they needed help with dressing or personal care but needed someone to be with them ‘just in case’. We saw that this was clearly documented in their care plan for staff to follow.

Staff were respectful to people at all times during our visits. Staff ensured people’s dignity and privacy was maintained. One staff member explained that if someone was receiving personal care in their room, the door would be closed. This ensured staff did not enter the room during this time. A staff member said they tried to treat people as they themselves would like to be treated. They said, “I try to put myself in their shoes and imagine what it would be like if I was having something done for me”. Staff had undertaken a training programme in dignity and respect about how to provide people with dignity in residential care setting.

Good

Is the service responsive?

Our findings

People told us they could talk to staff or the manager at any time if they had any worries or concerns about their care. One person told us, “The staff are really good at listening to me. I’m a bit slow but they are very patient”. A visiting GP said, “The home are proactive in calling us rather than re-active. We are contacted by the home in a timely way for advice and guidance and it works very well”. Staff explained some people were able to tell them if something was upsetting them, and they would try and resolve things for the person straight away. If they could not do so, they would report it to the registered manager. Staff said that other people could not verbalise their concerns and that changes in their mood and / or body language would identify to them that something was not right and needed to be investigated further.

People told us staff were responsive to their needs. One person told us, “It is a ‘God send’, I am really happy here they go way beyond what they should do, nothing is too much trouble. They are always cheerful”. Another person told us, “I don’t need much help at the moment but if I do need extra help I use my bell and they are quick to come see what I need”. People said the staff were really flexible in the way they changed things to meet what they wanted. For example one person said, “Nothing is written in stone. They have the plans which we agree and they have an activities programme. If we feel differently or don’t want to do the planned activity they don’t worry they just move things round to accommodate our whim of the day”.

People’s needs were assessed before they moved into the home so that a decision could be made about how their individual needs could be met. These assessments formed the basis of each person's plan of care. Care plans contained detailed information and clear directions of all aspects of a person’s health, social and personal care needs to enable staff to care for each person. They included guidance about people’s daily routines, communication, well-being, continence, skin care, eating and drinking, health, medication and activities that they enjoyed. Care plans were relevant and up to date. Each care plan demonstrated a clear commitment to promoting, as far as possible, each person’s independence. People’s needs were evaluated, monitored and reviewed each month. Each care plan was centred on people’s personal preferences, individual needs and choices. Staff were given clear guidance on how to care for each person as they wished and how to provide the appropriate level of support. Daily reports and monitoring sheets were completed so that any changes in need could be monitored. A staff handover also took place at each shift change so everyone was made aware of any change in care and support people needed.

Activities were arranged in the afternoon. On the day of our inspection it was board games and music quiz. During the morning staff sat and talked with people. For example, one person who had a visual impairment liked staff to read the newspaper to them whilst two other people invited a member of staff to participate in a board game. Some people preferred to watch television and some people spent quiet time in their rooms or the conservatory. For those people who preferred to spend time in their rooms staff were seen to visit them regularly and prompted them to join in the homes activities if they wished to do so.

The complaints procedure was displayed on the notice board in the home. A complaints procedure for visitors and relatives was displayed also. It included information about how to contact the ombudsman, if they were not satisfied with how the service responded to any complaint. There was also information about how to contact the Care Quality Commission (CQC). The complaints log showed that there had not been any complaints about the home during the last year. Feedback from people and relatives in the home’s quality assurance survey confirmed they did not have any complaints about the home.

Good

Is the service well-led?

Our findings

People felt the service was well organised and managed. One person commented, "Everything is well managed, runs smoothly and everything is on time". People felt they had opportunities to comment on the running of the service. One person said, "They always ask our views and opinions." A visiting GP told us, "This home is managed very well. It is an excellent home and is a place I would have no hesitation in recommending".

All the people we spoke with told us there was an "open atmosphere" in the home and the registered manager was approachable and available if they wanted to speak with them. One person said, "You can speak to the manager when you want, nothing is too much trouble". Staff were confident they could speak to the manager or the provider if they felt they needed. One staff member said, "I feel confident in raising any issues." Staff told us they had confidence to question the practice of other staff and would have no hesitation reporting poor practice to the manager. Staff said they felt confident concerns would be thoroughly investigated.

The provider used a resident/ relatives' survey to gain the views of family members and people. In the most recent survey in September 2014 people and relatives had scored the care as 'very good'. Their written comments included, "Friendly helpful staff who listen to residents and relatives and give individual care" and "Well run to a very high standard in a relaxed and caring atmosphere". Staff also felt encouraged to make suggestions for improvement at the home. Staff meetings were held on a monthly basis and we saw from the meeting minutes that staff were kept informed of developments to the service. Staff also participated in an annual staff survey.

The registered manager was active in the home throughout the day and engaged with people, staff and relatives in a warm and friendly manner. A relative said, "Don't think this is just because you are here today. She is always running about the home doing things and talking to people. She has so much energy and leads by example". We observed the registered manager and staff talking with people throughout the day and walking around the home ensuring people's needs were being met. Visitors were always greeted by a member of staff and if necessary taken to the person they were visiting, after signing the 'visitor's book'.

This was used to monitor the whereabouts of people in the event of a fire. People told us they were asked their opinions on a daily basis about their needs and how they liked certain things such as the meals.

One staff member commented, "The manager is very approachable – for us and the residents. When I pop in her office there's often a resident in there chatting or just spending time with her". Another staff member told us, "The manager is very good. She involves and includes us in everything. She listens and takes on board our views". Staff also felt valued by the provider. One staff member said, "The provider is friendly and involved".

The provider's values were outlined in their philosophy of care which was on display in the home and a copy given to each member of staff. The philosophy of care statement promoted people's wellbeing, choice, rights, individualism, fulfilment and privacy.

Incidents and accidents were reviewed to identify trends. Any outcomes were included in an action plan and reviewed regularly or if things changed.

The service had notified us of any incidents that were required by law, such as the deaths, accidents or injuries. We were able to see, from people's records that actions were taken to learn from incidents. For example, when accidents had occurred the registered manager had reviewed risk assessments to reduce the risks of these happening again. This helped to make sure that people were safe and protected as far as possible form the risk of harm.

Policies and procedures were reviewed on an annual basis to ensure they remained relevant and staff spoken to confirmed that they were aware of these policies and that they were accessible to them.

The registered manager carried out some quality audits including health and safety checks, fire safety checks and checks of the nurse call alarm system. The provider's representative visited the home frequently and spent time discussing the service with people and staff. They recorded what they found and an action plan of any issues that needed addressing was in place. For example, during the provider visit in January 2015 it was noted that the fly screen in the kitchen required replacement and a new food temperature probe was needed. Action plans clearly stated the required action to be taken and a date by which it should be completed.