The Fisher Partnership

Oak Trees Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection was carried out on 23 October 2014 and was unannounced.

Oak Trees Care Home is owned by The Fisher Partnership. The home is registered to provide care for up to 40 older people with nursing or personal care needs. It is situated in the village of Alne, near York. There is a registered manager in place. 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 registered manager was on leave at the time of our inspection.

We found that overall this service was safe and people told us that they felt safe living in this service. There were some minor improvements required to ensure that people remained safe in the environment. Staff were recruited safely and checks were made before staff were employed to ensure that they were considered suitable people to work with people who used the service.

Summary of findings

There were sufficient staff with appropriate skills and knowledge on duty to meet the needs of the people who used the service. There was some use of agency staff but this was well managed and only covering one current vacancy. Staff received supervision from more senior staff which enabled them to discuss any matters pertinent to their work and to develop personally. There was a full training programme in place and staff told us that there had been improvements in the frequency and type of training now available.

We observed that the staff spoke kindly to people and treated them with respect which was reflected in the good relationships between staff and people who used the service.

Staff were able to explain how they would safeguard people and if necessary how they would report any incidents that may have caused people harm. We saw that staff had received training in safeguarding vulnerable adults. This meant that staff awareness around safeguarding was good and therefore if any situation arose where someone was at risk of harm staff would know what to do. We found medicines were managed appropriately ensuring that people received their medication safely.

The nurse in charge understood the principles of the Mental Capacity Act 2005. No applications in respect of people being deprived of their liberty had been required but the nurse in charge was able to tell us how this would be done.

The environment was well maintained and decorated. The building was a converted farmhouse and appropriate alterations had been made, such as grab rails in bathrooms and hand rails in hallways. The building was accessible for wheelchairs. There were not many environmental alterations to allow for those with dementia related conditions to be safe and comfortable. The nurse in charge told us that there were not any people using the service with complex or late stage dementia. Activities were designed to provide interest and practical pastimes. There was an activity co-ordinator in place. Bedrooms were personalised and people had brought personal items and photographs to decorate the rooms.

There was an effective quality assurance system in place which helped in the development of the service and lead to improvements. This was being developed further at the time of our visit.

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?

Requires Improvement

This service was safe and people who used the service and their relatives told us that they felt safe. Some minor adjustments were required to the environment to ensure people stayed safe when in the service.

Safe recruitment practices had been followed and appropriate checks had been made into the suitability of staff who worked at the service.

Staff told us that they understood how to safeguard people and could tell us about different types of abuse. Training records showed that staff had received training in safeguarding vulnerable people

We found that medication was stored, recorded and administered safely in line with current guidance.

Is the service effective?

Good

This service was effective because it had taken account of the needs of people by training staff in relevant areas. There were appropriate staff in place to help with specialist needs.

Staff who came to work at this service received an induction which was then followed up by other more specific training.

Staff were supervised effectively by more senior staff.

People were supported to access a nutritious diet and where necessary supported to eat and drink.

The staff were following the principles of the Mental Capacity Act 2005 and were aware of how to make an application to request authorisation of a person's deprivation of liberty.

Is the service caring?

Good

This service is caring. Staff treated people with kindness and respect. Staff were cheerful and friendly and they knew everyone's individual needs.

One person told us, "I feel well cared for and can ask for anything I need".

Staff supported people to maintain skills and abilities such as mobility. A permanent physiotherapist was in the staff team. People were cared for and feedback from people who used the service and relatives was very positive in this area.

Is the service responsive?

Good

This service was responsive to people's needs and people's care files were individualised and detailed.

Summary of findings

Staff acted promptly when someone needed access to a healthcare professional and followed those visits up when necessary.

There was a full programme of activities which considered the interests and abilities of people who used the service. This was a flexible programme with input from people who used the service.

Is the service well-led?

Good

This service was well led. There was a registered manager in post with a settled group of staff.

There was a quality assurance system in place which led to service improvements where appropriate.

The registered manager had made statutory notifications to the Care Quality Commission where appropriate.

Oak Trees 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.

An unannounced inspection of this service was carried out on 23 October 2014. The previous inspection was carried out on 23 September 2013 and CQC had no concerns at that inspection. The inspection team was made up of an inspector and a specialist advisor. The specialist advisor was a qualified nurse with experience of focussing on quality and governance. There were 32 people living at Oak Trees Care Home on the day of the inspection.

Prior to the inspection we spoke with social workers, General Practitioners (GPs) and Adult Social Care Managers who had contact with the service. We reviewed all the information we held about this service including notifications we had received. Before the inspection, the provider completed a Provider Information Return (PIR) which we used to inform our inspection. 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.

We looked at care and support plans for three people who used the service, records relating to the management of the service, observed the administration of medication and checked the management of medicines looking at medicine administration records (MAR). We reviewed three staff files and the daily rotas.

We spoke with seven people who used the service, three relatives, the nurse in charge on the day of our inspection, the activity co-ordinator, two kitchen and domestic staff members and four care staff.

Requires Improvement

Is the service safe?

Our findings

This service was safe but required some minor environmental improvements. People who used the service and their relatives told us that they felt safe. One relative told us, "My relation has only been here a short time but I have felt very comfortable as staff have made sure they have everything they need and that they get the help required to stay safe". We observed that people were kept safe because there were sufficient staff in every area of the service giving support to people on the day of our inspection. This was confirmed when we looked at the rotas. On the rotas we saw that each day was covered by the registered manager or a qualified nurse. This meant that there was always a qualified member of staff on duty in the service.

We reviewed three staff recruitment records and saw that safe recruitment practices had been followed. This was confirmed by all the members of staff we spoke with. They told us that they had attended an interview, not started work until their Disclosure and Barring Service check had come through, had confirmed their work history and references had been verified.

Staff told us that they understood how to safeguard people and could tell us about different types of abuse. We saw from training records that staff had received training in safeguarding vulnerable people. All the members of staff we spoke with told us the process that they followed when dealing with a potential safeguarding situation which included reporting the situation to management or person in charge. This showed that staff had the knowledge to identify and alert someone to the possibility of abuse. There had been no safeguarding alerts made to the local authority since our last visit. There was a safeguarding policy in place and staff understood how to follow local safeguarding protocols.

We observed staff providing physical support for people throughout the day and any procedures to be undertaken were carefully explained to the person prior to the procedure being carried out sensitively and safely. This meant that people who used the service could be confident that staff were aware of how to keep them safe. Safety checks of equipment had been carried out and were up to date.

Accidents and incidents had been recorded fully. These were also checked regularly by the registered manager. The completed book we looked at included details of any incident and actions taken such as medical assistance being sought, equipment to be purchased or reminders to staff. There was a monthly accident analysis undertaken which included recommendations and implications of the incident. Annual accident statistics were also submitted to head office for analysis. This showed how the manager and staff were learning from these events and making improvements.

When we reviewed care and support files of people who used the service we saw that risks to people's health and wellbeing had being assessed and where a risk was identified, it had been acted upon. We saw that appropriate risk assessments had been completed for people and that the appropriate equipment was in place. People had moving and handling risk assessments in place which had been completed by the resident physiotherapist. Some of the risk assessments in the files we looked at had not been reviewed for several months and may not have been up to date. This may have meant that people did not have any current risks relating to their care fully recorded or acted upon by staff.

When people had presented with any medical needs staff had sought professional input from the appropriate health and social care services. This was confirmed by one of the GP surgeries used by the service who told us that medical assistance was sought promptly and appropriately. Social Services staff confirmed that appropriate and thorough assessments were carried out. One social care manager told us "Staff recognise their ability to provide appropriate care. The registered manager decided they couldn't meet one person's needs which we feel was actually quite positive as we would rather find an alternative now than do the 6 week review and then have to move the person again if it isn't the right placement". We could see that risks to people's health were managed well by staff.

This service provided care and support to 32 people on the day of our inspection.

We looked at how medicines were managed at Oak Trees Care Home and inspected medicine administration records. Qualified staff dealt with medicines for people who used the service. There were relevant risk assessments in place for people relating to medicines. We found that

Requires Improvement

Is the service safe?

medication was stored, recorded and administered safely in line with current guidance. We checked the controlled drugs (CD) and found that correct procedures had been followed.

Medication training was completed done by all staff administering medication and audit checks were carried out by the registered manager on a monthly basis. These had been completed consistently up to August 2014 although the nurse in charge was unable to locate September and October's checks during our inspection. Where the audit carried out had resulted in some discrepancies then appropriate changes to procedure had been made.

We observed during our inspection that the environment was not always safely maintained. We found an open window on the first floor with no window restrictor in place that was big enough for a person to fit through. We asked the nurse in charge to address this immediately and the window was locked and an appointment made for a window restrictor to be fitted before we left the premises.

We also found several cupboards, store rooms and other areas that were not locked. This included areas where people who used the service could have harmed or injured themselves such as cupboards of cleaning equipment, the laundry area (although this was staffed when open) and sluice areas. One unlocked sluice contained a bin with clinical waste in and no lid. This was an infection control risk. As some of the people who used the service may have had a dementia related condition it may have also been a risk due to lack of understanding regarding the danger of some items or areas. We asked the nurse in charge to ensure that these areas were locked and where appropriate locks fitted if they were not in place. They told us that this would be addressed immediately.

There was only signage in place to alert people to which room was which for a limited amount of rooms. The cupboards and areas such as the sluices were not signed and did not have any warning asking people not to enter these areas. This may have meant that people could enter areas without realising they were unsuitable for residents.

Good

Is the service effective?

Our findings

We reviewed three staff files and saw that when staff started work at this service they received an induction. They then went on to complete further mandatory training. The staff files we looked at confirmed that training in health and safety, food hygiene, fire safety, moving and handling people, first aid and safeguarding had been completed by staff. Specific training relating to people's medical conditions had also been completed including caring for a person with a skin condition, visual impact training, wound management, catheter care, managing falls risks, hydration and nutrition and dementia awareness. The training plan in place showed that most staff had completed these training courses in 2014 so training was fully up to date. In order for the staff to be supported in keeping training up to date the nurse in charge explained that the registered manager monitored the training needs of all staff. This was also discussed regularly at staff meetings. This meant that staff had up to date knowledge and were able to highlight further training needs when appropriate.

When we interviewed staff they told us that they had attended regular supervision sessions. The nurse in charge told us that the registered manager monitored supervisions. As the registered manager was not present during the inspection it was not possible to ascertain whether this was done through a plan or diary. One staff member told us, "I have supervision on a regular basis. We can raise concerns, or talk about training needs or challenges. The registered manager is approachable". Documents confirmed that supervisions had taken place. The notes we looked at showed that staff were enabled to discuss any work related matters and discuss personal development with their supervisor which would enhance their practice.

We spoke with staff about working in the service. Comments made to us included "I love working here. You really feel like you can make a difference" and "I am proud to work here and have been able to develop myself".

We could see that most of the service was appropriately decorated. People's bedrooms were decorated in an appropriate style and included personal items. We asked people if they were able to navigate around the building safely and they told us they were. There were several communal areas for people to use and these were furnished accordingly. We noted during our inspection that some areas were carpeted with patterned carpet. It is recognised that patterned carpet can be confusing for people with a dementia related condition or visual impairment. We also observed that some lighting in the home was quite dim which may have made it more difficult for people to navigate easily.

We observed a mealtime in the dining room and saw people receiving support from staff to eat and drink in their own rooms and in lounge areas. On the day of our inspection a main hot meal was offered at lunchtime including a dessert. Alternatives were seen to be offered where people did not show interest in their meal. Choices were specified earlier in the day but staff explained that people sometimes changed their minds and this was easily managed by the kitchen. All staff had completed food hygiene training. People were given sufficient to eat and the menus showed us that people got a balanced diet which included all food groups. Drinks and snacks were offered to and available in communal areas for people throughout the day.

We spoke with people who used the service about the food and drink. Comments included "The food is home cooked and always nice" and "There are plenty of things to choose from and always fresh fruit available".

When we examined care and support plans we saw that people's health needs had been reviewed and people had been referred for specialist support. We saw examples such as visits to the GP and other external services such as the speech and language therapy team (SALT). This meant that people were supported by staff to access specialist healthcare when it was necessary.

If someone was assessed as being at risk of malnutrition through use of a nutritional risk assessment staff had made a referral to the dietician. People who were identified as at risk of choking had then been assessed by the SALT team. The SALT team were then able to risk assess the person and give guidance about the types of food or the way food should be prepared in order to minimise any risk. Staff were aware of people's specific needs which were recorded in the person's care plan and that information was passed to all staff.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any

Good

Is the service effective?

decisions are made in people's best interests. No applications had been required or made to the local authority for deprivation of liberty safeguards to be put in place for anyone currently using the service. The nurse in charge felt that the registered manager was fully aware of how to make an application. When we spoke with care staff they were less clear on the process for DoLS and mental capacity assessments. They demonstrated a basic understanding but had not received any specific training in these areas. There was a safeguarding policy in place which included an overview of DoLS and a policy relating to consent included some information about MCA. However there were no separate policies for these areas. This may have meant that staff would not have had clear guidance on how to deal with any mental capacity issues.

Social care staff we spoke with prior to the inspection told us they felt the registered manager had a good understanding of capacity and was fully committed to following good practice guidelines for things such as Lasting Power of Attorney (LPoA). For example, one social care manager told us "When the registered manager was asked to go and assess two people she responded very quickly and seemed to grasp their circumstances very quickly". Another told us "When a person had first moved to Oak Trees we had not been able to trace their family. In the belongings taken to the care home the registered manager found the address of a relative and helped the resident write to them – as was their wish. We were then able to contact and involve the family. This person had a lot of belongings – books and photographs of sentimental value - the registered manager has agreed for them to have some of them in their room". Another told us "A person I supported to move into the home had both mental capacity and best interest decisions, which were completed appropriately. They have settled very well".

Good

Is the service caring?

Our findings

We observed that staff interactions with people were very good. The staff were cheerful and friendly. People told us that they were happy to talk to any of the staff if they needed to discuss anything. Staff and people who used the service knew each other by their first names and appeared relaxed in each other's company.

A person who used the service told us "The staff don't rush you and chat away to you, which is nice". Relative comments included "I am very satisfied with the care and feel this is a lovely home", "They look after my relative very well" and "They are treated as individuals in whatever they are doing. Their wishes and independence are respected". Our observations confirmed that people felt well cared and relaxed within their home environment.

Each person had their own room and we saw staff knocked on the door before entering ensuring that people had their privacy maintained. Staff responded to people's wishes positively and spoke to them in a respectful manner. They were compassionate and supportive to people and worked in a discreet way when they were providing support such as personal care. We saw that all bedrooms had call bells in reach of the person and when people were in communal areas call bells were placed within reaching distance. The call bells were answered quickly during our inspection.

We observed staff giving people information about what was going to happen to them. For instance, we saw a member of staff explain to a person who used the service what was about to happen in relation to being moved and lunch being served as well as what was due to happen throughout the rest of the day. We also observed that people's wishes were listened to and acted upon by staff. For example, one person requested to go to their room for a nap after lunch and be woken up at a specific time. The staff members supported the person to their room and were seen to return at the allotted time to wake the person for afternoon tea.

Communication was in an appropriate language and tone and carried out with enthusiasm where needed. Staff members listened and encouraged people to eat and drink during mealtimes and take part in various activities. When we spoke with staff they demonstrated a good understanding of the need for effective and caring communication and felt that this was shown by all staff throughout the home. All those we spoke with who used the service confirmed that staff were friendly and helpful.

We saw that people who used the service and their relatives had been involved in setting up care plans. Relatives we spoke with confirmed that this had been welcomed and was a very positive aspect of the service.

We observed the lunchtime period. We observed staff assisting people to eat and drink and this was done respectfully, at an appropriate pace and with care. People who used the service confirmed that they were able to choose where to eat their meals. One person told us "The view from the dining room is lovely. We all sit in the same places and get to know each other".

Good

Is the service responsive?

Our findings

We saw that people's care files were person centred and kept up to date. There were separate care plans for each area of need. For instance in one person's care plan we saw there were completed documents regarding personal hygiene, communication, continence and pressure care. A social assessment was also included although in the files we looked at these were not always fully completed. These included details regarding the person's social history, entertainment and hobbies and any routines they might have. Each of the care plans included aims, a summary of the person's strengths and needs, any preferences they had and details of any reviews that had taken place. The ones we looked at were all signed by the person themselves. This meant that their care profile included a wide range of information designed to assist staff to support them effectively. When people's needs changed this was clearly recorded and we saw evidence that as well as care plan updates, the changes would be discussed in staff handovers. This ensured that everyone was aware if there were any changes in support needs.

The home had an activity co-ordinator who had developed a flexible activity programme based on people's interests, abilities and skills. There were a range of activities on the schedule which included one to one activities, small group activities and things that happened in communal areas so that anyone who was interested could join in. During our inspection we saw a chair aerobics session taking place, and a craft activity session in the afternoon. Staff encouraged people to join in with relevant activities and demonstrated good knowledge of what each person's preferences were. The activity co-ordinator put the programme together a month in advance and then asked for feedback from the residents at the end of each month to ensure popular activities were done regularly.

When we spoke with people about activities they told us that there was plenty to join in with and that staff always took the time to chat and socialise. They told us about trips out earlier in the year and memorable activities they had joined in with more recently. They also told us that the activity co-ordinator was very flexible and would even come in during evenings and weekends if the activity required it.

People were supported to maintain their family and other social relationships and we spoke with relatives of people who used the service during our inspection. One relative told us "I come daily as I live locally. I am definitely happy. Staff are friendly and helpful and there is a homely feel. I have been given lots of information".

People told us they knew how to raise a concern or make a complaint if they wanted to do so and they felt this was easy to do. All those we spoke with felt that there would be a satisfactory response from staff. We were told about three examples where small concerns had been raised and these had been addressed quickly and appropriately. A relative told us "When my relative first arrived we were worried about them not eating enough and this was quickly resolved by staff. Anything we have raised has been responded to immediately".

There was a complaints procedure in place which included verbal or written complaints. There were clear guidelines regarding the time for response and the ways that complaints could be escalated if the person was not happy with the response received. This was clearly displayed in areas of the home. The nurse in charge on the day of the inspection was not aware of any formal complaints having been raised. We received some information from a member of the public prior to the inspection who felt that they had concerns and these were not handled in a way they were satisfied with. However, as the registered manager was not present during the inspection we were unable to locate any records regarding this complaint and whether any action had been taken.

We could not locate any records of any other complaints received by the home during our inspection. The provider completed an information return prior to the inspection that indicated one different complaint had been received which was being dealt with by the service. The form indicated that the provider was dealing pro-actively with the complaint. As we were unable to locate the complaint records it was not possible for us to make a full judgement on responses or investigations that had taken place relating to the complaint raised with us.

When we spoke with staff they told us that they would not hesitate to raise any concerns with the registered manager and that if any complaints or grumbles were received this was then discussed at staff meetings to ensure that lessons were learned from all issues raised.

Good

Is the service well-led?

Our findings

There was a registered manager who had been in post at this service for five years. Staff told us that the registered manager had an open door policy for staff, people who used the service and visitors.

Staff told us that the manager was very supportive. One staff member we spoke with said “This is a good place to work”. Another told us “This is a good, caring home and all the carers have an excellent approach to ensuring dignity, privacy and the wishes of the resident are the priority”. When we spoke with the nurse in charge she told us that the ethos of the home was that the residents were always at the centre of everything that was done and the registered manager fostered this ethos with all staff. People who used the service told us that they liked the registered manager and that they saw them regularly around the home. One person told us “The registered manager takes the time to listen to you and nothing is too small to raise”.

There were daily handover meetings. We looked at notes from these which were detailed and informative. Regular staff meetings were also held for staff so that the registered manager could share information. We observed staff approaching the nurse in charge during the day to ask for advice and guidance and they always got a polite response, including encouragement to make decisions for themselves, where appropriate. One of the social services staff we spoke with prior to the inspection also commented that whenever they were in the home the registered manager’s door was open and staff, residents and relatives ‘popped their head in’ to ask questions and pass on information and this was always dealt with professionally and constructively.

When we spoke with the nurse in charge she felt that the registered manager was clear about the key challenges for this service and how they might address them. There were regular meetings with people who used the service. Within the minutes from these meetings we saw that people were asking questions on a variety of topics and were given open and honest answers. They were able to make suggestions and give feedback about various elements of the service. This meant that feedback from people using the service was used to make improvements.

A relatives’ survey had been completed in September 2014 which covered a wide range of topics including making choices, personal care, privacy and dignity, raising concerns, safety, equality, social aspects of life in the home and independence. The nurse in charge knew that these were sent off to head office when completed. However they were unsure how they were analysed, whether action plans were developed in response or if people were given feedback about the results. The nurse in charge explained that this was something the registered manager was responsible for organising.

The nurse in charge explained that the registered manager carried out regular audits of various areas. During the inspection we were only able to locate the audits for medicines and room cleaning, and accident and falls analysis. The nurse in charge told us that the registered manager carried out a wider range of checks and audits than this but we were not able to locate the relevant records of these checks. We also saw evidence within care plan files that these were reviewed every six months or more often if required. The checks and audits we looked at were thorough and up to date. However we were not able to ascertain the full complement of audits carried out as we could not locate the appropriate documents.

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 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises The registered person had not ensured that service users and others who had access to the premises were protected against the risks associated with unsafe or unsuitable premises by means of appropriate measures in relation to security of the premises and adequate maintenance.