

Cedar Care Homes Limited

Oakhill Mansions

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Oakhill Mansions is registered to provide accommodation and nursing or personal care for up to 90 people. The home is arranged over three floors. On the ground floor is Queens Wood Wing which has 19 bedrooms, on the first floor is Kingsley Wing with 31 bedrooms and, on the second floor Princeton Wing has 26 bedrooms. There was a separate building called The Lodge, which accommodated 14 people. At the time of our inspection 86 people were living at the service.

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

Oakhill Mansions benefited from a strong leadership team who were passionate about providing care that was tailored to the person. They were striving to provide a service that was excellent, using innovation to improve the lives of people they were supporting. Feedback from professionals, relatives, people and staff was extremely positive. Where people had raised minor concerns there was a proactive approach to improve their experience.

People were supported by suitable numbers of staff based on their support needs. People had named staff to ensure their needs, goals and aspirations were being met and to enable positive relationships to be built. There was a planned approach to ensure people had meaningful activities. Wellbeing staff had been introduced to compliment the care staff in providing people with regular social occupation.

The service supported people who had been discharged from hospital but were not ready to go home. Health and social care professionals spoke very highly about the service, that they often went over and above to support people and worked to a consistently high standard. The leadership team and staff worked in a collaborative way liaising with the person, their family and health and social care professionals to ensure a positive outcome whether that was to remain in Oakhill Mansions, to return home or to explore other care facilities.

Risks to people's safety were assessed and monitored and there were systems in place to safeguard people from the risk of abuse. Safe systems were in place to manage people's medicines. Staff had received training to ensure people were safe including safeguarding, health and safety, first aid and medication training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Safe infection prevention and control processes had been implemented to keep people safe. Staff had received training in the management of infection control. People were supported to keep in contact with friends and family and there were no restrictions of visiting at the time of the inspection.

Staff were safely recruited, had received an induction and completed ongoing training. Effective

communication was in place to ensure all staff at all levels were kept up to date enabling them to provide care to a high standard.

There were robust governance processes in place to continually drive improvement.

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

Rating at last inspection and update

The last rating for this service was good (published 2 November 2017). The service continues to be rated good based on the findings of this inspection.

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding. This report only covers our findings in relation to the Key Questions Safe, and Well led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oakhill Mansions on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Oakhill Mansions

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by 2 inspectors and an Expert by Experience on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day 1 inspector completed the inspection.

Service and service type

Oakhill Mansions is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Oakhill Mansions is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people living at the service and 8 relatives about their experience of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 9 members of staff, a visiting health professional, the registered manager, the clinical manager and the provider. We received 11 emails from staff telling us about their experience of working at Oakhill Mansions. We also received feedback from 5 visiting health and social care professionals.

We viewed a range of records and documents. This included 8 people's care records and medicine records. We looked at 2 staff files in relation to recruitment and staff supervision. We checked a variety of records relating to the management of the service. This included policies and procedures, quality assurance checks and health and safety documents. The registered manager continued to send additional information that we had requested. We considered all this information to help us to make a judgement about the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe. Comments included, "I feel safe here and would recommend it to anybody", "It's a nice place, they treat you nice", and "The staff are good, they look after me pretty well".
- Staff had received training on identifying and reporting abuse and knew what action to take if they identified abuse. Policies and procedures were in place for staff to follow.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. Measures were put in place to ensure any further risks were mitigated.

Assessing risk, safety monitoring and management

- People were kept safe because risks were known and documented. Risk assessments were in place and kept under review. These included falls, pressure wounds and risks relating to eating and drinking. Staff knew people well and understood their risks and how to manage them safely.
- Checks were completed on equipment such as moving and handling equipment, fire equipment, electrical and gas appliances. Staff participated in annual fire training, first aid and health and safety training.
- People had personal emergency evacuation plans in place. This meant staff and emergency services knew what support people needed in the event of an emergency.
- Two of the lounges in the main building had a voile canopy on the ceiling, which covered the fire sensors. The registered manager took proactive action to provide us with evidence that these were safe. In addition, an Avon fire safety officer was planning to visit the service to provide further assurances.
- Water temperatures were being recorded. It was noted that these exceeded the recommended temperature of 44 degrees and some areas were 50 to 60 degrees in people's bedrooms. We were told this was because staff were checking the pipe below the sink and not the water flow hence the higher temperature.
- Where temperatures exceeded 44 degrees such as in a treatment room there was no signage. This was addressed at the time of the inspection with signage and an emergency plumber was contracted to inspect all water outlets. The registered manager had been proactive to our findings and taken the appropriate action to ensure people were safe.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- The registered manager and the clinical had a system to monitor when applications had been submitted and when they were due for renewal.

Staffing and recruitment

- People were kept safe because staffing was planned and kept under review. There were four teams consisting of a wing manager, registered nurses, care staff and wellbeing staff. Regular and familiar agency were employed to cover shortfalls and were very much seen as part of the team.
- Staff confirmed there were sufficient staff and they worked as a team to support people.
- People spoke highly of the staff. Although two people told us there was occasional delays in staff answering their call bells. One person said this was noticeable in the morning. The registered manager assured us they would review the call bells and seek ways of improving the person's experience. Post inspection the registered manager shared with us call bell audits, which showed staff were responding to these promptly.
- Safe recruitment processes had been followed when new staff commenced employment. This included seeking references and completing checks with the Disclosure and Barring Service to ensure applicants were of suitable character to work with vulnerable people.

Using medicines safely

- Medicines were managed safely. Where people were prescribed 'as and when required medicines, there were clear written protocols in place to guide staff on administering these.
- Medication audits were completed along with regular stock checks to ensure people received their medicines when needed. Only staff that had been assessed as competent were able to administer medicines to people.
- Medicines were reviewed with health professionals to ensure they were appropriate.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider's approach to visiting was in line with government guidance and there were no restrictions to visiting at the time of inspection.

Learning lessons when things go wrong

- Safeguarding concerns, complaints, accidents and incidents were reviewed and analysed to ensure themes were identified, and appropriate action had been taken, including looking at ways of preventing a reoccurrence. Any learning was communicated with the team.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Working in partnership with others

- The service worked collaboratively with all relevant external stakeholders and agencies. It worked in partnership with health and social care professionals to ensure people received joined up care and experienced positive outcomes. Feedback from all professionals that visited Oakhill Mansions was positive in respect of the staff, their approach and the leadership.
- Professionals gave us examples where the service had gone above and beyond in supporting people on occasions enabling them to return home or prevented a re-admission into hospital. For example, some people on admission were distressed. The team put in the right approach and positive engagement enabling the person to settle into life at Oakhill Mansions. A professional told us, "They work extremely well with our service. Oakhill Mansions are crucial to our service".
- The home had 20 Pathway 3 beds, which had enabled people to be discharged from hospital safely enabling professionals to continually be involved in their care. Weekly meetings were held with all professionals involved, the leadership team and staff to ensure the care was co-ordinated.
- The registered manager, the team and the provider were proud of the work they were doing to reduce the pressures on hospitals and helping people with a safe discharge to Oakhill Mansions. They told us that they had supported at least 100 people in the last 12 months and approximately 25% had chosen to remain in the home, others had returned home or had chosen care homes closer to family.
- The service was part of a local initiative called the Care Home Interface Project which consisted of medics and health care professionals who conduct detailed reviews of medical needs of people to prevent hospital admission. This was positively viewed by the service in making ongoing improvements to people's care such as reviewing end of life care plans that had been completed in hospital to ensure they were still appropriate and based on the person's wishes.
- The Dementia Wellbeing Service were very much involved in the service and had completed Dementia Care Mapping. This is an observation tool for people with advanced dementia and allows you to observe them and to find out how to enhance their wellbeing. The registered manager told us this had been viewed positively by everybody involved and had helped with purchasing meaningful items or organising outings for people improving their wellbeing. A health professional told us, "All advice that I provide in relation to residents' wellbeing needs are addressed or already in place".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture in the home where staff at all levels were committed to providing person centred care and delivering this to a high standard. Staff we spoke with showed a good understanding of

people's support needs and individual personalities. The registered manager and clinical manager had an extremely good oversight of the service.

- The registered manager operated an open-door policy. Staff spoke positively about the management of the service and how they enjoyed working and making a difference to the people they supported. One member of staff said about the registered manager "His friendly and inspiring character makes our day run smoothly". Another member of staff told us, "The management team are motivational and this flows through the home" and another member of staff said, "(names of registered manager and clinical manager) are amazing".
- The registered manager was passionate about providing care that was holistic and continued to look at people's aspirations and wishes. New roles had been introduced and a team of wellbeing staff had been recruited. Lots of work had been completed finding out what people wanted in respect of meaningful activities. People's interests were explored, and they were linked with staff with similar interests. There was an action plan driving further improvement and the development of the team.
- People and their relatives spoke positively about the care and support that was in place. One person said, "It has been wonderful, cannot fault it". A relative said, "So lucky to have found Oakhill Mansions".
- Three people and a relative did share some minor concerns in respect of missing glasses, the food was not always hot enough, and one person feeling there was a lack of suitable activities for them. With their consent this was fed back to the registered manager. The registered manager assured us this would be followed up and action taken to address these areas to improve the person's experience. On the second day staff were telling us what they were doing to improve the experience for the three people.
- Health and social care professionals spoke highly of the service and the care and support that was in place. A health professional told us, I have found working with Oakhill to be a positive experience and have always thought their approach has been good and in the best interests of their patients".
- Another health professional said, "(Registered Manager) always seeks to de-escalate tense and emotionally charged situations by negotiation with family, staff and professionals alike. He and (name of clinical manager) are hardworking and a great team".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the duty of candour, that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.
- Staff knew they had to report concerns to the registered manager and were confident that these would be acted upon.
- The registered manager had a good understanding of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and ensured they kept up to date with best practice and service developments.
- Safeguarding, incidents and accidents resulted in a prompt comprehensive review and actions were taken to safeguard people. The registered manager was aware of their regulatory responsibilities including when to submit appropriate notifications to CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a robust quality monitoring process. A range of audits were undertaken regularly by the senior management team and staff. For example, infection control, medicines, clinical indicators such as wound care, staff training, care plans and the environment.
- In addition, the management team completed audits that aligned with the key questions of safe, effective, caring, responsive and well led. Action plans were developed to address any shortfalls and drive improvements. These were closely monitored by the area manager and the provider to ensure ongoing compliance.

- The registered manager met twice weekly with heads of departments to ensure key messages about people and the home were shared in a timely way and to manage any risks.
- Daily handovers were taking place to keep staff up to date with any changes to people's care and updates in respect of changing government guidance. Weekly clinical meetings were held to discuss any changes in people's presentation and wellbeing.

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

- From discussions with staff and people, care was planned with people and individualised, which respected people's equality characteristics. People's views and those of their relatives were sought as part of their care reviews and recorded. A health professional said, "People speak very highly of their care and the support that was in place".
- Surveys were completed by staff, people and their relatives annually. The response to the last survey had only captured a response from 20 people. The provider and the registered manager were reviewing how they could capture and improve on how they were presently capturing people's views and were planning to introduce a survey for people to complete on discharge from the pathway 3 beds.
- In addition, people views were sought as part of the management daily walk arounds and resident and relative meetings. The last relative meeting was in September 2022. There was a further one planned for March 2023, but this had to be cancelled. The registered manager said moving forward these would be planned every four months.
- The registered manager told us they were contacting local schools as part of an initiative to bring the community into Oakhill Mansion and monthly coffee afternoons were being organised to enable relatives to get to know each other. Links with the local church had been built with regular visits from the local vicar. The registered manager told us in their PIR they offer to bring in clerics or faith-based leaders appropriate to people's needs.

Continuous learning and improving care

- It was evident the provider and the registered manager had visions for the service to further enhance the quality of care provided to people. Each person had a small team of staff allocated to them enabling them to foster positive relationships and support them with their wishes and aspirations. This had recently been introduced to the home and was being embedded throughout the home, enabling people to foster closer relationships with named staff.
- People and their relatives had been involved in a recent survey about their meal experience. The service was looking to introduce healthier menu planning. They were working with a dietician to offer people more healthier choices, which did not specifically focus on traditional meals. The registered manager told us "Our aim is to improve quality of life by offering exceptional, innovative food that is also healthy". They said. "Research has shown that people would experience less stresses of dementia".
- New training had been cascaded to 30 staff on dementia enabling them to use an electronic app to assist on the interpretation of what a person was saying or doing if they had dementia. The management team were passionate about the impact this could have on people including having a better understanding of the person and reducing some of the emotional anxieties people might experience. An example was given where a person had an interest in electronics and had benefited from a board with electrical switches and gadgets. Other examples were people had benefited was from doll and pet therapy to reduce emotional stress.