

Nottingham City Council

The Oaks Residential Home

Inspection report

Campbell Street
St Anns
Nottingham
Nottinghamshire
NG3 1GZ

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Tel: 01158762997

Website: www.nottinghamcity.gov.uk

Ratings

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

Summary of findings

Overall summary

About the service

The Oaks Residential Home is a care home, providing personal and nursing care for up to 42 people aged 58 and over. At the time of the inspection, the service was supporting 39 people in one adapted building across 5 separate wings. One of the wings specialised in providing care to 8 older people with learning disabilities. People in this wing had needs that were similar to other residents living at the home. People received planned and co-ordinated person-centred support that was appropriate for them and supported independence, choice and inclusion in the home and local community.

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

People received safe care and told us they felt safe. Staff were aware of their responsibilities to keep people safe from abuse and discrimination. People were protected from the risk of harm.

People told us there were enough staff and they received care that was un-rushed. People told us they thought staff were well trained and had the skills to provide for their care needs.

People told us, "It is a very happy and relaxed home, I think it is excellent. We have our hair done, we play the lottery and we play games."

People received their medicines as prescribed, in a safe and timely way, from staff who were adequately trained.

People were supported to maintain a balanced diet and mealtimes were a pleasant experience.

People's care plans were person centred and staff had the information they needed to respond to people's health conditions. Technology was used to reduce risk for people and to support them to be as independent as possible.

People were supported to maintain hobbies and interests and family and friends were welcomed to visit.

The service was well led, people had the opportunity to give their views about how the service was run. Staff felt well supported by the management team. Systems were in place to monitor accidents, incidents and complaints to learn lessons and make improvements.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People were supported to experience new opportunities by accessing different activities. People's independence and inclusion was supported, and people could access all the facilities in the home and in the local community. People were offered choice of what care they received and what they did on a daily basis.

The service was working within the principles of the Mental Capacity Act. 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.

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

Rating at last inspection

The last rating for this service was Good (report published 6 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our Well-led findings below.

Good ●

The Oaks Residential Home

Detailed findings

Background to this inspection

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Oaks is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information, we had received about the service since the last inspection. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, team leader, care workers, the chef and housekeeper.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We used a Short Observational Framework (SOFI) for inspection. SOFI is a way of observing care to help us understand the experience of people, who could not talk to us.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home, one person told us, "If I had a concern I would report it to my key worker or the team leader."
- Staff received safeguarding training and could tell us the signs of abuse and who they reported concerns to, in order to keep people safe. There were policies and procedures to support staff knowledge.
- The management team understood their responsibilities to keep people safe from avoidable harm and abuse. Safeguarding concerns were reported to the local safeguarding team and CQC for monitoring purposes.

Assessing risk, safety monitoring and management

- People's risks had been assessed and documented and were regularly reviewed when their needs changed. We saw specific risks identified, such as people being told of the risk of emollient creams and smoking.
- There were regular health and safety audits to ensure the environment was safe. Staff told us they received training in moving and handling and had equipment training to ensure they were assisting people in a safe way.
- People had personal emergency evacuation plans, to inform the emergency services if they required support to leave the building. The service used the Herbert protocol, an identifying document in the event people went missing.
- People's challenging behaviour was managed, we could see recent incidents recorded and strategies staff had put in place to support the person.

Staffing and recruitment

- There were sufficient staff to meet people's needs. Staff told us staffing levels were good and they rarely used agency as staff worked flexible shifts to cover sickness.
- People told us there were enough staff, "There is always somebody there you can go to."
- The service followed safe recruitment procedures to ensure staff employed were suitable for the role.

Using medicines safely

- Medicines systems were safely organised, and people received their medicines when they were prescribed. Staff followed safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff received appropriate training and had their competency assessed by a senior carer. Weekly

medicines audits picked up any errors and staff could tell us how they were managed, and what support they were offered.

- People told us they received their medicines when they needed them and as prescribed by their GP.

Preventing and controlling infection

- The service was clean and tidy, one person told us the home was, "Always lovely and clean."
- Housekeeping staff told us they had enough time and equipment to clean adequately, and cleaning products were safely locked away. Staff had training in infection control which was supported by policies and procedures. We saw staff wearing protective clothing, such as gloves and aprons, at the appropriate times.
- Staff had training in food hygiene to ensure food was handled and prepared safely.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. Staff understood how to report incidents and accidents. We could see they were recorded, reviewed and discussed at team meetings. The registered manager gave us an example of an audit they had completed following an incident to ensure people were safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were pre-assessed before they arrived at the home, and care plans reflected their physical, mental and social needs. Care plans were detailed and personalised and updated with people as needed with a formal review once a year. People with learning disabilities were invited with their families to visit the home before they moved in to ensure it was suitable and met their needs.
- Documents called 'All about me' gave staff an overview of people's likes and dislikes and helped staff support people to make choices about their care. Nationally recognised tools were used to assess risk, such as the Braden scale for skin care and the Malnutrition Universal Screening Tool for nutritional needs. People's behaviour was monitored to plan effective strategies to support people. Staff told us about one person and how they had identified triggers to behaviour and what they had put in place to support that person.
- The management team supported staff to provide care in line with national guidance and best practice.

Staff support: induction, training, skills and experience

- Staff completed an induction period and training when they started at the service. People told us staff knew what they were doing. One person said, "They have to have training to move people with those hoists."
- Staff told us they received regular supervision and appraisals. Each wing of the home had a senior member of staff as a team leader. Staff told us they felt well supported by the management team and communication was good. Staff working on the learning disability wing had specific learning disability training.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us, "The food is lovely, we always get a choice." One person showed us the menu on the wall with pictures and large print. Another person said, "We choose our food every day, I even have a little fridge in my room."
- People were supported by staff to eat and drink, cultural needs and dietary preferences were recorded. We observed people were offered different sized plates according to how much they preferred to eat. Senior care staff spot checked the food, by eating with people once a month. People told us they were involved in menu planning at resident's meetings.
- Each wing had its own kitchenette, so people could prepare drinks and snacks themselves, and meal times were flexible. A breakfast club had been arranged to encourage people to socialise over a cooked

breakfast in the mornings. Dining areas were clean and light. We saw visiting families making themselves drinks which made it feel more like home for people.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- People told us they were supported to access a range of healthcare services in a timely manner. The service established close contact with the GP's, the dementia outreach team and falls prevention team to ensure people's needs were effectively assessed and supported. Technology such as telemedicine was used to support people's independence. Telemedicine allows staff to access external health care professionals for advice if people's health care needs change.
- People had grab sheets available for staff to pass on to the hospital in the event of someone becoming unwell. The service used a vanguard red bag system which ensured that everything a person needed for an emergency admission to hospital was in place with them.

Adapting service, design, decoration to meet people's needs

- People had personalised their rooms to their taste, and all the bedrooms were en-suite.
- There were lots of communal areas for people to sit and spend time with friends and family. A relative described the home as, "Homely and cosy." There was a sports room and a bar with a games room, one person told us, "I love coming down here for my pint".
- There was a garden where people grew food for the kitchen, and a small shop where people could buy toiletries and treats, they had requested.
- The building was fully accessible with lifts to the upper floor. The home and the minibus were wheelchair friendly, so people using wheelchairs were not restricted. People living in the learning disability wing were able to access all areas of the building, independently where possible.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorized and whether any conditions were being met. Staff had received training in the MCA and could explain how they supported people. For people who had DoLS, the conditions were being met.
- People told us that staff asked for their consent before providing care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were, "Kind and caring, nothing is too much trouble for them." We saw one person who was upset their visitor was not there. A member of staff pulled up a chair and held their hand and reassured them visitor was coming later, then offered a cup of tea and biscuits while they waited.
- One person told us their relative also lived at the home and thought it was like a hotel, "She is in hospital now and she hopes they will send her back here again."
- The service had a cultural corner for people to learn about different countries. People told us they had just celebrated Jamaica Independence Day and had enjoyed eating Caribbean food and listening to Reggae music.

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

- Staff told us they had time to spend with people to ensure the support they needed was available.
- People told us they were involved in discussions about their care, one person said, "Yes, in fact we went through my care plan a couple of days ago." Staff supported people with learning disabilities to make day to day choices in the way they received care.
- Staff told us they used advocacy services if necessary and told us about an occasion where a family disagreed with a choice their relative made. The advocate supported the person to negotiate what they wanted. Advocacy services speak up on people's behalf.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff treated them with respect and dignity. One person said, "When staff help me, I never feel rushed." Another person told us, "When I have a wash, I do what I can, then they help me."
- People told us staff knew them well, and their possessions were looked after. People could have keys for their rooms if they wished.
- Staff told us they always knocked on doors and did not disclose any information about people. There was a staff member who was a dignity champion on each unit. We could see work they had done around the home to promote dignity, such as a dignity tree, where people were invited to post messages of what dignity meant to them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good At this inspection this key question has remained the same.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they were involved in their care planning, "I have a keyworker that supports me." People's plans of care were developed before people were admitted or on admission to the service. Plans were person centred and individualised to people's needs. A relative said, "Staff make the time and effort to understand people's individual needs."
- The service had an equality diversity and human rights policy to protect people from discrimination which staff followed.
- People told us there were lots of activities provided by their coordinator, and we saw pictures of lots of events that had occurred. We could see that events and activities suited people's individual preferences. The service had a minibus to access the community and went out on trips twice a week. One person said, "I had a friend visit this morning, this afternoon I am going out on the bus, we go all over the place." There were links to the local community, a hairdresser and barber were available on set days and there was a newspaper stand for people to keep up to date with news.
- People with learning disabilities were involved with their care planning and accessed the same facilities as other residents. Planning was personalised to their needs and preferences. People's day to day decision making and choice was promoted, from what they wore, to what activities they did or where they went out. One person was supported to maintain a relationship with a partner who visited regularly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed One person with severe dementia had a care plan which contained detailed information for staff, on how to interpret the persons facial expressions and how to interact with that person. People with learning disabilities had communication passports in place to help staff offer them choice.
- There was information available in large print, brail, pictures and easy read. We saw information on how to complain was translated into a number of different languages.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and people received a copy in their handbook.

- We saw a complaint that had been investigated and resolved immediately.
- People told us they were happy to raise concerns with their keyworker or a team leader. One person said, "Staff are very good to me, I have nothing to complain about." We saw lots of thank you cards, complimenting the care received and the activities on offer.

End of life care and support

- There was no one receiving end of life care at the time of the inspection
- There were end of life plans, which included, advanced wishes and do not resuscitate orders in people's care plans. All staff had received training in end of life, and two members of staff had recently attended the gold standard framework end of life training with a plan to further improving the care offered.
- We saw thank you cards from relatives about the care their family member had received at the end of their life. Relatives complimented the care shown by staff and how much support the family had been offered at such a difficult time.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was committed to continually improving the service and providing person centred care and support. Staff told us the registered manager was very good and it was a happy place to work. "I love my job, the team is brilliant, it's the best home, people here are like family".
- Staff told us that working in smaller units within the home ensured that they could deliver person centred care and they knew people well.
- People were happy with the care and support they received and told us the home was well managed. One person said, "The registered manager takes time to speak to people, in fact they came and spoke to me this morning."
- People were supported to remain active and leading fulfilling lives. People with learning disabilities were supported to take part in meaningful activities and maintain relationships with friends and families. Independence was promoted, and people were supported to be involved in the local community. People were supported to maintain contact with previous day centres they attended and establish new friendships.

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 understood duty of candour and we could see how this was acted upon after a medicines error with the person and their GP being informed of the event.
- The registered manager understood their responsibilities and knew what they needed to report to CQC under their regulatory requirements.

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

- Staff understood their roles and responsibilities and there was a clear staffing structure within the home. Staff knew who to report to and told us each unit worked well and communication was good across the units and home.
- Monitoring systems were in place, to monitor quality and safety of the service, including regular audits of health and safety, medicines and premises. The service had an arrangement for a corporate colleague to perform a monthly audit of the service. The corporate team also logged and tracked themes of incidents, which the registered manager responded to. We could see issues that were identified and clear action points

and when these were completed.

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

- People told us they had regular meetings. One person said, "They ask us if we want to change anything." People's friends and families were regularly invited in for events at the home and special occasions were celebrated. There were regular monthly meetings for people and families to make suggestions and an annual survey to gather views.
- Staff told us they had regular meetings where they could suggest changes. One change we saw was a suggestion to have smaller plates for people who did not like to eat large meals.
- The home had links with the local community with university students volunteering and local school children who visited. There was a religious person who visited and the opportunity for people to attend church services.

Continuous learning and improving care

- The registered manager kept up to date by attending managers forums and by subscribing to various journals and healthcare related websites. Senior care team leaders went to other homes to compare best practice to improve care.
- Staff who were innovative were nominated for care awards and regularly thanked for hard work.
- Staff received training updates at meetings and had a policy of the month as part of their continuous learning. We saw staff had received recent training in medicines guidance following National Institute of Clinical Excellence guidelines on covert medicines.
- Staff had lead roles in dignity, health and safety, end of life, medication and equipment. We could see how this impacted on people. The lead person for equipment described how they regularly checked equipment to ensure it was safe.

Working in partnership with others

- The management team worked in partnership with several external agencies to improve care. Such as healthcare professionals, Age UK and the dementia outreach team. People with learning disabilities received specialist support from the learning disability team as required. The registered manager told us Age UK had supported many people. For example, helping one person access their money, another to sell their house, other people had help planning their funeral, and another organising lasting power of attorney with their family members. We spoke to an external health care professional who was positive about the service and staff.