

Three Oaks Residential Care Home Ltd

Three Oaks Residential Care 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?	Requires Improvement ●

Summary of findings

Overall summary

Three Oaks Residential Care Home is a care home providing accommodation and support for up to 20 older people. The home is situated in North Boarhunt, Hampshire. At the time of the inspection there were 14 people living at the home.

People's experience of using the service

- Governance systems were not consistently effective in recognising areas for improvement.
- People were kept safe and secure from risk of harm. Potential risks to people had been assessed and managed appropriately by the provider. People received their medicines safely and as prescribed and were supported by sufficient numbers of staff to ensure that risk of harm was minimised.
- Staff had been recruited appropriately and had received relevant training so they were able to support people with their individual care and support needs.
- Staff sought people's consent before providing care and support. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.
- People were treated with kindness and compassion. People's rights to privacy were respected by the staff who supported them and their dignity was maintained. People were supported to express their views and be actively involved in making decisions about their care and support needs.
- People's choices and independence were respected and promoted. Staff responded appropriately to people's support needs. People received care from staff that knew them well.
- People using the service were confident about approaching the registered manager if they needed to.

Rating at last inspection:

At our last inspection in December 2016 the home was rated good. At this inspection we found the management of the service required improvement because governance systems were not consistently effective.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated overall as good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received 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 remained safe.

Please see detailed findings below.

Good ●

Is the service effective?

The service remained effective.

Please see detailed findings below.

Good ●

Is the service caring?

The service remained caring.

Please see detailed findings below.

Good ●

Is the service responsive?

The service remained responsive.

Please see detailed findings below.

Good ●

Is the service well-led?

The service had changed to requires improvement.

Please see detailed finding below.

Requires Improvement ●

Three Oaks Residential Care Home

Detailed findings

Background to this inspection

The 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.

Inspection team:

One inspector carried out the inspection.

Service and service type:

This service provided care and support for up to 20 older people. At the time of the inspection, 14 people were using the service.

The service had a registered manager who registered with the Care Quality Commission. This means 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:

The provider was not given notice of the inspection.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. We did not ask the registered provider to complete a Provider Information Return (PIR). We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection, we spoke with six people, two care workers, the registered manager and the business manager. We spoke with two relatives and two visitors. We also spoke with an external health care professional. Everyone we spoke to described the service positively and had no concerns.

We looked at the care and support records of three people, reviewed medication records, policies and procedures and reviewed the providers recruitment processes. After the inspection we received additional information which was used to support our judgements.

Is the service safe?

Our findings

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- The service had effective safeguarding policies in place. People were supported by staff who had been trained and who understood safeguarding, what to look for and how to report concerns. One person said, "I do feel safe here yes".
- Records confirmed the registered manager reported concerns to the relevant agencies and undertook investigations where these were required.

Using medicines safely.

- Medicine administration was safe and medicines were stored appropriately.
- Medicines records were clear and accurate.
- Protocols were in place for 'as required' medicines to ensure staff had access to guidance about the administration and monitoring of these medicines.
- People were supported to retain a level of independence and self-administer their medicines where assessments had deemed this was safe.

Staffing and recruitment.

- Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.
- Sufficient staffing numbers were deployed to ensure people's needs were met.

Assessing risk, safety monitoring and management.

- People were protected from avoidable risks. Risk assessments were undertaken by the registered manager for a range of risks, such as those associated with falls, diet and nutrition and skin integrity. Recognised risk assessment tools were used to help determine risks.
- In the care plans we looked at we saw examples of good moving and handling plans, which provided staff with information to safely help people to move.
- Assessments contained guidance for staff to follow in the event of a fire and staff were aware of the risks associated with people's care.

Preventing and controlling infection.

- Staff had received training in infection control and followed good infection control practices to help prevent the spread of healthcare related infections.
- People told us staff wore personal protective equipment when providing personal care and all staff we

asked told us they had access to adequate supplies.

Learning lessons when things go wrong.

- The registered manager was keen to develop and learn from events. Any accidents and incidents were recorded. The registered manager reviewed and monitored for any themes or patterns to take preventative action.
- The registered manager shared lessons learnt with staff during frequent staff meetings.

Is the service effective?

Our findings

People's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Staff support: induction, training, skills and experience.

- Staff had completed induction training, which was comprehensive and was based on the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff told us that they had received supervision and appraisals and found the manager to be supportive. A member of staff said, "If we ever need anything the door is always open".

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

- People had choice and access to sufficient food and drink throughout the day. Food was well presented and people told us they enjoyed it.
- People using the service consistently told us they were pleased with the options made available to them. One person said, "We are always pleased with the meals" and "As you can see, the food goes pretty quickly because it is enjoyed".
- We observed people and visitors being offered tea, coffee, soft drinks and biscuits throughout our visit.

Staff working with other agencies to provide consistent, effective, timely care

- Staff told us they worked with the local authority, advocacy agencies and relatives to ensure care was delivered effectively.
- A relative said, "We have been coming here for a long time and we have been asked to be part of reviews and things".

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

- The design and layout of the building was appropriate for the needs of the people who lived there and the communal areas had a homely feel.
- Adaptations had been made to the home to ensure people were safely able to navigate their way throughout the home.
- The registered manager acknowledged the need to review various elements of the homes environment to ensure people living with dementia could navigate throughout the home effectively. A member of staff said, "Now we are getting people with dementia it's important we look at the environment for them".

Supporting people to live healthier lives, access healthcare services and support

- Records showed people had access to external health professionals and we saw this had included GP's, district nurses, chiropodists, dentists, speech and language therapists.
- One person said, "They called the GP out once because I wasn't feeling very well".

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 with appropriate legal authority. 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 authorised and whether any conditions on such authorisations were being met.

- We saw that staff involved people in decisions about their care. For example, we observed staff asking people if they required assistance, prior to providing support.
- Where people had limited capacity to make certain decisions and were deprived of their liberty, their capacity had been assessed and appropriate authorisations were sought from the local authority. We saw that where people lacked capacity in certain areas an appropriate DoLS authorisation was in place. This was documented in people's care plans to ensure staff were aware of these authorisations.
- Staff demonstrated a good understanding of the principles of the MCA 2005 and we saw that they had received training as part of their induction.

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

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

- The service took into consideration the protected characteristics of people under the Equalities Act 2010 such as religion, race and sexual preference. A member of staff said, "If two people developed a relationship in the home, as long as they both had capacity to consent to it then we would respect it". The organisation shared learning with staff and people using the service to promote an inclusive and non-discriminative culture throughout the service and bring about change in working practices.
- Our observations of staff interactions with people showed that people were treated with kindness, compassion, dignity and respect.
- Comments from people included, "They help me to wash in the morning and they speak to me about the family" and "They know I am slow so they don't rush me, it doesn't matter that I struggle, they are patient".
- We overheard conversation between people and staff that demonstrated staff knew people well and understood their likes, dislikes and preferences.
- People felt listened to and confident to talk to any staff about any concerns they might have.

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

- People who used the service were encouraged and supported to make decisions about their care. Staff knew people well and sought help from their relatives and friends if they required any further assistance. For example, one relative told us, "Staff have asked us in the past about our views and we have told them about [person's] past, their hobbies and the things they used to do".

Respecting and promoting people's privacy, dignity and independence

- Staff showed a good understanding of people's rights and people were not discriminated against in any way. One staff member told us, "We treat people with respect, it doesn't matter what their background is."
- People's right to privacy and confidentiality was respected. People's records were locked in the office and staff told us, "We can access the records when we need to." We observed staff closing doors when supporting people who used the service in private.
- Relatives and friends told us that they could visit the service at any time. One friend said, "My husband I visit every couple of weeks but we can come whenever we want. We normally visit at the weekends and it's always lovely."
- People who used the service were treated with dignity and respect. One person told us, "Staff are respectful, they speak to me nicely and they take their time when they are helping me in the morning".
- We observed people who used the service were supported to maintain their independence. For example, one person was assisted to use the bathroom and became anxious when walking. Staff encouraged the person and told the person that they did not have to worry and that they were available if the person required some help.

Is the service responsive?

Our findings

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- All organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS). The aim of the AIS is to make sure people who have a disability, impairment or sensory loss receive information they can access and understand, and any communication support they need. Staff were aware of the AIS but told us more work could be done to make improvements. The registered manager told us they would review AIS guidance and ensure any measures required were put in place. We will check that this has been progressed at the next inspection.
- Care plans contained information about people's needs. For example, information relating to personal preferences, routines and how a person preferred to spend their time. We asked care workers whether they routinely looked in the care plans to familiarise themselves with a person's requirements and support needs.
- Staff were very knowledgeable about people's preferences, care needs, social interests and hobbies.
- People were enabled to follow a variety of interests, activities and were supported to participate in a number of events organised by the staff. Events and activities made available to people included, garden parties, BBQ's, celebrating the royal wedding, entertainers and board games. A member of staff said, "We have a knitting club on a Thursday once a week and a club for the men to attend too".

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint. One person told us, "I have never had any reason to complain, anytime I have asked the staff to do something they have done it without a grumble and with a smile on their face".
- The provider had a complaints procedure displayed for people's information.
- Where complaints had been made the registered manager had responded appropriately.

End of life care and support

- Staff had received training in how to support people at the end of their life and had a good understanding of this subject.
- There were no people assessed to require end of life care or support at the time of our inspection.

Is the service well-led?

Our findings

Well-Led – During our previous inspection we found the leadership and management of the service was effective and we rated the well-led question as good. At this inspection we found the governance systems were not consistently robust and required improvement.

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

- Governance systems were not always effective in recognising and driving improvement. Whilst staff were knowledgeable about people's care needs and they understood the requirements of the Mental Capacity Act 2005, records were not consistently person centred and on occasions were incomplete. When we asked the registered manager to explain the gaps in one person's care plan, they said, "I can't argue with that, it hasn't been completed properly". The business manager assured us an audit would be conducted to identify any gaps or additional information which may be required to care for people.
- Staff were able to describe the needs and risks associated with people's care effectively and people told us they were satisfied with their care.
- Staff told us they felt listened to and the provider was approachable. Staff understood the provider's vision for the service and told us they worked together as a team to deliver high standards.
- The previous inspection ratings were displayed. This showed the registered manager was meeting their requirement to display the most recent performance assessment of their regulated activities.
- Staff also strived to ensure care was delivered in the way people needed and wanted it.
- Staff understood their roles and responsibilities and were confident in the registered manager.
- There was a good communication maintained between the registered manager and staff.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager promoted the values of the service and was passionate about delivering care and support for people that was of a high quality. The registered manager told us, "We have a lovely home here and it's really important we make sure people are at the centre of their care".
- People and staff spoke positively of the registered manager. One person said, "She is the main lady, she is lovely and she always comes to say hello. We sit down and we have a cup of tea and a chat about how things are going".
- The registered manager was aware of their responsibilities under the duty of candour. The duty of candour is a statutory legal duty to be honest and open with people or their families when something goes wrong that appears to have caused or could lead to significant harm in the future. The registered manager told us, "If something happens then I would definitely report it to CQC and social services".

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

- People were encouraged to attend resident meetings to enable them to have input into the way the service was run. The registered manager told us that they had introduced the idea of themed nights for people and their families as a mechanism to build interest and encourage participation.

- Staff team meetings were held regularly and staff told us that they could approach any member of the management team at any time.

Continuous learning and improving care.

The registered manager kept up-to-date with best practice initiatives and was part of forums and networking groups to share good practice ideas and drive improvement throughout the service.

- The registered manager said, "We do a lot of research and we share ideas within the company to make sure we are following best practice".
- After the inspection we received information from the provider advising us they had taken action to ensure records relating the MCA and care plans had been reviewed and were in the process of being updated.

Working in partnership with others

- The service engaged with multiple different health and social care professionals. A relative said, "I have seen many different professionals come in here, especially if people are unwell".
- We saw a professional had fed back positively to the service about the high level of engagement from staff. Records showed multi-agency support had positively impacted on people's lives.