

Moorstone York Opco Limited

# Omega Oak Barn

## Inspection report

High Lane  
Beadlam, Nawton  
York  
YO62 7SY

Tel: 01439771254

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### Ratings

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

# Summary of findings

## Overall summary

### About the service

Omega Oak Barn is a residential care home providing personal and nursing care to 26 people aged 65 and over at the time of the inspection. The service can support up to 28 people. Omega Oak Barn supports people in one adapted building. The majority of the rooms have an en-suite and there are separate lounges and a communal dining area. People all live on the ground floor.

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

There were systems in place to protect people from the risk of abuse or harm. Medicines were managed safely. Environmental checks were completed and people's risks were assessed and managed.

People were protected from the risk of infection transmission. People's care needs were assessed in line with the law and guidelines. People had access to a varied nutritious diet and drinks.

The premises had recently been renovated so it was suitable to meet people's needs. People received care which promoted dignity, respect and independence. People's care needs were assessed and recorded in a person centred way to meet people's preferences.

People were communicated in line with guidelines, the provider had a robust complaints process and people were supported to have a dignified end of their life. There were a variety of activities to reduce social isolation and promote people to follow their interests.

The service had a culture which was person centred, inclusive and empowering. The registered manager was clear about their role, responsibilities and acting with a duty of candour. People, relatives and staff were engaged in developing the service and there was a culture of continuous learning.

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.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 8 April 2019 and this is the first inspection.

The last rating for the service under the previous provider was Good, published on 3 June 2016.

### Why we inspected

This was a planned inspection as Omega Oak Barn has not been inspected under the current provider.

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.

#### 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 ●

# Omega Oak Barn

## 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 Care Act 2014.

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 one 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

Omega Oak Barn is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We reviewed information we had received about the service. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the

service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 10 people who used the service and three relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, two deputy managers, senior care worker, care workers and the chef.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three 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.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, audits, menus, meeting minutes, staffing levels 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.

This is the first inspection for this newly registered service. This key question has been rated 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 or neglect.
- The provider had systems and processes in place to safeguard people. Staff had a good understanding of the safeguarding procedure and what action to take. A staff member told us, "If I saw something I wasn't happy with, I would tell the deputy or registered manager. They would sort it."
- The registered manager had appropriately shared concerns with CQC and the local authority.

Assessing risk, safety monitoring and management

- People lived in a safe environment where safety checks and risk assessments were completed.
- Staff understood what support people required to reduce the risk of avoidable harm. People's risk assessments were robust. It was clear what measures were needed to keep the person safe.
- There were champion roles to ensure a high degree of knowledge. For example, the deputy manager was responsible for fire safety and they had additional knowledge on this subject.
- The provider used innovation to train staff on fire safety by using smoke machines to generate artificial smoke and people living at the service pretended to be fire. Staff reported this enhanced experience assisted their appreciation of fire safety.
- People benefitted from an environment which had been designed and adapted to meet people's needs.

Staffing and recruitment

- There were enough staff to meet people's needs. Appropriate recruitment checks were completed to ensure applicants were suitable to work with people who may be vulnerable.
- The registered manager regularly reviewed the support people needed to ensure there was enough staff available. This included increasing staffing levels when needed. One person told us, "There are definitely enough staff. They're all over the place. People are so helpful. I feel they're all my good friends."

Using medicines safely

- Medicines were managed and administered safely.
- The provider had an electronic medication system which minimised the risk of medication errors.
- Creams and ointments were dated when opened and people had records to show staff where creams needed to be applied.
- The registered manager routinely checked staff's competency to administer medication.
- People and their relatives are included in discussions about their medication. One relative told us, "The staff discussed medication with me. It's all in the care plan and it was all discussed at great length."

### 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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

### Learning lessons when things go wrong

- People benefit from a culture of lessons being learnt to minimise the risk of harm.
- The registered manager and provider reviewed all accidents and incidents on a monthly basis. This allowed them to review any patterns or changes to ensure people remained safe. One person told us, "I feel safe here. There's always people around and the first thing they want is to look after you."



# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 and choices were at the centre of the care staff provided.
- People were routinely consulted on key decisions such as activities, meal choices and how they would like to receive their care.
- Staff had a good understanding of how to provide person centred care and what this meant. One member of staff told us, "I feel it is a privilege being a carer. I enjoy helping people and forming a bond with them."

Staff support: induction, training, skills and experience

- Staff had the correct training, skills and experience to provide safe care.
- Staff had a detailed induction and access to support from the registered manager. One member of staff told us, "The induction was very good. It covered what was needed so I felt confident. I also shadowed experienced care staff first. I have always had support."
- Staff had access to regular supervision where staff competency, learning needs and arising issues were discussed.
- People received high quality safe care as staff were well trained to meet people's needs. The registered manager had oversight of training and monitored this to ensure all essential training was up to date.

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

- People received support to have a good diet and regular drinks.
- The kitchen staff made efforts to engage with people to understand people's meal, drink and snack preferences. Staff had a good knowledge of what food people liked to promote a good dietary intake. One person told us, "The chef does a good job. When I first came here, the food was alright, now it's very interesting. It's quite varied. It's good. If you asked for something, the chef would do it for you."
- People who were at risk of weight loss or dehydration had additional monitoring to make sure they were supported to remain healthy. Support from specialist health services were sought when needed.
- Staff used person centred techniques to promote dignity for people who required support to eat and drink.

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

- Staff worked with other agencies to ensure people got the right support.
- People had access to their GP who visited on a weekly basis.

- Staff involved health and social care professionals when people needed specific support.

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

- The premises were suitable to meet people's needs.
- The provider had recently replaced furniture, redecorated the building and upgraded outside spaces. One person told us, "It's lovely and bright here. I like the colours."
- The provider engaged with people to ensure their room was decorated to their preference. The provider told us one person's room had been decorated in the style of the person's favourite football team.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported to have maximum choice and control over their lives.
- The registered manager had a detailed understanding of DoLS and people had the correct processes in place to maintain their safety.
- People's care plans had details about their decision making ability and the importance of promoting choice. Staff had a good understanding of consent. One member of staff said, "Consent to me is all about people choosing what they want to do."

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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; Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person said, "They're all marvellous. All excellent. There's great comradery between them."
- The provider encouraged a culture of providing people with a high quality caring approach.
- People were supported to live as independently as possible with a focus of placing people at the centre of plans and decisions. One person said "The carers treat you carefully, but also they joke. It's a good laugh. There's some merriment."
- People were treated with kindness and were positive about the staff's caring attitude. One relative told us, "The personal care is unbelievable. [Person] doesn't like to be touched but the staff are very patient. They give them time."
- Staff knew people and their needs well. We observed kind and positive interactions between staff and people. A relative told us, "The staff are excellent. They really care about [person]."

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

- People were supported to be involved in decision making about their care.
- People received person centred care where they were promoted to make their own decisions. People's care plans supported this and staff had a good understanding of promoting people's rights.
- People told us they felt included in decision making about their care. One person said, "I've lived here [a number of years] and I love it. The staff are great. The care is great. It's like I'm in my own home."
- Residents meetings took place between people and staff, there was evidence within the meetings that people's choices were considered.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 received personalised care planning with a focus to make sure people made their own decisions and were in control of their care.
- People were involved in the creation and review of their care plans to ensure they were person centred. One relative told us, "I was involved in creating the care plan right from the start. I suggested the staff involve [Name of person] in day to day jobs like folding tea towels and matching socks. I'm really pleased I was involved in the creating of the care plan as I know [Name of person] best."

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.

- Information was available in various formats to allow it to be accessible to people.
- Staff knew people's communication styles to ensure people were included in activities and decision making.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to live independent and active lives.
- There was a wide variety of activities available for people to participate in. One person told us, "We did baking yesterday. We play dominoes. We made crafts; I've kept mine in my room. It's very nice. There are always things going on. We have a good laugh."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and system to respond to concerns or complaints.
- People and relatives knew how to make a complaint. One person told us "I would go to the manager. They would listen to me."

End of life care and support

- There were systems and established processes in place to make sure people receive a dignified, comfortable and pain free death.
- At the time of inspection, people did not require end of life care but staff had a good understanding of how to provide end of life care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 and provider promoted a culture which was person centred and empowering.
- One relative told us, "It's excellent. To my way of thinking they are all so keen to do things for you. They fetch and carry, they organise games, they're top rate. I've enjoyed every minute of being here. They are so willing to do things for you."
- The registered manager had robust oversight of the care provided to ensure people received high quality empowering care.

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 acted within their duty of candour.
- The registered manager worked openly with people, their relatives and health and social care professionals to ensure the right care was provided.

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

- The registered manager had a clear oversight of the quality of care provided.
- The registered manager completed regular audits and checks which ensured people received high quality, safe and compassionate care.
- The registered manager had a clear understanding of their role and responsibilities. Staff felt supported and engaged with the registered manager's ambitions which provided better outcomes for people.
- The registered manager and provider completed regular audits, spot checks and engaged with people. This ensured the registered manager had an understanding of the care provided and identify any risks.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and staff were engaged and involved to develop the service.
- The registered manager sought the views of people living at the service. To ensure the information was accessible, various approaches have been used from meetings to questionnaires and individual discussions.
- Staff had regular team meetings where they felt able to raise their views. One member of staff told us, "The

managers are excellent. If I say something, it gets sorted."

Continuous learning and improving care

- The provider has systems and processes in place to continuously learn and improve care.