

Heathwaite Care Homes Limited

Twin Oaks

Inspection report

Victoria Road
Windermere
Cumbria
LA23 2DL

Tel: 01539448994

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15 June 2023

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24 July 2023

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

Twin Oaks is a care home providing personal and accommodation to older people. At the time of the inspection, 6 people were receiving regulated activities at the home. The service can support up to 7 people. The home is large adapted house with bedrooms, a lounge area and a dining room on the ground floor. The second floor has more bedrooms and the 2 floors are connected by stairs and a stair lift.

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

People were safe and protected from the risk of harm. Risks were appropriately identified, assessed and managed. Staff were safe to work with vulnerable people and appropriate safety checks had been made.

Staff were competent with safeguarding processes and knew how to protect people from the risk of abuse. People said they felt safe in the home and were trusting of staff and management. We observed good practices and interactions between management, staff and people during the inspection.

Infection, Prevention and Control (IPC) processes were in place and we were assured about the service's ability to mitigate the transmission of infections.

Staff supported people to have access to healthcare professionals and specialist support and the service worked with external specialists.

People were confident in the management team at the home and praised how approachable they were. The service made appropriate notifications to CQC and other authorities of safety incidents to ensure these incidents received appropriate oversight.

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 CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 23 February 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider improved the storage system for medicines. At this

inspection we found the provider had acted on the recommendation and noted improvements.

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we carried out a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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 'Twin Oaks' 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.

Twin Oaks

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 conducted by 2 inspectors.

Service and service type

Twin Oaks 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. 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.

Inspection activity started and ended on 15 June 2023.

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, commissioners and professionals who work with the service. We also looked at information we had received and held on our system about the service, this included notifications sent to us by the provider and information passed to us by members of the public.

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 this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service. We spoke with 2 relatives about their experience. We spoke with members of staff including the registered manager, a provider director and 2 care workers.

We looked at a variety of records to gather information and assess the level of care and support provided to people. We reviewed 2 care records. We looked at staff rotas, risk assessments, multiple medicine records and 1 recruitment file. We also considered a variety of records relating to the management and governance of the service, including policies and procedures.

We looked around the home in both communal and private areas to establish if it met the needs of people who lived there and if it was safe.

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 'requires improvement'. The rating for this key question has changed to 'good'. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. They had also failed to ensure appropriate fire safety and environmental protection measures were in place. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Care records were up to date and included essential guidance for staff about keeping people safe. In one case, where there was a safety risk to a person, a risk assessment had been completed and acted upon. A relative said this had assisted in supporting their loved one and they had been involved in process.
- Staff promptly acted on any concerns and shared them with relevant healthcare professionals. People's weight was monitored and appropriate action taken when there were concerns.
- Since the last inspection, a programme of fire safety improvements had been implemented and this had been checked by Cumbria Fire and Rescue. Any equipment used to support people had been serviced and inspected consistent with manufacture's guidelines.
- People and their relatives said they were involved in reviews of care planning and these occurred regularly. Where appropriate, we noted health and social care professional's views were considered.

Staffing and recruitment

At our last inspection the provider had not managed their recruitment processes well. This was a breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Recruitment was well managed. Records showed that necessary checks were made to ensure staff were suitable for the role. This included criminal record checks and consideration into the reasons for applicants leaving previous roles in health and social care.
- There were enough staff employed and people told us they did not have to wait for staff to support them. Rotas and our observations at inspection supported this position.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on storing medicines and act to update their practice. The provider had made improvements.

- Medicines were received, stored, administered and disposed of safely. Staff were trained and assessed as competent to support people with their medicines.
- People received their medicines when they should. When people were unavailable to take their medicine, pharmacists or GP's had been consulted about this.

Systems and processes to safeguard people from the risk of abuse

- The manager and staff understood their responsibilities around protecting people from abuse. They told us what action they would take if they believed anyone was at risk. Staff had a good understanding of the types of abuse that could occur in a care home setting and knew how to escalate concerns. One staff member said, "I am confident I would be supported by the manager if there was ever a situation where abuse was suspected." One person said, "I feel safe and everyone here is very nice."
- Staff confirmed they had received training on safeguarding vulnerable adults. Where appropriate, referrals had been made to the local safeguarding team.

Preventing and controlling infection

- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. The home was clean, tidy and well maintained.
- We were assured personal protective equipment (PPE) was used safely to minimise the risk and spread of infection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- The provider was facilitating visits for people living in the home and there were no restrictions. This was in accordance with the current guidance.

Learning lessons when things go wrong

- The provider had no formal system to ensure lessons were learnt from incidents. We did however see evidence that supported sharing outcomes of incidents with the staff team to improve the safety of the service. The registered manager said they had learnt lessons from the previous inspection and we noted areas that had been improved following that process.

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.

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 'requires improvement'. The rating for this key question has changed to 'good'. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

At our last inspection the provider had failed to operate effective systems to assess, monitor and manage the quality and safety of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider's systems and processes for the oversight and quality monitoring of the service were effective. They had addressed the concerns seen at the last inspection. Since the last inspection, the provider had employed a specialist health and social care consultant and this had assisted in improving the service.
- Staff understood their roles and responsibilities. The provider had policies and procedures to support staff in their work. There was an on-call system that provided support to people and staff. This, in the main, was provided by the registered manager. A staff member said they appreciated this and it provided reassurance when a situation may develop 'out of office hours'.
- The registered manager demonstrated a commitment to using best practice guidelines to improve the care people received, including in relation to medicines and end of life care.

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

- The registered manager was experienced, knowledgeable and familiar with the needs of the people they supported. They said, "We are small and have a tight-knit staff team. This allows us to know our residents well, respond quickly to issues and provide a person centred approach."
- People were positive about the quality of service they received. Comments they made included, "I know [registered manager] well and they know me. My needs are met" and, "Everything you need is here, and I am happy." A relative said, "The service is very open and I have regular contact with the manager and staff. I have no complaints and we feel lucky that our relative lives at the home."

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 told us they were always honest with people if things went wrong and made the necessary referrals to the local authority safeguarding team. A relative told us, "My relative can be challenging. I am kept informed of situations and really value their honesty and openness when the registered manager contacts me."
- Where appropriate, the manager apologised to people when things had gone wrong and explained the reason for any errors.

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

- The provider had systems that engaged and involved people, relatives and staff. The registered manager used face to face meetings and daily interaction to gain feedback about the service.
- People confirmed their views about the running of the home were sought by the registered manager and their views listened to. One person commented, "I feel that management do appreciate my opinions."
- Staff told us they could contribute to the way the service was run. The registered manager had informal meetings with staff which gave them an opportunity to discuss working practices and raise any suggestions for improving the service.

Continuous learning and improving care

- The registered manager assessed, monitored and improved the quality of the service. They completed audits of the environment, care plans and the administration of medicines. We noted a review of medicine's practices since the last inspection had led to the use of a new pharmacist. This had contributed to improvements seen in the 'safe' section of this report.

Working in partnership with others

- The service worked in partnership with other professionals and agencies to help ensure people received the care they needed. Registered manager and staff were proactive in contacting community-based health professionals to seek advice and guidance about how best to meet people's needs.
- Relatives told us staff were good at working with them to ensure their family members received safe and appropriate care. A relative said, "I am kept informed and am able to have proper input if there needs to be any change to the care plan or support. The partnership works well."
- When required, people had been referred to the appropriate external professionals and agencies for advice, treatment and support.