

Oak Farm (Taverham) Limited

Oak Farm

Inspection report

276 Fakenham Road
Taverham
Norwich
Norfolk
NR8 6AD

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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 well-led?	Good ●

Summary of findings

Overall summary

About the service

Oak Farm is nursing home providing rehabilitation to people living with brain injuries. The home can accommodate up to 32 people and at the time of the inspection was supporting 24 people. The service comprises of a main building which can accommodate up to 28 people and a smaller unit supporting four people. The service has a communal gym and gardens for people to access.

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

At our previous inspection we had highlighted concerns with record keeping and overall governance of the service. At this inspection we had found these areas had improved. People and their relatives were positive about changes that had been made.

People's medicines were stored and administered safely. People received their medicines on time and as prescribed by healthcare professionals.

Care plans had been improved since our last inspection and were detailed about what people were able to do for themselves to promote their own independence.

Staff spoke about people in a caring way and were observed to be supporting people respectfully.

Staff were responsive to people and offered them timely support. People felt staff supported them well and were always available.

External healthcare professionals were contacted when required for the needs of people. Ensuring people received responsive input when needed.

Regular staff meetings and handovers were taking place to ensure peoples wellbeing was closely monitored and action taken when needed to keep them safe.

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 December 2021) and there were breaches of regulations. 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.

Exiting special measures

This service has been in Special Measures since January 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 19 October 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the safe care and treatment of people as well as good governance of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Caring and Well-Led which contain those requirements.

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

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oak Farm 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?

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Oak Farm

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

One inspector completed a site visit on 18 October 2022. An additional inspector supported to complete phone calls to relatives of people using the service.

Service and service type

Oak Farm 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.

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 on 18 October 2022 and ended on 27 October 2022. We visited the service on 18 October 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and health and social care professionals who work with the service. We used the information the provider sent to us on a monthly basis, as a result of conditions imposed following the previous inspection. We used all of this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke to three people using the service and three family members of people living at the service.

We spoke with nine staff including the registered manager, deputy manager and care staff. We reviewed six people's care records, five medicine administration records (MAR) and two staff records. We also reviewed other records, including policies and procedures, relating to the safety and quality of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. 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.

- Since our last inspection the service had implemented an electronic care planning system. This was found to contain key information about people and ensured where risks were identified these had been adequately mitigated.
- Daily records were completed on the same electronic system as care plans. This ensured that key support measures were completed in a timely way, such as regular repositioning for those who required this level of support due to skin integrity risks.
- Staff were confident to use the new electronic care planning system and told us they felt this had improved their ability to support people safely.
- Those at risk of malnutrition and dehydration had their food and fluid intakes recorded. These were then reviewed at the end of each shift and this information was handed over to the next staff coming on duty.
- At our last inspection we highlighted that key information relating to keeping people safe was not accessible, such as epilepsy seizure protocols. At this inspection this information was stored in a dignified easy to access manner to ensure in an emergency situation this would be easily at hand to safely support people.

Using medicines safely

- We identified there were occasional gaps on topical medication records. This had already been highlighted by the management team and was addressed as part of daily meetings. Following our visit, patch application records were amended for further clarity and topical application records were to be completed on the electronic care planning system.
- Medicines were stored securely in locked cabinets within a locked medicines room. An additional locked controlled medications cabinet was also in place at the service.
- The service used an electronic medicines management system. Staff were observed using this and they appeared confident to use this system and find key information as required.

Systems and processes to safeguard people from the risk of abuse

- Staff were able to confirm examples of abuse and what action they would take to raise any concerns both internally to the management and provider and externally to the local authority and CQC.
- Secure records were kept of all safeguarding alerts raised, which evidenced actions taken following these concerns, in line with the provider's policies.
- Relatives we spoke too all confirmed they felt their loved one were safe at this service.

Staffing and recruitment

- Staff were safely recruited and checks were made on their suitability through references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We observed sufficient staff being deployed on the day of our inspection, as well as consistent staffing levels on the staff rota's we reviewed. Staff told us they felt there were enough staff each day to safely support people.

Preventing and controlling infection

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

Visiting in care homes

- Family members and friends were able to visit their loved ones in line with current government guidance.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- The registered manager confirmed that all people moving into the service were assessed prior to joining the service. This included meeting the person and their family where possible.
- People were involved in moulding their own support and were asked for their input at the assessment stage to ensure the support was catered around their own preferences and wishes.

Staff support: induction, training, skills and experience

- Staff completed a variety of training sessions to ensure they had the skills and competencies to safely support people with changing needs. This included both E-learning (the delivery of learning and training through digital resources) and face to face learning.
- Staff we spoke to all felt they were supported in their roles and felt they had the skills and direction to support people safely.
- The registered manager confirmed that new staff to the service are allocated a mentor to support their development and completed shadow shifts as part of their induction.

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

- Staff were clear on how to support people with their fluid and nutrition in line with their care plans and guidance from healthcare professionals. Staff were observed supporting people in line with their care plan using adapted equipment as required.
- Digital care plans were accessible at all times, ensuring that staff could refresh on the agreed approach whenever required.
- Meals were adapted to ensure they were prepared as recommended by healthcare professionals, whilst still ensuring they were visually pleasant. Staff used food shape moulds, for example, to shape pureed meals where they were required.

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

- Care records evidenced that a variety of healthcare professionals were engaged and their feedback sought to support people in a timely way.
- The service had their own internal physiotherapists and occupational therapist. This allowed the service to review moving and handling techniques and support people with specific exercises to support them in their rehabilitation to maintain or strengthen their levels of independence.

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

- The service had numerous pieces of equipment to support people with varying specialist requirements. These included a variety of lifting equipment, seating arrangements, adapted computers and a gym with further equipment to support their well-being.
- Areas of the building had been adapted for the use of individuals. Such as one person having their own kitchenette area, a private garden housing a pet rabbit and games table all being available to people.
- Corridors within the care environment were wide, allowing people sufficient space to mobilise independently, with equipment and with staff support.

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 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 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where people had a DoLS these were being followed to ensure people were being supported safely. Those who did not have a DoLS in place were not being deprived in an unlawful manner.
- People were observed to be offered choice on the day of the inspection. A staff member told us, "People choose when they want to get up and go to bed and what they want to do each day."
- People we spoke to told us they are free to make their own choices and that staff support them with these choices.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- Staff were observed supporting people in a kind manner. Staff spoke positively about those they were supporting and expressed they wanted people to live their best lives.
- At our last inspection we highlighted that people's religious and spiritual requirements were not well detailed. At this inspection we found this had been expanded and greater detail about peoples wishes were now documented.
- Families we spoke to were positive about the support people received, one family member told us when talking about the staff, "They are all lovely and kind to me and [loved one]."

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

- Regular resident meetings took place at the service. These provided an opportunity for people residing at the service to receive key updates, in addition to people themselves being able to raise any concerns they may have.
- People at the service had set a variety of goals. These included goals within their health linked to their physiotherapy, as well as goals with accessing the community and completing home visits.
- People we spoke to felt in control of their support and felt that staff responded well to their requests. One person told us, "We tell them and they listen."

Respecting and promoting people's privacy, dignity and independence

- Staff were observed knocking on people's bedroom doors before they entered, and closing people's doors when attending to the support needs of the person; to protect their dignity.
- Care plans detailed what areas of a person's support they could complete themselves, and what level of support they required and by how many staff. This ensured that people's independence was promoted and they were supported consistently.
- Staff we spoke to all spoke about people in a person centred way and treated them with respect. Staff told us they encourage people to do as much for themselves as they can and make their own choices.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last four inspections the provider had failed to show there were effective governance systems at the service. This has been a repeated breach of regulation 17 (Good governance) 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.

- Following our last inspection, we had imposed conditions on the provider's registration requiring them to provide monthly updates and copies of audits completed within the service. The provider ensured they engaged with us monthly and improvements at the service have now been identified.
- The registered manager demonstrated learning from our previous inspection, giving examples of changes they had made. This included placing key information in people's rooms in an easy to locate manner.
- Staff told us they felt well supported in their roles by the management team and that management were visible within the service.
- There was a closer monitoring of people's well-being on a daily basis since our last inspection. This included staff reviewing records and completing a handover of each person at the end of the shift, in addition to daily meetings between the staff team to ensure staff were updated on changes with people's needs.
- The registered manager was clear about their responsibilities within their role. Completing required notifications as needed for the local authority and CQC.
- Where complaints had been raised the registered manager kept records detailing the nature of the complaint, what actions had been taken and outcomes where they had been reached.
- Staff were observed to be promoting person-centred care. Family members we spoke to were aware who the manager of the service was and felt they could raise concerns to them when required.

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

- People we spoke to told us they felt well supported at the service and they could speak up if they had any

concerns.

- The registered manager kept records relating to safeguarding concerns and complaints and used these to evolve and improve the service being provided to people.
- People were encouraged by staff to advocate for themselves and dictate how they wanted to spend their day if possible. A staff member told us, "People tell us what they want us to do then we do it."

Working in partnership with others

- Staff worked alongside external healthcare professionals where required. A healthcare professional told us, "I consider Oak Farm to be one of the services which is most responsive to people's needs."
- Care records detailed where external support from healthcare professionals had been sought. Staff we spoke to were clear on the instruction that had been given by healthcare professionals and were observed supporting people in line with this guidance.