Surrey Rest Homes Limited

Oak House Care Home

Inspection report

Oak House
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Date of inspection visit:
21 March 2019

Date of publication:
03 May 2019

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

About the service:
Oak House Care Home 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. Oak House is registered to provide accommodation and personal care for up to 16 people. There were nine people living at the service at the time of our inspection.

People's experience of using this service:
The safety of the environment had improved since the last inspection. However, improvements were still required to ensure that the surroundings were meeting the needs of people living with dementia. The availability of activities had increased however these could be more meaningful to people to include trips out.

The new manager had implemented positive changes to the service. People and their relatives were engaged more in the delivery of care as the manager proactively sought feedback and acted on this. Staff culture had improved and staff told us that they felt valued and supported. Staff understood the ethos of the service. Audits that took place were used to make improvements to the quality of care.

There were sufficient staff at the service who understood the risks associated with people's care. Staff were provided with appropriate training and supervision that related to their role. People were supported with their health needs and were provided suitable food and drinks. People were treated with care and consideration by staff and were involved in their day to day care. Care plans contained detailed guidance and staff discussed any changes to people's care.

Rating at last inspection:
At the last inspection the service was rated Requires Improvement (the report was published on the 13 October 2018).

Why we inspected:
This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received. We wanted to follow up on breaches of regulation that were identified at the previous inspection.

Follow up:
We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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 not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

Oak House 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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
● Our inspection was carried out by three inspectors.

Service and service type:
●This service is a care home that provides personal care to older people some of whom are living with dementia.
● On the day of the inspection there was a manager who had submitted an application to the Care Quality Commission to be registered. Once registered 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:
● Our inspection was unannounced.
● The inspection took place on 21 March 2019.

What we did:
●Our inspection was informed by evidence we already held about the service including notifications that the service sent us. We also checked for feedback we received from members of the public and local authorities. We checked records held by Companies House.
● On this occasion we did not require the service to complete a Provider Information Return (PIR). The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
● We spoke with one person and two relatives of people who used the service. We also observed how staff cared for people.

● We spoke with the manager, a supporting manager from another service and four members of staff.
● We reviewed three people's care records, medicine records, audits, recruitment records for three staff and other records about the management of the service.
● We requested additional evidence to be sent to us after our inspection that related to governance, training and the supervision of staff. This was received and the information was used as part of our inspection.

Good

Is the service safe?

Our findings

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

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

At the previous inspection we found that the recruitment of staff was not robust. At this inspection we found that this had improved.

Staffing and recruitment:
- The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the Disclosure and Barring Service (DBS). DBS checks were carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.
- There were sufficient staff to support people when needed. One relative said, "There are plenty of staff and they are the same staff which is good for consistency."
- The manager assessed people's needs regularly to ensure that appropriate levels of staff were on duty. The manager told us that when the occupancy of the service increased they would increase staff levels.

Systems and processes to safeguard people from the risk of abuse:
- People looked comfortable with staff. One relative told us, "I feel that [family member] is safe. There are always staff around."
- Staff understood the different types of abuse and what they needed to do if they suspected abuse had taken place. One told us, "I would speak with my manager or the senior staff if I was concerned. We have the number for MASH [Multi Agency Safeguarding Hub]. They [the managers] have taught us all this."
- Staff received safeguarding training and there was information around the service reminding staff of their responsibilities if they suspected abuse.

At the previous inspection we found that the environment was not maintained to a safe standard, good infection control was not always being following and risks around people's care were not always being managed in a safe way. At this inspection we found that action had been taken to address these concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong:
- At the previous inspection we found that equipment was not always stored appropriately. At this inspection we found that all cleaning equipment was now stored in a suitable, locked room. The laundry room had been cleared and additional storage had been provided to store people's clothes. The flooring in the laundry room was due to be replaced. We will check this at the next inspection.
- Risks to people had been considered and action had been taken to mitigate them. These included the risk of falls, risk of dehydration and malnutrition, moving and handling, risk of choking and safe evacuation procedures. We saw that people who were cared for in bed were being repositioned regularly to reduce the risk of pressure ulcers. The manager told us, "We ensure that the room checks for people in their rooms are being completed." We saw that this was taking place.

● Incidents and accidents were recorded with action taken to reduce the risks of incidents reoccurring. For example, where one person was exhibiting behaviours that challenged, these were recorded and analysed. The manager looked at strategies to reduce the person's anxieties and staff acted on this. One relative told us, "They manage risks well here. Staff support [family member] to move around so she doesn't fall."

Preventing and controlling infection:
● Since the last inspection the service had benefitted from a deep clean of all furnishings and fittings. The manager told us they had ensured that any equipment or furniture that could not be appropriately cleaned had been replaced.
● People were protected against the risk of infection within the service. Throughout the inspection we saw staff cleaning all areas of the service.
● There were appropriate hand gels, gloves and aprons around for staff and visitors to use. One member of staff explained the process of ensuring that soiled laundry was kept separately and washed on a hot wash to remove bacteria.

Using medicines safely:
● Medicines were managed in a safe way and people told us that they received their medicines when needed.
● People's medicines were recorded in all the Medicine Administration Records (MAR) with a dated picture of the person and details of allergies, and other appropriate information, for example if the person had swallowing difficulties. We saw examples of medicines being given in a thickened drink as this was easier for the person to swallow.
● There were medicines prescribed on 'as required' (PRN) basis and these had guidelines in place for their use.
● An external pharmacist had undertaken an audit this year and found that all actions from their previous visit had been addressed and were satisfied with the management of medicines.

Good

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

People's outcomes were consistently good, and people's feedback confirmed this. However, improvements were needed to improve the décor around the service.

At the previous inspection we found that decision-specific mental capacity assessments were not always taking place. There was a risk that care was being provided without the appropriate consent from people. At this inspection this had been rectified.

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. We checked whether the service was working within the principles of the MCA.

- During the inspection we saw staff asked people for consent before they delivered any care, including whether they wanted support to eat their meals.
- Staff were aware of the principles of MCA. We observed guidance around the service reminding staff of what they needed to consider.
- Where people's capacity was in doubt, mental capacity assessments were completed and these were specific to the particular decisions that needed to be made. For example, in relation to receiving care, bed rails and sensor mats. We saw evidence of best interests discussions that detailed the options considered, including the least restrictive options.
- We saw that, where people were being restricted in their best interest, applications had been submitted to the local authority for authorisation.

At the previous inspection we identified that the environment was not set up to meet the needs of people living with dementia. Some improvements had been made but the provider needed to take additional steps to ensure that the environment was suitable for people that lived at the service.

Adapting service, design, decoration to meet people's needs:
- There were laminated photographs of people on their bedroom doors to help orientate them. The manager told us that they would consider improving how the photos on people's doors were presented.
- The décor in people's rooms was tired and outdated. The manager told us that there were plans to address this once more resources became available.
- A sensory room had been created at the service for people to interact with. The shelves with books and

other things of interest were difficult to access as chairs were in the way. We discussed with the managers ways they could improve this and make it more meaningful and person centred for people. They told us that they would work on this.
● There were no destination areas or sensory items in the corridors for people that walked around the home. We fed this back to the manager who told us that they would introduce these.
● Whilst we were at the service we raised with the manager that people would benefit from the lounge being moved to the dining room where was it was brighter. The manager responded to this by making these changes before the end of the inspection. We saw people sitting comfortably in the new lounge. Chairs had been arranged in clusters to encourage conversation.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
● Since the last inspection no new people had been admitted to the service. On this basis we did not need to look at pre-admission assessments.
● The manager and staff used recognised good practice and national tools to ensure that people's care was provided appropriately. For example, they used a 'Waterlow pressure ulcer risk assessment tool' to review the risk of developing pressure ulcers. There was evidence in care plans that used National Institute of Clinical Excellence (NICE) guidance to assist them with care, for example in relation to continence care.

Staff support: induction, training, skills and experience:
● Throughout the inspection staff demonstrated good practice. For example, staff wore protective equipment when delivering care including gloves and aprons. Staff assisted people to mobilise in a safe way.

● Staff had appropriate training and development for their roles. One member of staff said, "There is plenty of training and we are getting more. We have dementia training with the trainer. It's better than online because we can talk about things and ask questions. It refreshes you on how to talk to people when they ask things and what to do." We saw this in practice on the day when staff were supporting people who were living with dementia.
● We checked the training matrix and found that staff had access to wide range of training including dementia awareness, moving and handling and infection control.
● Staff received appropriate support that promoted their professional development. Regular one to one meetings took place with the staff and their managers.

Supporting people to eat and drink enough to maintain a balanced diet:
● People told us that they enjoyed the food at the service. During mealtimes people were supported to eat when needed. One person took time to eat their meal and staff showed patience, care and gave lots of encouragement.
● Choices of meals were offered to people and if they did not like anything on offer then alternatives were provided. The kitchen staff had information about people's dietary needs including if they needed fortified meals to assist people to put on weight.
● People's weights were being monitored. If there was a concern then a food and fluid chart was put in place to review what people had eaten and drunk. There was target information on the charts that were reviewed at the end of each shift.

Staff working with other agencies to provide consistent, effective, timely care;
Supporting people to live healthier lives, access healthcare services and support:
● Staff worked well as a team to provide effective care to people. They regularly discussed people's care. At the beginning of each shift there was a detailed handover with staff. One member of staff said, "The team are such good people with good hearts. We've done loads of supervisions with staff in groups. If something

comes up we'll discuss it as a supervision at handover with everybody."

● There were hospital passports in people's care plans so hospital staff had important information about the person should they be admitted.

● People's care records showed relevant health and social care professionals were involved with their care. Records showed involvement with GP, dietician and the speech and language therapist (SaLT). Care records showed that people had annual eye checks and regular involvement of the chiropodist. Staff followed the guidance provided by the healthcare professionals. One relative said, "They call the GP if she is unwell. They always let us know if anything changes."

Good

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 previous inspection we found that people were not always involved in decisions around their care. At this inspection this had improved.

Supporting people to express their views and be involved in making decisions about their care; Ensuring people are well treated and supported; equality and diversity:

- Care plans contained details about people's preferred routines including when they wanted to get up, go to bed and whether they wanted a shower or a bath. People were also asked about their past histories. Staff used this information to help develop relationships with people.
- People were given choices and staff respected their decisions. For example, one person came into the lounge and a member of staff asked the person if they wanted to play bingo. The person refused so staff asked if they wanted their newspaper and then went to get it for her. A member of staff said, "We are always giving choices. They have dementia but can still say. We always ask because they can change their mind and we respect what they want in the moment."
- People and relatives told us that they thought staff were caring. One relative said, "The staff are really caring. Really nice. They are interested in [family member]." We saw some kind and attentive interactions with between staff and people. For example, one person complained of pain and was becoming distressed. A member of staff knelt by the side of them and gently rubbed their back. They went to get painkillers and gave the person lots of reassurance. A member of staff said, "All the residents here are really tactile. They love holding hands and having a hug. We're always happy to oblige."
- We saw one person enter the dining room. They were greeted very warmly by staff and people and the person gave a little bow. There was a light-hearted and relaxed atmosphere in the lounge in the morning and lots of laughter and banter between people and staff.

Respecting and promoting people's privacy, dignity and independence:

- When we arrived at the service there were people that had chosen to stay in bed. One person told us that they liked to get up late and were served breakfast in their room.
- Staff treated people in a respectful way. For example, during lunch a member of staff discreetly approached a person and encouraged them to go to the bathroom with them. The person understood why they were asking and were happy to go with them. All personal care was provided behind closed doors to promote people's dignity. A relative said, "They are lovely to [family member]." One member of staff said, "We are always giving privacy and explaining what we are doing."
- People were supported to remain independent. We saw people accessing all communal areas of the service. During lunch people were encouraged to eat their meal and staff only assisted if people needed it. A member of staff said, "We encourage people to do things by themselves if they can. We give choice about what to wear. We know the residents and how they want things as well. We have to respect that."
- People's loved ones were welcomed at the service. We saw relatives visiting their family members and staff greeted them and offered refreshments.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

At the previous inspection we found that care plans were not detailed around the needs of people and there was a lack of meaningful activities. At this inspection we found that the care plans had improved. There were more activities but improvements were needed to ensure people were able to go out on more trips outside of the service.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
● There were detailed care records which outlined individuals' care and support. There was an initial summary of care that included personal care required day and night and reflected what staff needed to do to anticipate people's needs. For example, one person was being cared for in bed. The care plan stated that the person required support to reposition every two hours. We saw that this was being done. Guidance for staff included what hoist and sling was needed for all transfers.
● Care plans included the identified need and the actions to be taken to achieve the best outcome. For example, one person became anxious around certain times. There was guidance for staff on how best to approach the person when they were anxious by providing reassurance. We saw this take place on the day of the inspection.
● The daily notes clearly recorded support that had been provided regarding the person's personal care needs. This assisted care staff in ensuring appropriate care had been delivered and whether there had been any concerns they needed to be aware of.
● Since the last inspection the schedule of activities had improved. We observed a game of bingo in the morning and armchair exercises in the afternoon which people enjoyed. Games, indoor bowling, puzzles, arts and crafts and pampering sessions were also part of the weekly activities programme. We asked whether entertainers visited the service as we were told people enjoyed this. The manager told us that this occurred once a month. They said that they would like to increase this but at this stage the provider was unable to fund this.
● People were taken out locally on occasion, however any trips involving transport had to be financed by relatives. If relatives were unable to fund this, people were not able to go out on trips. NICE guidance states that there is evidence that being outside is essential for people's physical and mental health. One relative told us, "[Family member] was taken to see Cinderella and she loved that. She really benefits from going out." The manager told us that more outings were going to be arranged that included visits to local places of interest.

End of life care and support:
● End of life care was planned around people's wishes. Information in the care plans included people's spirituality, religion, what family they wanted around them and where they wanted to be at the end of their life.
● Relatives were complimentary to the staff at the service about the care their loved ones received at the

end of their lives. One letter stated, "The care you gave [person] in their last few weeks was amazing."
● The manager told us, "I met with the family of someone who has recently passed away. I told them it doesn't stop there and to come back and talk to us anytime they want to. We need to care about the families as well."

Improving care quality in response to complaints or concerns:
● Relatives told us that they knew how to complain and would not hesitate to do so if they needed to. One told us, "I haven't needed to [complain]. I'm confident they would listen if I did."
● There was a suggestions and comments book next to the signing in book in reception for people and visitors. People and visitors also had access to the complaints policy.
● There had been no complaints at the service since the last inspection.

Requires Improvement

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

Some improvements were still required around the systems the provider had in place to support the delivery of high-quality, person-centred care.

At the previous inspection there was a lack of leadership and systems and processes were not established and operated effectively. The provider sent us an action plan which detailed the actions they were taking to address the shortfalls. At this inspection the recruitment of a new manager and the support of a registered manager from one of the provider's other services had ensured that improvements had taken place. However, there were some aspects of the service delivery that the provider still needed to improve upon.

We could not improve the rating for well-led from inadequate to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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

- The provider needed to ensure that improvements were continued and sustained. For example, at the last inspection we identified that the dining rooms tables needed replacing. However, it was only when the new manager started several months later that any action was taken to address this. At the time of the inspection the tables had still not been replaced. After the inspection the manager sent us evidence that this had now been addressed. The provider's website states that the service is, "Equipped to the highest standards." We found that this was not the case. The provider needed to ensure that resources were available to update people's rooms that were tired and dated and for activities to be improved upon.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The manager had informed the CQC of significant events including significant incidents and safeguarding concerns.

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

- People, relatives and staff told us that they liked the manager and had seen improvements at the service since the last inspection. One relative told us, "[Manager] is very approachable. Things have got better here." One member of staff said, "The new manager is lovely. It's improving in everything, the care plans have more information, the food, the building, everything."
- The manager led by example. We saw that they ensured people's needs were prioritised and did not hesitate to step in and provide care where needed. During lunch we saw the manager sitting next to people supporting them to eat. One member of staff said, "We are giving good care and encouraging people with everything now the manager shows us."
- Systems were in place which continuously assessed and monitored the quality of the service. These included audits of the environment, care plans, the dining experience and training. These included action

plans to address any areas of concern. ● The manager had introduced new policies to the service that had been discussed with staff. One member of staff said, "Things have changed. They [management] want to be better and are giving us lots of information so we can all improve."
● Staff attended regular meetings to feed back on how improvements could be made at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others:
● People and relatives confirmed they attended regular meetings and were asked their views on the running of the service. One relative told us, "They do have regular meetings which I attend."
● We saw from the minutes of the meetings that people and relatives were asked ideas for improvements in the service. Examples of this included menu choices and complaints. One member of staff said, "I love doing residents' meetings here because they're all so vocal. They are such nice people."
● Surveys were sent out to people, relatives and health care professionals to gain feedback on the quality of care. There were positive comments from the survey and also areas that people and their families wanted improvements on. For example, one relative asked if the menu could be improved and we saw that this had been actioned. One relative said, "The food is much better now." Another relative had also suggested that the lounge be moved to the dining room as there was much more light there. This was actioned on the day of the inspection.
● People and relatives fed back compliments on the surveys. Comments included, "Professional and friendly" and "Great care and attentiveness shown. Quite happy."
● Staff told us that they felt valued and supported. One member of staff said, "I love working here. I love the residents and the other staff." Staff told us that they were considered for 'Employee of the month.' One told us, "I was surprised [when they were nominated]"
● Steps were taken by the provider to drive improvements and they worked with external organisations to help with this. The service worked with other organisations including the local authority, the local church and Skills for Care (Skills for Care is the strategic body for workforce development in adult social care in England.) The manager had looked at ways of improving care for people living with dementia by researching guidance provided by Skills for Care.