Caring Homes Healthcare Group Limited

Oak Manor Nursing Home

Inspection report

Oak Manor
Dereham Road, Scarning
Dereham
Norfolk
NR19 2PG

Website: www.caringhomes.org

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15 August 2017
16 August 2017

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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

Oak Manor Nursing Home provides accommodation and personal care for up to 61 people. At the time of our inspection, 53 people were living at the home.

There was a manager in the home who applied to become a registered manager with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the home is run.

At the last inspection, the home was rated Good overall. At this inspection we found the home remained Good.

Why the home is rated Good…

People received support to take their medicines safely. Staff knew how to keep people safe from the risk of harm. Actions had been taken to reduce risks to people's safety. There were enough staff to keep people safe and meet their needs.

Staff were competent to carry out their roles effectively and had received training that supported them to do so. People were supported to eat freshly prepared meals, and their individual dietary needs were met. People were able to access and receive healthcare, with support, if needed.

At our last inspection, we rated the key question of "Is the home effective?" as requires improvement. This was because although staff knew how to support people to make day to day decisions about their care, the principles of the Mental Capacity Act had not always been followed when some decisions had been made on behalf of people. Although improvements had been made to the environment to help the people who lived there to orientate themselves around Oak Manor, some areas were in need of redecoration and refurbishment. Improvements had been made by the homes management team to address this and an action plan put into place. Sufficient progress had been made, with a timescale for completion of the outstanding work to be done.

People were able to make choices and decisions that affected their daily lives. Staff supported them in the least restrictive way possible; the policies and systems in the home complimented this practice.

Staff were kind and compassionate in the way they delivered support to people. People were treated with dignity and respect. Staff ensured that people were able to have visitors, and enabled people to maintain relationships with relatives and friends who did not live nearby.

People and their relatives were confident that they could raise concerns if they needed to and that these

would be addressed.

The manager ensured that the home was well run. Staff were committed to the welfare of people living in the home. The manager ensured they kept links within the local community and people were part of regular events.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good

The service is effective

The principles of the Mental Capacity Act had been followed when decisions had been made on behalf of people about their care.

Improvements to the decoration and furnishing of the home had been made. There was a plan in place to continue this work.

Staff had received sufficient training to enable them to provide people with effective care.

People received enough to eat and drink. Risks to people's nutrition and hydration needs were identified and managed to reduce these risks

People were supported to receive the healthcare they needed.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Oak Manor Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 and 16 August 2017 and was unannounced. The inspection team on the first day consisted of one inspector, a specialist advisor in nursing care, a medicines 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. The second day of our inspection was carried out by an inspector and an inspection manager.

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events, which the provider is required to send us by law.

Before the inspection, we asked the local authority safeguarding and quality performance teams for their views about the service. We looked at the Provider Information Return (PIR). This is a form we ask the registered provider to complete detailing key information about the service, what the service does well and what improvements they plan to make.

During our inspection visit, we observed how people were being supported and how staff interacted with them. We used our 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 spoke with two people living at the home, four relatives, a visitor and a healthcare professional. We also spoke with eight members of staff including care workers, senior care workers, nurses, the activities co-ordinator, a cook, and the temporary manager who was covering for the manager whilst they were on annual leave. We checked six people's care and medicines administration records (MARs). We also looked at records relating to how the service is run and monitored, including recruitment, training and health and safety records.

Good

Is the service safe?

Our findings

The service remains safe. People told us they felt safe with, one person saying, "Yes, I feel safe here." A relative told us when we asked them if they thought that their family member was safe, "Absolutely, [relative] is safe here." There were processes in place to protect people from the risk of abuse or harm, and these contributed to people's safety. Staff knew how to protect people from harm and had received relevant training in this subject. The management team knew their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission. When we spoke with the staff, they all demonstrated they understood their role in safeguarding people from the risk of harm. They described the different types of abuse that people could be exposed to and told us of appropriate actions they would take if they became aware of any incidents.

The risks involved in delivering people's care had been assessed to help keep them safe without impacting their lifestyle. One person told us that they were worried about other people walking into their room at night time. They told us that staff had put a sensor mat in the entrance of the room to alert them if another person who may have become confused had entered. They told us that this made them feel safer.

We found individual risks in relation to people's safety had been recorded in people's support plans. Guidance had been provided to staff on how to manage risks in a consistent manner. Examples of risk assessments relating to personal care included people's mobility, nutrition, hydration, and medication. Records showed the risk assessments had been reviewed and updated on a yearly basis or in line with a person's changing needs. A community professional we spoke with told us that the home had reviewed people's care plans and that these were much improved. This meant staff had up-to-date information about how to manage and minimise risks.

General risk assessments had been carried out in relation to the home environment. These covered areas such as fire safety, the use of equipment, infection control and the management of hazardous substances. The risk assessments had been reviewed on an annual basis unless there was a change of circumstance. This ensured people living in the home were safeguarded from the risks of any unnecessary hazards.

There were enough staff to meet people's needs and people we spoke to confirmed this. Existing staff or staff from an agency covered any unfilled shifts on the rota. Records we reviewed showed that staff had undergone an interview process and checks to ensure that they were safe to work at the home.

People received their medicines when they needed them from staff who were competent to provide this. On the day of our inspection we saw that some people were receiving their medicines later than they should do. We were told that this was due to a nurse becoming unwell with short notice. This member of staff had been replaced within two hours, but this resulted in a delay in some people receiving their medicines. We also saw that a member of care staff administering insulin via an injection did not follow best practice guidelines when doing so. They allowed themselves to become distracted by another member of staff, resulting in the administration being paused. This meant that the staff put themselves at risk of making an error. We brought this to the attention of the homes management team who took action to address this. On the

second day of our inspection, we observed that there were no delays to people receiving their medicines.

Good

Is the service effective?

Our findings

At our last inspection we rated this key question as 'Requires improvement'. At this inspection, we have rated effective as Good.

At our last inspection, we found that although staff knew how to support people to make day to day decisions about their care, the principles of the Mental Capacity Act had not always been followed when some decisions had been made on behalf of people. At this inspection, we found that the necessary improvements had been made.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

All of the staff we spoke with demonstrated they had an understanding of the MCA and worked within its principles when providing people with care. People's liberty was not restricted and they were able to leave the home when those chose to. We saw people accessing the homes gardens to relax, whenever they wished too.

People and their relatives told us they received care from staff that knew how to support them. Staff had undertaken training in areas such as, but not limited to, fire safety, risk assessments and safeguarding. Staff confirmed that they received enough training, supervision, guidance and support to provide people with effective care. Records we saw confirmed this.

At our last inspection, we found that improvements needed to be made to the homes environment to help people living with dementia, find their way around the home. Although improvements had been made to the environment to help the people who lived there to orientate themselves around Oak Manor we noted however that some areas required redecoration but the provider had recognised this and a plan was in place.

We looked at how staff supported people with eating and drinking. People and their relatives told us they enjoyed the food and were given a choice of meals and drinks. One person told us, "The food is good, I eat all the meals given to me." Another person said, "The food is lovely." We observed that refreshments and snacks, including fruit, were offered throughout the day. We saw that people who required specialist diets, such as pureed food, or to help control their diabetes, has this provided. The cook had a detailed understanding of all the specialist requirements of people living at the home, and had undergone specialist training to provide this.

People told us they had good access to healthcare services. The relatives we spoke with agreed with this and told us the staff often liaised with district nurses, chiropodists and GPs when needed. The staff we spoke with confirmed this and records showed various professionals advice was sought and followed when needed.

Good

Is the service caring?

Our findings

The service remains caring. One person said, "The staff are genuinely good, you can talk to them and ask them anything. I have become quite good friends with some of them." Another person told us, "The staff are very kind." A relative we spoke to told us, "I can't fault the care at all, they are doing what I would call an almost impossible job." They went on to say, "They are very caring, if [relative] becomes upset, someone will be with them immediately, they never talk down to them."

The staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's care records. The overall atmosphere in the home appeared calm, friendly, warm and welcoming. We observed humour and warmth from staff towards people living at the home. People were comfortable in the company of staff and had developed positive relationships with them. However, we did see that at mealtimes, this changed as more people joined the communal areas to eat. We saw people become anxious or confused by the amount of people in one particular area. . We spoke to the management team about this. They told us they had identified this area as an issue and were reviewing how the mealtime experience for people could be improved.

People living at the home were unable to be involved in the majority of the planning of their care because of the impact of their dementia. We did see that people's preferences were sought before providing them with support, including asking people what activities they would like to participate in, or where they would like to sit.

Staff spoken with understood their role in providing people with compassionate care and support, which included promoting people's dignity. Some people chose to spend time alone in their room and staff respected this choice. We observed staff knocking on doors and waiting to enter during the inspection which demonstrated respectful practice. We did observe on some occasions that staff did not always let people know when they were going to provide them with support or engage with them whilst doing so. For example, we observed staff offering little eye contact or conversation when helping a person to eat. However, the majority of staff interactions were respectful whereby they asked people and explained to them what they were intending to do, before providing support.

Good

Is the service responsive?

Our findings

The service remains responsive. Staff had a good knowledge of people's needs and could explain clearly how they provided support that was important to each person. One person told us, "I like gardening and I got the garden sorted here with help from [activities co-ordinator]."

People had access to various activities and told us there were things to do to occupy their time. We saw that an activity was arranged for each day of the week. The activities co-ordinator was proactive in encouraging people to engage in activities, either in a group setting, such as indoor tennis or individually such as a jigsaw and chat session over a cup of coffee. Other staff members supported this activity with enthusiasm, and we observed that people enjoyed themselves, smiling, laughing and wanting to participate.

We looked at six people's support plans and other associated documentation. These showed that a comprehensive assessment of people's needs had been conducted and recently reviewed. The plans were split into sections according to people's needs and were easy to follow and read. All files contained details about people's life history and their likes and dislikes. The profile set out what was important to people and how staff should support them.

We saw the support plans were reviewed if new areas of support were identified, or changes had occurred. The plans were sufficiently detailed to guide staffs' care practice. Staff recorded the advice and input of other care professionals, within the support plans, so their guidance could be incorporated. Daily records provided evidence to show people had received care and support in line with their individual needs.

We looked at how the service managed complaints. People and their relatives told us they would feel confident talking to a member of staff, or the manager. A relative told us, "If I had any concerns, I would speak to the senior nurse or the deputy manager who is very approachable." Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the manager would deal with any given situation in an appropriate manner.

Good

Is the service well-led?

Our findings

The service remains well-led. People told us that the home was run well, one relative told us, "I would definitely recommend this home to people, I think it runs well, we were not always kept informed, we were not told when the previous manager was leaving, but now we are told what is going on. We have a newsletter sent via email, and residents meetings which they are having regularly. The only improvements I would like to see are the bedrooms being upgraded and the grounds maintained."

We spoke to the management team, including the provider's regional director, about the plans to upgrade parts of the building and grounds. We saw that work had already started on this, including the development of a sensory and 'dementia friendly' garden area. We saw that this was frequently used and explored by people living with dementia. The regional director showed us an action plan, this detailed the work that was being completed by the homes maintenance team to improve the environment. A new gardener had been employed. They also told us that they had identified that investment was needed in some areas of the home, including en-suite bathrooms. This was being planned with the provider as would be a considerable piece of work to complete and would be staged so as not to cause disruption to people living at the home.

There was a clear management structure. Staff were aware of the lines of accountability and who to contact in the event of an emergency or with concerns. If the manager was not present, there was always a senior member of staff on duty with designated responsibilities. The staff members spoken with said communication with the manager was good and they felt supported to carry out their roles in caring for people. They told us that the home had gone through a lot of management changes earlier in the year, which had a negative impact on the staff team. Staff told us that since the arrival of the new manager, improvements had been swift and that staff were much happier and well-motivated. Staff spoke highly of the manager and told us that they felt supported.

The manager used various ways to monitor the quality of the service. These included, but were not limited to, audits of the medication systems, staff training, infection control and checks on moving and handling equipment and fire systems.

We saw there were policies and procedures, which set out what was expected of staff when caring for people. Staff had access to these and they were knowledgeable about key policies. The provider's whistleblowing policy supported staff to question practice. It also assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed they would report any concerns and felt confident the registered manager would take appropriate action.