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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30 March 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was unannounced and took place on 30 March 2016.

At the last inspection in November 2014, we found the provider in breach of two Regulations of the Health and Social Care Act 2008 (Regulated Activities) 2010 in relation to infection control and the environment for people living with dementia. The provider sent us an action plan to say they would be meeting the relevant legal requirements by February 2015. We found that the necessary improvements had been made and that the provider was no longer in breach of these Regulations.

Oak Manor Nursing Home is a care home that provides accommodation and nursing care for up to 61 older people who are living with dementia. On the day of our inspection, there were 58 people living within the home.

There was a manager working at the home who is registered with us. 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 and associated Regulations about how the service is run.

People who lived in the home were safe. Risks to their safety had been assessed and actions taken to reduce any risks that had been identified. People received their medicines when they needed them and they received enough food and drink to meet their needs. The staff supported them to maintain their health.

There were enough staff available to meet people's needs, preferences and to keep them safe. These staff had received appropriate training and supervision to enable them to provide people with effective care.

The staff knew how to support people to make day to day decisions about their care. However, the principles of the Mental Capacity Act had not always been followed when some decisions had been made on behalf of people.

Improvements had been made to the environment to help the people who lived there to orientate themselves around Oak Manor. However, some areas were in need of redecoration and refurbishment.

People were cared for by kind, compassionate and caring staff who knew them well. The staff were polite and treated people with dignity and respect.

People had a choice about how they wanted to live their lives and the staff promoted this. People were encouraged to maintain their independence and to participate in activities that complemented their hobbies, interests and that promoted their wellbeing.

Any concerns raised were dealt with quickly and the staff were happy working in the home. They were

supported by a management team who were good leaders and who promoted care that was based on people's individual needs and choices. Communication within the home was good and therefore, the staff understood their individual roles and responsibilities which contributed to the provision of good quality care.

There were effective systems in place to assess and monitor the quality and safety of the care that was provided to people living at Oak Manor.

We have made a recommendation regarding following the principles of the Mental Capacity Act 2005 when making best interest decisions on behalf of people.

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.

Risks to people's safety had been assessed and actions had been taken to effectively mitigate these risks.

There were enough staff to meet people's needs.

People received their medicines when they needed them. The areas of the home we checked were clean.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The principles of the Mental Capacity Act had not always been followed when decisions had been made on behalf of people about their care.

Some areas of the home required redecoration and refurbishment.

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

People received enough food and drink and concerns were acted on in a timely way.

People were supported to maintain their health.

Is the service caring?

Good

The service was caring.

People were treated respect and compassion and their dignity and privacy was respected.

People's relatives or representatives were involved in making decisions about their family members care.

People were given choice about how they wanted to live their lives.

Is the service responsive?

Good

The service was responsive.

Care records provided clear guidance for staff to understand how to meet each person's specific care and support needs.

Care was centred on each person as an individual and people engaged in appropriate stimulation and meaningful activities, including one-to-one interactions.

Any complaints raised were investigated and responded to appropriately.

Is the service well-led?

Good

The service was well led.

An open and inclusive culture was demonstrated, with clear and positive leadership at all levels.

There were effective systems in place to monitor the quality and safety of the service.

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 30 March 2016 and was unannounced. The inspection team consisted of two inspectors 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service. Providers are required by law to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us. We also requested feedback from the local authority quality assurance team and the local Clinical Commissioning Group.

The majority of people living at Oak Manor were unable to provide us with feedback about their care. However, we did speak with three people who lived there. We also spent time observing how care and support was provided to people. Along with general observation, we used the Short Observational Framework for Inspection (SOFI) to assist us with this. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

In addition we spoke with four visiting relatives, three care staff, four nurses, the activities co-ordinator, the cook, one kitchen assistant, one domestic staff member, the deputy manager and the registered manager.

The records we looked at included four people's care records and other records relating to their care, three staff recruitment files and staff training records. We also looked at maintenance records in respect of the premises and equipment and records relating to how the provider monitored the quality of the service.

Good

Is the service safe?

Our findings

At our previous inspection in November 2014, we found that some areas of the home were unclean, which increased the risk of the spread of infection. This meant that there had been a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2010 which corresponds with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. The provider told us they would meet this Regulation by February 2015.

At this inspection, we found that the required improvements had been made and that the provider was no longer in breach of this Regulation.

The communal areas of the home were clean as were people's rooms, their bedding and the mattresses we checked. Staff were able to demonstrate to us how they reduced the risk of the spread of infection. We saw them wearing protective equipment whilst providing people with personal care. Domestic staff had a schedule in place that advised them what areas of the home required cleaning. The domestic member of staff we spoke with was clear about their individual responsibilities in relation to cleaning the home. The registered manager told us they walked around the home each day and completed a 'spot check' in relation to the cleanliness of the home.

The relatives we spoke with told us they felt their family member was safe living within the home. One relative said, "Yes, I feel [family member] is safe." Another relative told us, "I've no concerns about [family member's] safety."

The staff we spoke with were able to demonstrate to us how they reduced the risk of people experiencing harm or abuse. They were clear about the types of concerns they had to monitor and report. We saw that any concerns had been reported to the appropriate authorities and investigated by the registered manager with action taken when needed.

Risks relating to people's safety had been assessed. These included areas such as falls, helping people to move, pressure care, choking and nutrition. The staff we spoke with were knowledgeable about how to protect people from the risk of harm. We observed staff making sure that people had the necessary equipment available to help reduce the risk of them falling. Risk assessments were reviewed regularly to make sure that the staff had up to date information on how to reduce risks to people's safety. Where someone had fallen, we saw that they were monitored closely to make sure that they had not experienced any detrimental effects due to the fall.

We observed staff supporting people well when they became upset or distressed. They used distraction techniques to calm the person and defuse the situation quickly. This kept the person, the staff members and other people within the home safe. The staff we spoke with demonstrated to us that they knew what techniques suited different people. Some people were soothed by listening to music whilst others responded well to engaging in conversation.

Any incidents or accidents that occurred were recorded and analysed. Trends were identified and action taken to reduce the risk of the person experiencing a similar accident again. For example, one person had fallen a few times. In response to this, the person had been seen by a specialist falls team who had given advice on how to reduce this risk and these actions/suggestions had been implemented.

Risks in relation to the premises had also been assessed and regularly reviewed. We saw that the emergency exits were well sign posted and kept clear and that fire doors were kept closed. Staff demonstrated to us that they knew what action to take in the event of an emergency, such as a fire or finding someone unresponsive in their room. The equipment that people used, such as hoists, had been regularly serviced to make sure they were safe to use.

The relatives we spoke with told us there were enough staff to meet people's needs. One relative told us, "Yes, I think there is enough staff." Another relative said, "I have noticed that the number of staff has increased." Most of the staff we spoke with said they felt there were enough staff to meet people's needs in a timely manner. We observed during the inspection that there were enough staff to meet people's needs

The registered manager told us that any unplanned staff absence was covered by existing staff and that they and the deputy manager could cover for any nurse absence when necessary. The number of staff required to work each day was calculated based on people's individual needs and was reviewed each month or sooner if required.

The staff files we viewed showed that the relevant checks had taken place before the staff member commenced their employment. This was to make sure they were safe to work with the people who lived within the home.

The relatives we spoke with told us they felt their family members received their medicines when they needed them. One relative added that they regularly saw the staff encouraging their family member to take their medicine. They said, "They [the staff] always ensure that [family member] takes his medication. If he spits it out they keep trying until he swallows it."

We checked seven people's medicines records to make sure they had received their medicines as intended by the person who had prescribed them. The records we looked at confirmed this. There was clear information in place to guide staff on how to give people certain medicines and regarding whether people had any allergies that needed to be taken into account. People's medicines were stored securely so they could not be tampered with and for the safety of the people who lived in the home. We were therefore satisfied that people received their medicines when they needed them.

Requires Improvement

Is the service effective?

Our findings

During our last inspection in November 2014, we found that some areas of the homes' environment was confusing with poor signage. This meant that some people found it difficult to find their way around the home. We also found that some areas of the home were in need of redecoration. This had resulted in a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2010 which corresponds with Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014. The provider told us they would meet this Regulation by February 2015.

At this inspection we found that some improvements had been made and that therefore, the provider was no longer in breach of this Regulation. However, further improvements to the environment were required.

New signage had been placed around the home to help people orientate themselves around it. The doors to people's rooms were painted in various colours and each had a knocker on them to make them look like a front door. Some people had memorabilia that was important to them stored within a clear cabinet. This was placed either on their door or beside it to help them find their own room. This was a new initiative that was currently being implemented.

A number of areas of the home had been transformed into separate areas for people to spend time in. One area had been converted into a railway waiting room. Another was a music room and there was also a lounge area that contained furniture from days gone by. We saw people using these rooms, reading newspapers or having a chat.

There were tactile items for people to pick up and touch, with hats and coats that people could wear. A letter box was in place for people to post their letters. The registered manager told us that the doors to people's rooms were in the process of being re-painted. Some had already been completed. The inside of a number of people's rooms had also been re-decorated and this was on-going. However, some areas of the home required further redecoration. These included some woodwork within the communal corridors and people's en-suite toilets, which were chipped and worn. Some communal toilets were also old and stained and therefore in need of refurbishment. The registered manager told us that the provider had a plan to refurbish and re-decorate further areas within the home. We will check that the necessary improvements have been made at our next inspection.

There were a number of people living in the home who lacked capacity to make decisions about their own care. Therefore, the staff have to work within the principles of the Mental Capacity Act (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

All of the staff we spoke with told us they had received training in the MCA and DoLS. The staff we spoke with had a clear understanding of the MCA and DoLS and how this legislation impacted on their care practice. They understood that any decisions they made on behalf of the person had to be in their best interests if they were unable to make the decision themselves.

We observed staff applying the principles of the MCA when supporting people to make day to day decisions about their care. For example, helping people make a decision about what food they wanted to eat. For specific decisions about people's care, we saw some evidence that the principles of the MCA had been followed when the staff at the home were making decisions in the best interests of people but that this had not always been consistently applied.

For example, of the three people's medicine records we looked at where they were receiving their medicine covertly [hidden in food or drink], only one documented that their capacity to consent to this decision had been initially assessed before this decision had been made. This was also the only record to document which parties had been involved in making this decision in the person's best interest. The other two records we looked at did not show evidence that the above steps had been fully taken before giving people their medicines in this way.

Another person had a sensor mat in their room to alert staff of their movements and another person had bed rails on their bed. These are both forms of restraint. Although there was a general MCA assessment within these people's care records around their ability to make their own decisions, an assessment had not been made in relation to these particular decisions. There was nothing to show what support these people had received to make these decisions, whether any less restrictive actions had been considered or who had been involved in making this decision in the person's best interests. Therefore improvements were required to make sure that the MCA principles were fully followed to protect people's rights.

We did not see anyone on the day of the inspection being deprived of their liberty unlawfully. People were offered choice and freedom regarding how they wanted to live their lives. Those who needed to have their liberty deprived in their best interests either had the appropriate authorisation in place or this had been applied for.

Relatives told us that their family member was always offered a choice of food and drink and that alternatives were provided if they did not eat what they had originally chosen. Our observations during the inspection confirmed this. People also had a choice where they wanted to sit and have their meals. We saw people being offered snacks and drinks regularly throughout the day. However, on the day of our visit people who went to the dining room for their lunchtime meal did not all have a pleasurable mealtime experience.

The staff were observed to have difficulty in manoeuvring people who were in wheelchairs around the room. There were a large number of staff within the room trying to assist people with their meals. However, due to the amount of furniture within it, they found this difficult and could not always sit by the person when supporting them with their meal. Although people received assistance, this was often interrupted. The dining experience for people was not a positive one and this resulted in some people becoming upset. We spoke to the registered manager about this. They told us that their previous observations of the mealtime experience had not reflected our findings. They agreed however, to review mealtimes within the dining room area and to consider whether a further dining area within the home or staggered mealtimes would be appropriate.

The people we spoke with told us they enjoyed the food. One person told us how much they had enjoyed

their lunch. A relative said, "It's a lovely lunch, it really is." Another relative mentioned to us that they felt the quality of the food was good and that it was presented well. All of the relatives we spoke with told us their family member received enough to eat and drink. One relative told us, "Yes, [family member] is offered drinks and is encouraged to drink."

The staff we spoke with who worked in the kitchen knew about people's dietary needs. They told us that the communication between them and the care staff was good to make sure that people received the correct diet.

Where there were concerns about people not eating and drinking enough, appropriate action had been taken. This included monitoring people's food and fluid intake and requesting specialist advice when needed. People who had lost weight were offered regular snacks and were having their food fortified with high calorie items such as butter or cream. We were therefore satisfied that people had a choice of food and drink and that it was sufficient for their individual needs.

All of the staff we spoke with told us they had received enough training to provide them with sufficient knowledge to provide good quality care. They told us they were supported in their training and that extra training was provided to them when they requested it. This helped them to develop their knowledge and skills. We saw that staff had completed a variety of training and that their competency to perform their role had been regularly assessed. The activities co-ordinator had received specialist training in dementia care and delivered training to the staff regarding this subject. The staff told us they found this training extremely useful. The staff were observed to interact well with the people who were living in the home in a safe and effective way.

The nurse's competency in relation to the administration of medicines had been completed recently. The registered manager said that the care staff's competency to perform their role was assessed informally through regular observations and that any issues found were addressed immediately. The staff we spoke with confirmed this.

New staff were completing the Care Certificate. This is a recognised qualification for staff working within the care industry. The registered manager advised that all new staff spent time shadowing experienced staff and only provided care to people when they were competent to do so. All of the staff we spoke with told us they received regular supervisions where they could discuss their training and development and any issues that they had. We were therefore satisfied that staff received enough training and supervision to provide them with the relevant skills and knowledge to provide effective care.

We saw that a GP visited people regularly and worked with the staff to implement any changes that were required to support people's healthcare. People also had access to other healthcare professionals such as mental health professionals, occupational therapists, physiotherapists and chiropodists. We were therefore satisfied that the staff supported people with their healthcare needs when this was required.

We recommend that the service considers current guidance in relation to applying the principles of the MCA 2005 before making decisions on behalf of people in their best interests.

Good

Is the service caring?

Our findings

The people and relatives we spoke with spoke highly of the staff and told us they were kind and caring. One person told us, "Yes, they [the staff] are lovely." A relative told us, "Yes, I'm impressed. I think they are very good staff and if things happen they deal with the things straightaway." Another relative said, "The staff are very good and always very helpful."

We saw that the staff were kind, caring and compassionate. When assisting people, staff were seen to be polite and gave people reassuring words and encouragement. Nothing was rushed and people were given attention as and when required. One person, who required assistance with moving was kept fully informed about what was happening and the staff made sure they were comfortable and safe. This person had a blanket placed across their legs as they were hoisted to preserve dignity. They were then asked if they wanted an extra cushion for their comfort.

The staff made lots of eye contact with people and got down to their level when they spoke to them to help with communication. There was lots of positive body language and people responded to the staff with smiles and laughter. One staff member spontaneously started singing with another person one of the person's favourite songs.

Through our observations of staff interacting with people and from conversations with the staff, it was clear that they knew the people they provided care for well. They understood about people's preferences, likes and dislikes. They also had a good understanding of people's past lives which enabled them to participate in meaningful conversations with people. This was confirmed by the relatives we spoke with who also felt the staff knew their family member well.

Most people who lived at Oak Manor had limited ability to be involved in their care planning but they were able to make day to day decisions about their care. The relatives we spoke with all told us that they felt fully involved in making decisions about the care their family member received. Where people did not have any family, we saw that access to an advocate was available should it be required to assist them to make decisions about their care.

People's relatives felt the staff treated their family member with dignity and respect. One relative said, "Yes, they definitely respect [family member's] dignity." Another told us, "The staff are very caring, perhaps even loving and [family member's] dignity is always respected."

The staff we spoke with had a good understanding of how to respect people's dignity and privacy. We observed staff knocking on people's doors before entering their rooms and making sure that doors were closed when assistance with personal care was being given. We also saw the staff encouraging people to be independent and to do things for themselves.

The relatives we spoke with told us they could visit their family member at any time. They added that they were always made to feel welcome and were kept fully up to date about their loved ones care.

Where people had any specific religious or cultural needs we saw that these were being met. For example, a local church member visited the home regularly to perform a church service for those who wanted to attend.

Good

Is the service responsive?

Our findings

Care records were in place to provide the staff with guidance on the care that people required and their individual preferences. These had clear information within them about people's needs and how staff could meet these. We saw that these records had been regularly reviewed to make sure that the information within them was up to date and an accurate reflection of people's current needs. These care records were large and contained a lot of information. The care staff told us that they did not often access these care records due to their size but said they received sufficient information during handover sessions so they were fully aware of people's individual needs.

The staff told us they were able to meet people's individual preferences. We saw that care was centred on each person as an individual and all staff showed good knowledge of people's needs and preferences.

During the inspection, we saw staff being responsive to people's needs. People were assisted with personal care when required or supported to eat and drink. Staff were always available to assist people who were walking around the home to provide them with guidance when it was required. People were not rushed and they were always offered choice. We heard staff asking people where they wanted to sit, what they wanted to drink and whether they wanted to join in the activities. One person told us how they liked to lay in bed and look out of the window so they could see people coming and going within the car park. People who stayed in bed either by choice or due to their needs could have their door left open if they wanted this.

People received stimulation and were able to participate in activities to enhance their wellbeing. One person was very fit. Although their mobility had decreased, the staff had obtained an exercise bike for them and plans were in place to turn an outside area into a mini gym to help this person maintain their hobby. Another person enjoyed music and so a music room had been installed where they could freely play the drums.

The home has a designated activities coordinator who led a lively session in the afternoon where people were encouraged to sing. A number of staff were involved and engaged well with those who chose to participate. In the morning we were told by the registered manager that one person had been taken out shopping. We saw one person engrossed in reading a book, another was writing and another person was reading a magazine with the assistance of a staff member. Throughout the day there were plenty of staff to support people. Those with limited movement or conversation were offered a tactile blanket with various items sewn on to it which they could touch and stroke. One lady was offered a doll which she enjoyed holding.

The activities co-ordinator and the staff demonstrated their awareness of supporting people who were at risk of social isolation. We saw one person in their room using a sensory machine with a staff member. This could be transported around the home and used in other people's rooms. The person was holding coloured, lit fibre strands and watched the various colours reflecting around their room. They looked content and happy when participating in this activity.

A minibus was available to the home so that people could be taken out into the community. This included trips to the garden centre, the coast or the local duck pond. People's birthdays and special occasions were also celebrated by the staff and a 'movie' room was being developed to enable people to watch movies from the past.

The relatives we spoke with told us they had not had to make any complaints but felt confident to do so if needed. We saw that any complaints that had been raised had been fully investigated and the person who had made the complaint had been involved within this process. Complaints both written and verbal were seen as a positive experience by the registered manager and they welcomed them to help them improve the quality of the care provided.

Good

Is the service well-led?

Our findings

All of the people and relatives we spoke with during this inspection said they would recommend the home to others. They told us they felt the staff and the registered manager were approachable and listened to any concerns they had, which were always acted upon. One relative told us, "I think things have improved significantly since [registered manager] came. She is very approachable."

All of the staff we spoke with told us they felt supported in their role. They added they would be happy to raise any concerns they had if needed and felt confident these would be acted upon by the registered manager. Most of the staff said their morale was good and that they felt valued. A 'staff council' was in place which gave the staff the opportunity to raise any issues and concerns for consideration in an informal environment. Regular staff meetings were also held where staff could receive information about the running of the home and any changes in policies and procedures. The staff told us they found both the council and staff meetings useful forums for communication.

The registered and deputy managers who worked in the home demonstrated good leadership. We observed them regularly walking around the home talking to the people who lived in the home and visiting relatives. It was clear from conversations with them that they knew the people who lived at Oak Manor well. They also engaged with staff in a professional way, providing them with reassurance and guidance where necessary. The staff worked well as a team and each understood their own role to enable them to contribute to the care that people received. This was confirmed by some of the relatives we spoke with.

The quality and safety of the care provided was assessed and monitored and the systems in place to do this were effective. These included audits which were regularly conducted in respect of people's medicines, nutrition, care records and the environment. We saw where any shortfalls had been identified that these had been addressed. The completion of staff training and their competency to provide effective and safe care was also regularly monitored and re-training given as necessary.

The number of staff working on each shift was reviewed to make sure there were enough of them to meet people's individual care needs and preferences. Incidents, accidents and complaints were monitored so that the registered manager could learn from them and improve the quality of care that was being provided if necessary. The total amount that people drank was also monitored closely each day by the nursing staff so that changes could be made in a timely way, such as offering people drinks more regularly where their intake was low.

The care staff were each allocated individual tasks around the home each day by the nursing staff who regularly checked that these were being followed. For example, some staff were responsible for making sure that people had access to enough food and drink during the day. Clear records were in place regarding this.

Regular meetings were held with relatives and representatives of the people who lived in the home. The relatives we spoke with told us this was a useful forum for them to raise concerns they had or suggestions for improvements which they added, were always listened to.