

The Oaks Care Home Limited

The Oaks Care Home

Inspection report

Oak Avenue
Hindley Green
Wigan
Greater Manchester
WN2 4LZ

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Ratings

Overall rating for this service	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●

Summary of findings

Overall summary

About the service

The Oaks Care Home is located in the Hindley area of Wigan, Greater Manchester and is operated by The Oaks Care Home Limited. The home is registered with the Care Quality Commission (CQC) to provide care for up to 31 older people, some of whom are living with dementia. At the time of inspection 29 people were living at the home.

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

People told us they received kind, compassionate care from staff who knew them well and treated them with respect. People's views were captured through meetings and questionnaires with feedback on actions taken shared via a notice board.

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. Staff received appropriate training and support to carry out their roles effectively and provide safe care. People's health and well being was managed through access to a range of professionals. People were provided with a choice of meal options and their nutritional and hydration needs were being met.

Care plans explained people's needs and wishes and provided staff with information about people's life histories. People were supported to maintain contact with family and friends and provided with a range of activities, which they had been involved in choosing. People knew how to complain but told us they had not needed to, as were happy with all aspects of the care provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

Following a change in ownership, this service was registered with us on 20 May 2019 under the new provider and had yet to be rated. A focussed inspection of safe and well-led had been carried out in August 2020, after which both key questions were rated good.

Why we inspected

We carried out a focussed inspection of effective, caring and responsive, to enable us to provide the home with a rating, as these key questions had not been covered at the previous inspection in August 2020.

We reviewed the information we held about the service. No areas of concern had been identified in the key questions of safe and well-led since the last inspection. We therefore did not inspect them. Ratings provided for these key questions at the last inspection were used in calculating the overall rating at this inspection.

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

and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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 ●

The Oaks 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

The inspection was carried out by an 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.

Service and service type

The Oaks 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.

The service had a manager registered with the Care Quality Commission. 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

We gave a short period of notice of the inspection due to the COVID-19 pandemic to ensure we had prior information to promote safety. We announced the inspection on 19 May 2021 and visited the home on 20 May 2021.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the

home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people living at the home and one visiting relative about their experiences of the care and support provided. We also spoke with the registered manager, nominated individual and four care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records relating to the effective caring and responsive key questions. This included four people's care records, daily notes and monitoring charts.

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.

This is the first rating inspection for this newly registered service. This key question has been rated 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

- Assessments had been completed prior to people moving into the home. These helped ensure the home could meet people's needs and the environment was suitable.
- People's likes, dislikes and preferences had been captured and used to inform the care planning process to ensure care provided was in line with people's needs and wishes.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care plans contained information about people's capacity to make decisions. Where necessary best interest meetings and decision making had taken place.
- DoLS had been applied for in line with guidance, with reapplications submitted timely, either when a current authorisation was due to expire, or an assessment had not taken place within six to 12 months. A log was used to monitor DoLS applications and their outcome, which ensured these were managed appropriately.
- Staff had an acceptable understanding of the MCA and DoLS frameworks. One staff member told us, "MCA is about whether a person has capacity to make decisions. They can have this in some areas but not others. DoLS supports the rights of residents."

Staff support: induction, training, skills and experience

- Staff received appropriate induction, training and support to enable them to meet people's needs. The training matrix showed some staff needed to complete sessions they had missed or required updating. The

registered manager explained the COVID-19 pandemic had impacted training completion, however, we saw face to face training sessions had been booked in over the coming weeks, to ensure all staff were up to date.

- Staff were happy with the training and support provided. Comments included, "Training is fine, we get enough. A lot of it has been online, but now things are easing with COVID-19 we are doing more face to face sessions with the in-house trainer" and "We have supervision every three months and an appraisal yearly, though can ask for supervision at any time, if feel you need it."

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

- The mealtime experience was positive. People could choose where they ate their meal, with the majority of people choosing to eat in the dining room. People were offered a choice of what to eat and food was served directly from the kitchen, ensuring it was fresh and warm.
- People's nutritional and hydration needs had been assessed and documented. Individual food and fluid charts were maintained, to monitor people's intake.
- Staff were attentive throughout the mealtime, responding to people's requests timely. Where people required support to eat, this was provided discreetly and patiently.

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

- People received support to stay well and access medical services as required. One person told us, "I needed the doctor not long ago actually and they were quick to arrange it for me."
- People had access to a variety of medical and health related services, such as general practitioners, district nurses, speech and language therapists and dieticians. Information and advice following any involvement had been stored or recorded in care records.
- Oral care was provided in line with people's needs and wishes. Due to issues with accessing local dentists, the provider was in the process of contracting with a mobile dental hygienist, who specialised in preventative dental care within residential care homes.

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

- The layout of the home catered for people's needs. The home was square shaped, with a central lounge and dining room, which allowed people to freely wander around the corridors and arrive back where they started. Memory boxes were being created as an activity and placed outside people's bedroom doors, to help them identify their bedrooms.
- The home was undergoing a complete renovation, which had been impacted by the COVID-19 pandemic, as contractors had not been permitted to attend for long periods. We noted people had been involved in making decisions about colour schemes and furnishings, to ensure the home was decorated how they wanted it.

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.

This is the first rating inspection for this newly registered service. This key question has been rated 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

- People and relatives were complimentary about the standard of care and the staff who provided this. Comments included, "I do like the staff here they help me a lot" and "I can tell the difference in [relative]. They have a life again and tell me how happy they are. The staff are quick to spot if they are having an off day and sort it out."
- We observed a number of positive interactions throughout the inspection. People were comfortable in staff members' presence and engaged in happy and appropriate banter during conversations and when receiving support. One person told us, "The staff are lovely, they make time to chat."
- There was a positive culture at the home and people were provided with care that was sensitive to their needs and non-discriminatory. Care files explained whether people had any specific spiritual, cultural or lifestyle needs and how these would be met.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and their independence promoted by staff who knew people well and how they wanted to be cared for. One person told us, "I'm treated very well here."
- Staff were mindful of how to maintain people's privacy and dignity. One staff member told us, "We close doors [when providing personal care], provide reassurance, give residents as much independence as we can. You should always treat people how you want to be treated."
- Following lunch, we observed a staff member discreetly ask a person if they would like help to change their top, on which they had spilled some food. They spoke gently to avoid any embarrassment and supported the person to quietly leave the dining room.

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

- People received care in line with their wishes and confirmed they were offered choice. Comments included, "I get to make choices about the things I want to do" and "We decide when to get up and go to bed, there aren't any set times."
- Monthly resident meetings had been held, facilitated by the activity coordinator. Minutes showed people had been asked about how they wanted to spend their time, what activities and events they would be interested in and food preferences amongst other things.
- The home used a 'You said, we did' board, to display people's requests and recommendations and what action had been taken to fulfil these.

Is the service responsive?

Our findings

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

This is the first rating inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care which was personalised and based around their needs and wishes. Each care plan included a detailed 'This is me' document, which contained information about people's life history, educational and work background as well as likes and dislikes. This ensured staff knew what was important to people.
- The home was in the process of moving to an electronic care planning system. However, paper files were still in use. We found these were detailed and had been reviewed on a monthly basis, to ensure each care and support plan was still relevant and reflected the person's current level of functioning.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the requirements of the AIS. The home could provide information in large font, easy read and audio format.
- Key information, such as the complaints process had been created in an easy to understand way, using simple text and pictures, to ensure it was accessible to everyone living at the home.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported and encouraged to undertake activities and maintain social relationships to promote their wellbeing. During COVID-19 restrictions staff had supported people to stay in contact with their relatives via telephone calls, video calls and window visits. Indoor visiting had recently recommenced in line with government guidance.
- The activity schedule had been impacted by the pandemic, however, people told us they were happy with what was provided. Comments included, "There are bits of things to do. I am happy with what I do and don't think I need to do more things" and "I like to do puzzles and sit and people watch. I like art and they cater for me to draw when I want to."
- The home had responded to requests for more interactive activities by purchasing a virtual reality headset, electronic dart board, table football and pool table and a bingo machine, which had all proven popular. A separate TV area had been created, to enable a male friendship group to watch sport together and socialise.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the home provided a number of ways to do this, for example through suggestions, resident meetings, reviews and the complaints process.
- The home had an accessible complaints process in place. People and relatives told us they knew how to complain but had not needed to. One person told us. "The bottom line is I have no complaints. I think we are listened to."
- A log was used to document any complaints received, along with action taken and outcomes.

End of life care and support

- Care files contained advanced care plans, to capture people's wishes at this stage of their life.
- The home had links with a local hospice to support the provision of end of life care. District nurses were also utilised, to ensure people who chose to remain at the home received the necessary care and support.
- Staff told us they did not currently complete any specific end of life training, instead followed guidance and advice from district nurses. However, the deputy manager was scheduled to complete training facilitated by the hospice, which would be shared with care staff.