

## The Oaks Residential Care Home

# The Oaks Residential Care Home

### Inspection report

28 Hall Lane  
Upminster, Essex.  
RM14 1AF>

Tel: 01708 220761

Website: [www.theoaksresidential.co.uk](http://www.theoaksresidential.co.uk)

Date of inspection visit: 8/10/15 and 12/10/15.

Date of publication: 19/11/2015

### 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 

### Overall summary

This inspection took place on 8 and 12 October 2015 and was unannounced on 8 October 2015.

We last inspected this service on 1 May 2014. During that inspection we found that the provider was in breach of the regulations that related to care and welfare and also to notifying us of deaths and serious incidents. Care was not delivered in a way that ensured people's safety and welfare and the required notifications had not been made. The provider sent us an action plan stating the

steps they would take to address the issues identified. At this inspection we found that the regulations were now being met. People received safe care that met their needs and the required notifications were being made. The provider had taken appropriate action to ensure that people were safe.

The Oaks is a 26 bed service providing support and accommodation to older people, including people living with dementia. At the time of the inspection, 25 people

# Summary of findings

were living there. It is a large house in a residential area close to public transport and other services. The house has special adaptations to the bath and shower rooms. There is a lift to all the floors. The home is therefore accessible for people with physical disabilities or mobility problems. People live in a clean and safe environment that is suitable for their needs.

The service had a registered manager. 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.

Systems were in place to ensure that people received their prescribed medicines safely and appropriately.

Staffing levels were sufficient to safely and effectively meet people's needs. People told us that staff were always available to support them and that they did not have to wait for assistance. One person said, "The girls are always coming very quickly".

People were cared for by staff who had the necessary skills and knowledge to meet their assessed needs, preferences and choices and to provide an effective service.

Staff supported people to make choices about their care and systems were in place to ensure that their human rights were protected and that they were not unlawfully deprived of their liberty.

People told us they felt safe at The Oaks and that they were supported by kind, caring staff who treated them with respect. One person said, "Very safe and very happy with everything here."

We saw that people's nutritional needs were met and that if there were concerns about their eating, drinking or weight this was discussed with the GP and support and advice was received from the relevant healthcare professional.

People were happy to talk to the provider and the registered manager and to raise any concerns they had. Staff told us they received good support.

We saw that staff supported people patiently and encouraged them to do things for themselves. Staff were attentive and supportive. They engaged with people and chatted and laughed with them throughout the day.

Systems were in place to minimise risk and to ensure that people were supported as safely as possible. The staff team worked closely with other professionals to ensure that people were supported to receive the healthcare that they needed.

The provider's recruitment process ensured that staff were suitable to work with people who needed support.

Systems were in place to ensure that equipment was safe to use and fit for purpose. People lived in a clean, safe environment that was suitable for their needs.

Staff provided caring support to people at the end of their life and to their families. This was in conjunction with the GP and the local hospice.

Arrangements were in place to meet people's social and recreational needs. We saw some people going out to a local day centre and others joining in a baby shower for a member of staff who was going on maternity leave.

The provider and the management team monitored the quality of service provided to ensure that people received a safe and effective service that met their needs.

# Summary of findings

## 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 provided was safe. Systems were in place to ensure that people were supported safely by staff. There were enough staff available to do this.

People received their medicines appropriately and safely.

Risks were clearly identified and systems were in place to minimise these and to keep people as safe as possible.

The provider's recruitment process ensured that staff were suitable to work with people who need support.

The premises and equipment were well maintained to ensure that they were safe and ready for use when needed.

Good



### Is the service effective?

The service provided was effective. People were supported by staff who had the necessary skills and knowledge to meet their needs. The staff team received the training they needed to ensure that they supported people effectively and competently.

Systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

People's healthcare needs were identified and monitored. Action was taken to ensure that they received the healthcare that they needed to enable them to remain as well as possible.

People were supported by staff to eat and drink sufficient amounts to meet their needs.

The environment met the needs of the people who used the service. There was appropriate signage and adaptations around the building to assist people living with dementia.

Good



### Is the service caring?

The service provided was caring. People were treated with kindness and their privacy and dignity were respected.

People received care and support from staff who knew about their needs, likes and preferences. They encouraged people to do things for themselves.

Staff supported people in a kind and gentle manner and responded to them in a friendly and patient way.

Before staff provided care and support they took time to explain to people what was going to happen. Staff were attentive to people's needs and spent time chatting to them.

Good



### Is the service responsive?

The service provided was responsive. People were encouraged to make choices and to have as much control as possible about what they did.

People were confident that any concerns would be listened to and addressed.

Good



# Summary of findings

People were supported to be involved in activities of their choice in the community and in the service. Systems were in place to ensure that the staff team were aware of people's current needs and how to meet these.

## Is the service well-led?

The service provided was well-led. People were happy with the way the service was managed and with the quality of service.

Staff told us that the registered manager was accessible and approachable and that they felt well supported.

People were consulted about changes to the service and the provider visited most days and spent time talking to them and their relatives.

The provider sought people's feedback on the quality of service provided and their comments were listened to and addressed.

The manager provided clear guidance to staff to ensure that they were aware of what was expected of them.

The management team monitored the quality of the service provided to ensure that people's needs were met and that they received the support that they needed and wanted.

**Good**



# The Oaks Residential Care 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 was planned to check 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 8 and 12 October 2015 and was unannounced on 8 October 2015.

The inspection team consisted of one 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 service.

Before our inspection, we also reviewed the information we held about the service. We contacted the commissioners of the service to obtain their views about the care provided.

During our inspection, we spent time observing care and support provided to people in the communal areas of the service. We spoke with six people who used the service, the registered manager, the deputy manager, the provider, one senior carer, nine care staff, the activities worker, the cook and five relatives. We looked at four people's care records and other records relating to the management of the home. This included four staff recruitment records, duty rosters, accident and incidents, complaints, health and safety, maintenance, quality monitoring and medicines records.

# Is the service safe?

## Our findings

The care provided was safe. People told us that they felt safe living at The Oaks. One person said, "Very safe and very happy with everything here." Another told us, "Yes, I feel safe here."

Medicines were stored in an appropriate metal trolley that was chained to the wall when not in use. There were also appropriate storage facilities for controlled drugs. We checked the controlled drugs and found that the amount stored tallied with the amount recorded in the controlled drugs register. Keys for medicines were kept securely by the person designated to administer medicines to ensure that unauthorised people did not have access to medicines. Therefore medicines were securely and safely stored.

Appropriate arrangements were in place in relation to the recording of medicines. We looked at a sample of Medicines Administration Records (MAR). Some people were prescribed medicines to be administered once per week and there was evidence that the date these were next due was clearly documented on the MAR so that there was not a risk of missing a dose. For people prescribed the oral anticoagulant warfarin the dose recorded as given, correlated with the latest blood result and dose recorded in the person's anticoagulant record. Therefore people received the correct dosage. For other medicines we saw that the MAR included the name of the person receiving the medicine, the type of medicine and dosage, as well as the date of administration and the signature of the staff who administered it. If people were prescribed a variable dose of a medicine, i.e. one or two tablets, the amount given was recorded. We saw that the MAR had been appropriately completed and were up to date. This meant that there was an accurate record of the medicine that people had received.

Records included information about any allergies people had. They also included some information to guide staff about when to administer medicines that were prescribed on a 'when required' basis. However, these instructions were not detailed. We discussed this with the registered manager and they stated that they would ensure that these were reviewed and updated to give clear details as to how and when to administer these medicines.

Systems were in place to ensure that people received their prescribed medicines safely and appropriately. Medicines

were ordered, stored and administered by staff who had received medicines training. The deputy manager took direct responsibility for ensuring that medicines were safely managed. The manager also periodically audited medicines and checked that medicines records tallied with the amounts in stock. In addition to the MAR staff also logged medicines administration on the computerised record system. If medicines had not been given this was 'flagged up' and could then be followed up straight away by the registered manager.

Staff had received safeguarding training and were aware of the safeguarding policies and procedure in order to protect people from abuse. They were aware of different types of abuse. They knew what to do if they suspected or saw any signs of abuse or neglect. Staff told us that they did not have any concerns about the way people were cared for and treated. One member of staff said, "Everyone is treated properly." People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

There were sufficient staff on duty to meet people's needs. People told us that there were enough staff to support them. One person said, "If I need anything I call out. The girls always come very quickly". Earlier this year the provider had introduced a computerised system for recording staff interventions. Staff told us that this saved a lot of time. One member of staff said, "The new system is really good. I can log on and update as I go and I have more time available for residents." Throughout the day we saw that staff had time to chat with to people. One person, who preferred to stay in their room said, "The girls come and speak with me and I see the manager often." From our observations and from looking at staff rotas we found that staffing levels were sufficient to meet people's needs and to support them with what they chose to do.

We found that risks were identified and systems put in place to minimise risk and to ensure that people were supported as safely as possible. For example, for those who could not use the call bell system alarm mats were placed by their beds to alert staff that they were up and might need support. People's files contained risk assessments relevant to their individual needs. Records confirmed that the number of accidents and falls had decreased since the last inspection. Care was planned and delivered in a way that ensured people's safety.

## Is the service safe?

The provider had appropriate systems in place in the event of an emergency. Staff had received emergency training and were aware of the evacuation process and the procedure to follow in an emergency. During our visit the fire alarm sounded. We saw that staff responded promptly in line with the service's procedure. It was a false alarm and people were reassured that everything was okay. Each person had a personal emergency evacuation plan detailing their needs in the event of evacuation being necessary. Systems were in place to keep people as safe as possible in the event of an emergency arising.

The service premises were in a good state of repair and decoration and was appropriately maintained. Specialised equipment such as hoists and accessible baths and showers were available. Records showed that these and other equipment such as fire safety equipment were serviced and checked in line with the manufacturer's guidance to ensure that they were safe to use. Gas, electric and water services were also maintained and checked to

ensure that they were functioning appropriately and safe to use. An external company carried out a yearly health and safety audit. People were therefore cared for in a safe environment.

The provider's recruitment process ensured that staff were suitable to work with people who need support. This included prospective staff completing an application form and attending an interview. We looked at four staff files and found that the necessary checks had been carried out before they began to work with people. This included proof of identity, two references and evidence of checks to find out if the person had any criminal convictions or were on any list that barred them from working with people who need support. When appropriate there was confirmation that the person was legally entitled to work in the United Kingdom.

Providers of health and social care have to inform us of important events which take place in their service. Our records showed that the provider had told us about such events and had taken appropriate action to ensure that people were safe.

# Is the service effective?

## Our findings

The service provided was effective. A healthcare professional told us that they did not have concerns about the care provided. They added, “Pressure ulcer care has improved and staff are keen to want to learn more and assist with improvements to make the patient more comfortable.” We saw written feedback from a relative that said, “Worked well with physiotherapist to help [my relative] to make a very good recovery after a stroke.”

People were supported to access healthcare services. We saw that appropriate requests were made for input from specialists such as a speech and language therapist, dietitian and palliative care practitioners. People’s healthcare needs were monitored and addressed to ensure that they remained as healthy as possible and the GP visited for a weekly ‘surgery’.

People’s healthcare needs were effectively met. We saw that a healthcare professional had written, “Staff know patients and know when and what is likely to be wrong. This helps to sort out patients quickly.” A member of staff told us that there had not been any incidents of people developing pressure area ulcers for a ‘long time. They added that people were checked regularly and any red marks were acted on so that they did not deteriorate.

Staff told us and records confirmed that they received the training they needed to support people who used the service. We saw that most staff had obtained health and social care qualifications. One member of staff said, “There is lots of training.” People who used the service and their relatives were confident in the abilities of the staff that supported them. One relative told us, “There are really nice carers, they seem to be trained well.” The registered manager and the deputy manager had completed a ‘train the trainer’ course to enable them to provide hands on training to staff. People were supported by staff who received appropriate training to enable them to provide an effective service that met their needs.

Staff were clear that people had the right to and should make their own choices and understood that people’s ability to make choices could vary from day to day. Most staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. The MCA is legislation to protect people who are unable to make decisions for themselves and DoLS is where a person can

be legally deprived of their liberty where it is deemed to be in their best interests or for their own safety. The registered manager was aware of how to obtain a best interests decision or when to make a referral to the supervisory body to obtain a DoLS. At the time of the visit, none of the people who used the service required a DoLS in place. Systems were in place to ensure that people’s human rights were protected and that they were not unlawfully deprived of their liberty.

The registered manager told us that staff supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service) was roughly every three months. Prior to the meeting staff were given a supervision form so that they had the opportunity to think about the issues before they met. Staff told us that the management team were approachable and supportive and that ‘back up’ was always available. Systems were in place to share information with staff including handovers between shifts. Notes were available for 48 hours on the handsets that staff used to record information. In addition handover information was printed off from the computerised recording system so that staff could also read this if they had not attended the handover. One member of staff told us that they felt comfortable that good information was passed over to the next shift. Therefore people were cared for by staff who received support and guidance to enable them to meet their assessed needs.

People were provided with a choice of suitable nutritious food and drink. The chef had recently left and a new chef had been recruited but had not started work. Interim arrangements were in place and people told us that they were looking forward to the new chef starting. One person told us, “We’ve lost the chef, the young girl who has taken over has done her best, but it’s nice to know a new chef is coming”.

There was a four week menu based on people’s likes and this had been discussed at a ‘resident’s’ meeting. We saw that there was a choice of meal and people were asked each day what they wanted for lunch. We saw that if the person changed their mind alternatives were provided. For example, when lunch was served one person did eat their meal. They were offered fish instead but did not want this either. The person then decided on a sandwich and some ice cream.

## Is the service effective?

The interim cook told us that the service was able to cater for a variety of dietary needs. This included diabetic, vegetarian, soft and pureed diet. We found that the interim cook was aware of people's dietary needs and told us that the manager provided them with a list of people's needs. They knew people's likes and dislikes and catered for these. For example, one person liked egg on toast for breakfast and this was cooked when they requested it. Therefore people were supported to have meals that met their needs and preferences.

People were supported to eat and drink sufficient amounts to meet their needs. They were offered drinks throughout the day including lunchtime. Some people ate independently and others needed assistance from staff. We observed that staff sat with people who needed assistance, encouraged them to eat and checked that they were ready

before giving them more food. People were appropriately supported and not hurried. We saw one member of staff very gently and patiently encouraging one person to drink a food supplement. We also saw that some people had aids to help them to eat independently. When there were concerns about a person's weight or dietary intake we saw that advice was sought from the relevant healthcare professionals.

The service was provided in a large house in a residential area and was accessible throughout for people with mobility difficulties. Adapted baths and showers were available as was specialised equipment such as hoists. There was appropriate signage and adaptations around the building to assist people living with dementia. We saw that the environment met the needs of the people who used the service

## Is the service caring?

### Our findings

The service was caring. People were positive about the care and support they received. They told us that staff were kind, caring and respectful and that their privacy and dignity was maintained. One person said, "I can't fault the home. All the carers do a great job and there is absolutely nothing wrong here. Another said, "The girls are really very careful with me when I have a wash."

We observed that staff supported people in a kind and gentle manner and responded to them in a friendly and patient way. We saw that a relative had written, "We would like to thank everyone for their care and kindness to [our relative]. We can only admire the care and compassion you have shown to people you care for."

Staff we spoke with knew the people they cared for. They told us about people's personal preferences and interests and how they supported them. Staff told us that it was a friendly place and they enjoyed working there. They were clear that, "Residents come first." There was a regular staff group and this helped to ensure that people were consistently cared for in a way that they preferred and needed.

People were supported by staff to make daily decisions about their care as far as possible. We saw that people decided what they did, where they spent their time and what they ate. They were asked for their opinions about what happened at the service and to them.

Staff provided caring support to people at the end of their life and to their families. This was in conjunction with the GP, district nurses and the local hospice. The registered manager told us that they had completed some training for the Gold Standards Framework (GSF) and that the service would work towards accreditation next year. GSF is an independent accreditation framework to support people as they near the end of their lives. We saw that one bereaved relative had written, "Thank you for making [my relative's] last few months the best it could have been." Another had written, "Thank you for taking such good care of [my relative]. They were very happy at The Oaks with you all." People benefitted from the support of a caring staff team.

People were encouraged to remain as independent as possible and to do as much as they could for themselves. We saw that staff were attentive but allowed people to be a little independent before asking if help was needed. One person told us, "They wash my back, and I can do the rest."

# Is the service responsive?

## Our findings

The service was responsive. People's individual records showed that a pre-admission assessment had been carried out by the registered manager before they moved to the service. Information was also obtained from other professionals and relatives. The assessments indicated the person's overall needs.

People's care plans contained details of their likes and dislikes, what they preferred to be called and their life history. They contained sufficient information to enable staff to provide care and support in line with the person's needs and wishes. For example, one person's care plan identified that they could become very anxious during personal care. The care plan indicated that staff should reassure the person, provide enough care to make them clean and dry and then let them go back to bed to calm down. They should then go back later to try again. Tasks from the care plan were added to the computerised system to alert staff as to what need to be done and when. For example, assistance to use the toilet, being turned in bed or being given a drink. Some people stayed at the service for short breaks or respite visits. When this was the case a shorter care plan was put in place covering key areas. If the person then remained at the service a full care plan was developed.

The service was responsive to people's needs because their care was regularly reviewed. We saw that care plans were reviewed each month and updated as and when necessary. Changes in people's care needs were communicated to staff during the handover between shifts. This meant that staff had current information about people's needs and how best to meet these. We also found that when people's needs had changed significantly their new needs were identified and passed to social services for review and possible updating of their care package.

People were encouraged to make choices and to have as much control as possible over what they did and how they were cared for. When able, they chose where to sit, what to

eat and what to do. We saw that staff assisted people to make choices. For example, at lunch time we saw staff take two different desserts to a person so that they could indicate which one they wanted. A member of staff told us, "They are asked and given choice. We say we will change things if they are not happy." People confirmed that they made choices about their care and support. One person told us, "The girls get me ready for bed. I go around 10.15 but sometimes a little later if there's something good on the TV. It's my choice".

Arrangements were in place to meet people's social and recreational needs. An activity coordinator was employed and we saw photographs of a variety of celebrations and activities displayed around the building. Activities included a quiz, exercises, films and visits from the community police. We saw adverts for a forthcoming fashion show, for Holy Communion and a Christmas party. The activities coordinator told us that they attended a Havering Dementia group where staff from different homes met and exchanged ideas. They added that bingo was a favourite but they also did lots of arts and crafts. In addition to group activities they also spent individual time with people. We saw examples of people's work displayed around the service. Some people went out to a day centre and one person went to the local golf club with their relative.

We saw that the service's complaints procedure was displayed on notice boards in communal areas around the service. In the entrance hall there was a complaints box in a prominent position.

Complaints were logged and actioned by the registered manager. People were confident that any issues or concerns would be addressed by the registered manager. One person told us, "If there ever is anything wrong, I raise it to the staff and it's sorted straight away". Another person said that they had problems with television reception and that the manager was arranging for new cables to their room to improve this. People used a service where their concerns or complaints were listened to and addressed.

# Is the service well-led?

## Our findings

The service was well-led. People informed us that they were happy with the management of the home and felt comfortable raising any concerns with management as and when they arose. One relative told us that they were, “Very happy with everything here”. A person who used the service said, “I can’t fault the home.”

There were clear management and reporting structures. There was a registered manager and a deputy manager in overall charge of the service. In addition to care workers there were senior carers who led each shift. Staff felt that leadership and team work were good and that it was a “really a nice place to work.” They said that they were clear about what was expected of them.

A healthcare professional told us, “The communication process between us has improved greatly.”

People were consulted about what happened in the service. They were asked for their opinions and ideas through ‘resident’ meetings. The introduction of the computerised recording system had been discussed and it had been explained that staff were not using mobile phones but hand held devices to make their notes and recordings. They were asked about the décor and what they wanted put on the walls. People were listened to and their views were taken into account when changes to the service were being considered.

We found that the registered manager and deputy monitored the quality of the service provided which ensured that people received the care and support they needed and wanted. This was by direct and indirect observation and discussions with people who used the service, relatives and staff. They also checked files and records to ensure that these were accurate and up to date. The computerised recording system enabled the

management team to check at a glance that required interventions had been carried out by staff. This and other details of what was happening in the service were displayed on the computer screen in the manager’s office. Any overdue or uncompleted tasks were automatically flagged up. The registered manager could also access this information from home and told us that in addition to periodically visiting during the night she could also check that people were being supported as required. She also told us that she checked the handover notes before she came to the service so that she knew what her priorities would be when she arrived. This ensured that the management team were aware of the current situation in the home and of any issues affecting people who used the service and that they were able to respond in a timely manner. Therefore, people were provided with a service that was robustly monitored to ensure that it was safe and met their needs.

The provider had systems in place to monitor the quality of service provided. The provider visited the service most days and could also access the computerised system from home. She said that this enabled her not only to check what had been done but also to keep up to date with what was happening at the service. She also said that this meant that when she was asked about the service or any individual she was able to respond accurately.

Feedback was sought from people who used the service and stakeholders (relatives and other professionals) by means of quarterly quality assurance questionnaires. Actions were taken to respond to any issues that had arisen. For example, following on from feedback about the tea trolley this was discussed with people and changes made. Therefore, people used a service which sought and valued their opinions which were listened to and acted on to improve and develop the service.