Barchester Healthcare Homes Limited

West Oaks

Inspection report

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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

This inspection took place on the 1 and 2 March 2016. The inspection was unannounced on day one and announced on day two.

West Oaks is a care home which is registered to provide care with nursing for up to 63 people. The people they support have varying needs, including people who live with dementia. At the time of our visit 61 people were using the services. The home is a detached purpose built building in a residential estate close to the shops and amenities of Wokingham and Reading. People had their own bedrooms and use of communal areas that included enclosed private gardens.

The people living in the home needed residential or nursing care and support from staff at all times and have a range of care needs. These included dementia care and palliative care.

The home has a registered manager who works full-time within the home. 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 service is run.

People's safety was promoted within the home and they were, where possible, involved in the recruitment of staff. The recruitment and selection process helped to ensure people were supported by staff of good character. There was a sufficient number of qualified and trained staff to meet people's needs safely.

Staff knew how to recognise and report any concerns they had about the care and welfare of people to protect them from abuse. There were risk assessments that identified risks associated with personal and specific health related issues. They helped to promote people's independence whilst minimising any risks.

People's medicine was managed safely although there were some omissions within people's medicine records. This was immediately addressed by the registered manager by reminding staff of the importance of signing people's records following application of their prescribed cream.

West Oaks was being refurbished within an anticipated timeframe of eight weeks. People's privacy was placed at risk due to the refurbishment programme. This was reviewed and risk assessments put in place to promote people's safety and respect their privacy at all times.

People were provided with effective care from a dedicated staff team who had received regular supervision with their line manager to identify their development needs. Training was provided by external sources, electronic processes and was also delivered by the in-house trainer. This made sure staff were supported to receive the training and development they needed to meet people's individual needs.

The service had taken the necessary action to ensure they were working in a way which recognised and

maintained people's rights. They understood the relevance of the Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people and their care.

Staff were held in high esteem by people and their families. They treated people with kindness and respect and had regular contact with people's families to make sure they were fully informed about the care and support their relative received.

Meals were nutritious and varied to meet individual needs and were being reviewed to improve presentation of soft foods.

People were encouraged to live a fulfilled life with activities of their choosing that were structured around their needs and individual to each person. However, these were being further developed to minimise the risk of social isolation, particularly for those people who remained in their room through choice or frailty. The provider had approved extra staff hours to take this forward.

People told us that they were very happy with the care and support they received. They benefitted from living at a service that had an open and friendly culture. There were opportunities for people to be involved in decisions about the home through formal methods such as residents meetings, surveys and reviews. The provider had an effective system to regularly assess and monitor the quality of service that people received.

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.

People were supported by staff of good character who knew how to protect people from abuse.

People received their medicine safely.

There were sufficient staff with relevant skills and experience to keep people safe.

The provider had robust emergency plans in place, which staff understood, to promote people's safety.

Is the service effective?

Good

The service was effective.

People's individual needs and preferences were met by staff who had received the training they needed to support people.

Staff met regularly with their line manager for support to identify their learning and development needs and to discuss any concerns.

People had their freedom and rights respected. Staff acted within the law and protected people when they could not make a decision independently.

People were supported to eat a healthy diet. They were helped to see their GP and other health professionals to promote their health and well-being.

The environment was being refurbished as areas of the home were in need of redecoration and/or replacement furnishings that had become worn.

Is the service caring?

Good

The service was caring.

Staff treated people with respect and dignity at all times and promoted their privacy and independence as much as possible.

People responded to staff in a positive manner and there was a relaxed and comfortable atmosphere in the home.

People's right to confidentiality was protected.

Is the service responsive?

Good

The service was responsive.

Staff knew people well and responded quickly to their individual needs.

People's assessed needs were recorded in their care plans that provided information for staff to support people in the way they wished. These were being reviewed continually to promote person centred care.

Activities within the home were provided for each individual. These were being further developed to minimise any risk of social isolation for those people who chose to stay in their room through choice or frailty.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

Is the service well-led?

Good

The service was well-led

People, their visitors and staff said they found the manager and deputy manager open and approachable. They had confidence that they would be listened to and that action would be taken if they had a concern about the services provided.

The manager and provider had carried out formal audits to identify where improvements may be needed and acted on these.

West Oaks

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 the 1 and 2 March 2016. It was carried out by 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 care service. The inspection was unannounced on day one and was announced on day two.

Prior to the inspection we looked at all the information we had collected about the service. This included any notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law. Before the inspection, the provider also 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.

During our inspection we observed care and support in communal areas and used a method called 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 to us. We spoke with nine people who lived in the home and five relatives of people who use the services. We spoke with the registered manager of the home, deputy manager, regional manager, in-house trainer, activity organiser, chef and eight staff. We also received feedback from local authority social care professional.

We looked at eight people's records and records that were used by staff to monitor their care. In addition we looked at six staff recruitment and training files. We also looked at accident and incident reports, duty rosters, menus and records used to measure the quality of the services that included health and safety audits.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included: "Oh touch wood, yes I feel safe". "Staff would listen to me if I told them I was worried". "I feel safe, but don't have much contact with staff so I wouldn't know who to contact if I had a problem". "My wife was my carer until she had a stroke, so we are in here together and we feel really safe".

Peoples' families told us that they had no concerns about the safety of their relatives who live in the home. Responses included: "Yes I do believe people are safe here and I think staff are trained as they are very compassionate and kind".

Staff were able to provide a robust response in relation to their understanding of safeguarding. They had received safeguarding training and where fully aware of the provider's whistleblowing policy. Staff told us that the training had made them more aware of what constitutes abuse and how to report concerns to protect people. Comments included: "If I had a concern and was not listened to within the organisation I would take my concerns to the local safeguarding authority or Care Quality Commission (CQC)". "They are very hot on training here. I have one outstanding, which is refresher safeguarding, but this has been scheduled".

The provider had effective recruitment practices which helped to ensure people were supported by staff of good character. They completed Disclosure and Barring Service (DBS) checks to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from previous employers had been requested and gaps in employment history were explained. The provider carried out checks to ensure people were being cared for by nurses who were registered on the Nursing and Midwifery Council (NMC) register to practise in the UK.

Staff told us that there was always enough staff on duty to keep people safe and to carry out their duties without feeling they had to rush people. Comments included: "it's a nice sort of busy, not like being rushed off your feet". We have time to talk to people". A person who uses the service said: "I don't see staff at night as I sleep, but if I ring my bell they come to help me". People's relatives stated that there always appeared to be enough staff around when they visited. One of the comments included: "We visit frequently, at least every other day; there seems to be a good staff ratio at all times". The service had not used agency staff since May 2015. This had been to provide extra support for a person who required one to one care. Staff told us that absences were covered by existing staff, which were identified on the staff rota. The service had recently recruited four registered nurses and four care assistants to replace staff that had left and to increase staff support for people. During our visit newly recruited staff were receiving part of their induction that covered health and safety.

People were given their medicines safely by staff who had received training in the safe management of medicines. Staff competency assessments were completed at least annually. These assessments were signed off by the assessor and dated when in agreement that the staff member was competent to support people with their medicine. The service used a monitored dosage system (MDS) to support people with their

medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records (MARs) were accurate and showed that people had received the correct amount of medicine at the right times.

Staff used an observational pain assessment tool in the care of people who may not be able to verbally communicate that they were experiencing pain. Staff told us that medicine prescribed for pain as and when required (PRN) was reviewed by the GP either straight away depending on the severity of the pain, or when a person had required the medication for more than three consecutive days. People's medicine had the route to be given, such as oral or topical, detailed on the MAR. However, topical medicine charts held in some people's rooms had not demonstrated that people's prescribed creams were applied consistently. This was immediately addressed by the registered manager by reiterating to the staff team the importance of signing people's records following application of their prescribed cream.

There were risk assessments individual to each person that promoted peoples' safety and respected the choices they had made. Health and safety audits where regularly undertaken to promote the safety of people and others within the home. These included fire safety, waste storage and disposal, infection control and safety monitoring checks of equipment used such as hoists and electrical equipment.

Good

Is the service effective?

Our findings

People and their relatives described staff as, "helpful and mindful" of their needs and "compassionate and kind". Other comments from people included: "they are quite good, well you know, getting things for you". A person's relative stated: "they more than satisfy my expectations especially how they care for my wife".

Staff described the staff team as supportive and that they worked well as a team. Comments included: "I think I'm lucky to find such a nice home to work in. We are very much supported with our training needs and the manager is very approachable and easy to talk to. He always listens to what you have to say". Staff received support through supervision and appraisals to routinely discuss their learning and development objectives. Regular staff meetings were held and staff felt confident to raise issues for discussion.

The registered manager told us that staff development was arranged around their personal and professional development. A home trainer arranged mandatory and legislative training, and also outsourced training based on the clinical needs of the people who use the service. The registered manager stated that: "apart from clinical development, training had been arranged in mentoring, coaching, appraisals and effective communication".

There was a comprehensive induction programme designed for staff at different levels of responsibility. Training had been developed for staff to meet health and safety, mandatory and statutory training requirements as well as receiving training to support specific individual's needs, such as dementia care. The deputy manager told us that in partnership working with external health and social care professionals they had made arrangements for the care home in reach team to visit the home. This is a team of health care professionals who provide services that includes working with staff to enhance their skills and improve their confidence by building on existing good practice. A local authority stated: "The new manager is engaging with our Care Home in Reach Team, which is encouraging".

People's rights to make their own decisions where possible, were protected. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. People using the service were subject to authorisation under the Deprivation of Liberty Safeguards. The registered manager had a good understanding of the MCA and staff had received MCA training.

People's health needs were met. People were assisted to make appropriate appointments with the GP and other health care professionals. Examples included referrals to the dietitian, tissue viability specialist and

the speech and language therapists (SALT). Care plans included people's health and medication needs and records of any appointments or healthcare visits. Visiting professionals' comments and the outcome of the visits were included in the records.

People were given a choice of food and given time to make their decision. They were helped to eat in a pleasant and relaxed atmosphere. For those requiring intensive support staff sat next to people and provided appropriate and sensitive encouragement for them to enjoy their meal in their own time. Staff used appropriate humour and touch and displayed patience at all times.

People told us that there was always plenty to eat and food was freshly prepared. Comments included: "meals are very good with plenty of variation". People's relatives told us that in their opinion meals were: "good" and that "there were always picky foods/snacks available for people so they don't go hungry". One person's relative said: "I stay to lunch three days a week so that I can eat with my husband in the dining room".

Some people required thickeners in their fluids as prescribed by their GP. This had followed various nutritional assessments by health professionals, such as speech and language therapists (SALT). A provider nutrition and hydration audit completed February 2016 assessed 10 people's care plans whose nutrition had been assessed using a malnutrition universal screening tool (MUST). The audit identified that people's nutritional needs were met, but also detailed some action points that the registered manager had addressed. These included for example: to consider how to improve the presentation of pureed meals by use of moulds to improve the dining experience for people. One person told us: "I have a soft diet, it is always nicely presented" and "Oh yes it's always more than enough". Additionally the providers audit identified that people's care profiles had not clearly reflected the consistency of the fluid they required using thickeners as prescribed by their GP. On our visit there were records and pictures within people's rooms that showed staff the consistency of fluids individual's required.

The environment was clean and largely well furnished. However some furnishings were looking worn and so in need of replacement. The provider had notified the Care Quality Commission (CQC) of their refurbishment plans to improve the environment. This had commenced at the time of our visit and was expected to be completed by May 2016.

Good

Is the service caring?

Our findings

People said: "we are treated with great respect and we are very happy here". Staff are very good and understand me. They are always respectful and encourage me to get involved". Comments from people's relatives included: "I think it's a lovely place, staff are so caring".

People's bedrooms were decorated and personalised with items of their choice. Considerations had been taken to promote people's privacy when alone in their room or alone with their visitors, such as staff knocking on doors before entering. However, contracted workers who were undertaking a refurbishment programme of the home had not given people the same consideration. For example, we observed the workers talking on their mobiles as they walked up and down the corridors. This was without due consideration for people who had chosen to have their doors left open whilst they remained in their room through choice or frailty. We discussed this with the registered manager who had taken immediate action. The registered manager held a meeting with the contractor to review the work plan/risk assessment to ensure people's privacy was not compromised.

People were asked for their permission before staff undertook care or other activities. Staff were aware of people's needs, likes and dislikes. At our visit they had addressed people appropriately in a warm and friendly manner and encouraged them to express themselves and make decisions, if they were able to. Training staff had received included dignity, respect and person centred care. They provided a good account of people's needs and were respectful of people's visitors who said: "I think it's a lovely place, staff are so caring". Staff training also comprised equality, diversity and human rights.

There was a resident's forum that encouraged people to have a voice about decisions made in the home, such as being involved in the recruitment of staff. People who attended the residents' forum told us that their ideas about ways to improve the services were respected and that they always felt listened to. For example, decisions about the home's menu. The chef stated: "at residents meetings we talk about the menus and of people's likes and dislikes. We do respect and accommodate their decisions whilst encouraging healthy choices".

The registered manager had started to implement communication passports for people with restricted or no communication. This was to support people to express their views and wishes, in particular for those people who lived with dementia. This was with support from their families and to promote person centred care. The passports informed staff about who was important in the person's life, such as family and/or of their closest friends. Additionally information detailed how best the person understood you and how they communicated with you. Although the communication passport detailed how to support the person it had also recognised that this could vary from day to day dependent on the person's well-being.

People's wishes for end of life care where obtained and were recorded in the appropriate section of their care plan. Do not attempt cardio-pulmonary resuscitation forms (DNACPR) were appropriately completed and signed by the GP, where appropriate. The registered manager stated that on admission and through people's stay at West Oaks, reviews and discussion relating to end of life care had taken place. People's

treatment at late stage, which included their wishes and/or religious beliefs, was specified within their care plan. End of life training had been provided to staff to ensure they could provide people with the support and compassion they required at that time of their lives.

Good

Is the service responsive?

Our findings

People's needs were assessed before they moved in to the service. Care plans were personalised and detailed daily routines specific to each person. Areas of care included personal care, skin integrity, mental health and cognition. There was evidence from documentation and from speaking to people that external health care professionals were consulted. Appropriate referrals and reviews were made when people's needs changed. Care plans included a section on recording the interventions of visiting health care practitioners where their recommendations were clearly recorded.

People and/or their relatives were involved in developing their care and support plans. Speaking with staff identified that they were very aware of individual's needs, likes and dislikes. They were able to explain the review process and spoke of their responsibilities as a named nurse or keyworker to inform the review process. However, there was some mixed feedback from people about how involved they were in the review of their care plans. Comments included: "My care plan has been discussed in part with me, but the staff know how I like things done". "I'm not involved with any reviews, but I am satisfied with how I am treated and supported". "I haven't seen or discussed my care plan".

People's families told us they were invited to care plan reviews and/or had been made aware about their relative's care plan. Comments included; "I know I have seen a care plan, but I have forgotten what it says. Not sure when it was reviewed, but I do have discussions regarding my wife's care". "They do listen to me and if they need to ring me about any changes they do" and "mum has a key worker, you can always speak with them".

Care plans also detailed people's cultural, social and spiritual values, social interests and hobbies. We could see that people were provided with activities that included one to one time and group activities. In addition, there were external entertainers invited to the home that people and their relatives said they enjoyed. These included opera singers and on the day of our visit a person impersonating the late Elvis Presley. The home did have its own transport to support people to activities within the community. These included visits to the garden centre and seaside when the weather was warm. One person's relative said: "they have residents meetings and activities. There was a lovely pantomime and the activity person is always on her toes, really good".

We discreetly observed people who remained in their rooms through choice or frailty when being assisted with their meals by staff. The atmosphere was relaxed, enabling people to enjoy their meals in an unhurried fashion whilst staff spoke with people respectfully. However, some people who remained in their rooms expressed feeling of loneliness. Comments included: "sometimes they come in and speak with you and say they will come back, but they don't". "I've not had a good week as I am unable to get out and about. However, whilst I am in I have people who are kind as they pop in and give me something to do". "I don't go out but do have access to a hairdresser and spend time watching TV". "I am left to organise my own free time and really don't want to get involved".

The rota identified two activity staff to cover activities Monday to Thursday and one on a Friday and

Saturday. There were no hours identified for activities on a Sunday. This was to meet the needs of 61 people; 47 of those people lived with dementia. The registered manager stated that in his assessment since becoming the manager (September 2015) there was recognition that people who remained in their room where at risk of social isolation. The registered manager told us that they were working towards creating more focused attention on stimulus for those people. Also confirming that an additional staff position of 20 hours was being created to support people who mostly remained in their room. Interviews of potentially new activity staff to cover the vacant 20 hours had been scheduled. The registered manager was hopeful of successful recruitment to introduce new ideas to promote valued activities for people who lived with dementia.

The registered manager told us that the provider had an online complaints system that was updated when concerns were raised. West Oaks had received one formal complaint in the last twelve months up to the date of this inspection. This was managed within the timeframes of the provider's complaint procedure. People told us they knew who to go to if they had a concern or wanted to raise a formal complaint. Comments included: "there are few concerns, but when I have had any concerns I know who to address them to, and they have always been resolved quickly". "I have no need to raise a concern but know who to contact if there was a problem".

Good

Is the service well-led?

Our findings

There was a registered manager at West Oaks who registered with the Care Quality Commission (CQC) on 22 December 2015. The registered manager and deputy manager were both held in high esteem by people who use the service, their relatives and staff who described them as open, approachable and supportive.

People had opportunities to feedback their views about the home and quality of the service they received. A survey by an independent source, which was conducted in 2015, received responses from 35 people who use the service. This looked at the overall performance rating (OPR) of the service based on four themed scores. They received a rating of 864 out of 1000. The OPR identified a high score of 912 on quality life, but a lower score of 794 on choice and having a say. The manager and deputy manager were in the process of developing new ways to ensure people had their say that included the implementation of a resident's forum.

People and their families were able to express their views and told us they felt listened to. They felt confident that the registered manager and deputy manager would act in their best interest should they have a concern or complaint. One person said, "staff are very happy and helpful and the atmosphere is good". "Have not been asked about my opinion, but we have a residents meeting every month led by (a resident of the forum) who usually speaks to management on our behalf". Other comments included: "Staff are very happy and there is a good atmosphere most of the time. I am very happy to be here and get involved often in discussions about the facility". "The management always listens and acts on suggestions". "On the whole a very good atmosphere". A person's relative stated: "I've not had an opportunity to get to know the new manager, but the deputy manager is very efficient, very proactive and helpful".

The deputy manager, who was also the clinical lead was a role model for the staff team. They worked with them and showed commitment and compassion to ensure people's needs were met.
Staff told us that the registered manager and deputy manager supported them to access development opportunities to ensure they were up to date with current best practice. We established that the registered manager was working closely with the newly appointed house trainer, providing support whilst ensuring staff training needs were met. Comments from staff included: "Staff at West Oaks are all respectful of one another. Issues we talk about straight away to be resolved and then carry on".

The registered manager had notified the Care Quality Commission (CQC) about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. A recent notification informed us of their plans to refurbish the home and of actions taken to keep people safe. At our visit the refurbishment had commenced and health and safety audits had been completed to promote people's safety. Meetings with the contractors undertaking the refurbishment were arranged by the registered manager. Action from those meetings had taken place to ensure the refurbishment process did not have a negative impact on people's safety and quality of life.

Overall quality assurance systems were in place to monitor the quality of service being delivered and to promote people's safety. These included audits of people's medicine by the provider and supplying pharmacist, infection control, fire safety, staff welfare and audits to monitor and review the care and

treatment people received.