

Mrs RJ Francis and Partners

Twin Oaks Nursing Home

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

About the service: Twin Oaks Nursing Home is a residential care home that provides nursing care and accommodation for up to 49 people. At the time of our inspection, 46 people were using the service.

People's experience of using this service: There was enough staff on duty to enable people to remain safe and receive care in a timely way. The environment was safe and people had access to appropriate equipment where needed. People were supported to take their medicines in a safe way.

Staff were knowledgeable, they received good training and supervision to ensure they could carry out their roles effectively.

People and relatives told us that the service was caring and well led. Staff were kind, caring and promoted people's dignity. Staff understood the importance of treating people with respect and ensured they did this. People were observed to have good relationships with the staff team. Staff actively ensured people maintained links with their friends and family.

The registered manager provided staff with leadership and was visible and approachable. Staff were motivated and enjoyed strong team work. Information from audits, incidents and quality checks was used to drive continuous improvements to the service people received.

Rating at last inspection: Good (Published July 2016)

Why we inspected: This was a scheduled inspection based on our previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 safe?

The service was safe

Details are in our Safe findings below.

Good ●

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 ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Twin Oaks Nursing 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 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.

Inspection team:

The inspection team consisted of an inspector, an inspection manager 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. Our expert by experience's area of expertise was the care of older people.

Service and service type:

Twin Oaks Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care. 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:

The inspection was unannounced.

What we did:

We reviewed the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make. We requested feedback from a clinical commissioning group that pays for the care of some of the people living at Twin Oaks Nursing Home.

During the inspection visit we spoke with 11 people using the service and three people's relatives. We also spoke with a visiting minister, physiotherapist and occupational therapist. Staff we spoke with included:

The registered manager

The senior nurse

A registered nurse

Two care workers

A cook.

We made observations of how staff supported people.

We looked at two people's care records. We also looked at other records relating to the management of the service including staffing, accidents and incidents, medicines and quality assurance.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the home, relatives confirmed this.
- Regular checks were made to ensure that equipment used to transfer people such as hoists and slings were safe to use.
- Staff were trained in safeguarding and knew what to do and who to tell if they had concerns about the well-being of any of the people using the service.
- If safeguarding incidents occurred staff reported these to other agencies, as required, including the local authority and CQC.

Assessing risk, safety monitoring and management

- Risks to people`s well-being and health were assessed and measures were in place to mitigate risks. Plans were put in place to mitigate these risks and staff were familiar with them. This included risks associated with health conditions, mobility and nutrition.
- Risk assessments detailed how to support people with personal care needs so they could do as much for themselves as possible without falling or injuring themselves.
- Robust procedures were in place to ensure staff could deal with emergencies like fire. People had personal emergency evacuation plans (PEEP) in place so that staff were familiar with how to assist people in an evacuation. The home had a maintenance team who carried out frequent checks on the premises and equipment to ensure they were safe and fit for purpose.

Staffing and recruitment

- Staffing levels were calculated according to people's needs and we saw evidence of them being regularly reviewed. We observed that there was enough staff to ensure that people received prompt care and support.
- The provider had safe recruitment procedures which ensured that only staff suited to work at the service were employed. All required pre-employment checks were carried out including criminal record checks.
- The registered manager told us that recruitment and retention of staff was not a challenge for the service. Retention rates of staff were very high, the providers own checks showed that 80 percent of staff had worked at the service for more than five years. This led to consistent staff that people were familiar with.

Using medicines safely

- People were supported to have their medicines at the right times.
- Only trained nursing staff who had been assessed as competent supported people with their medicines.
- People had medicines care plans which explained how their medicines must be given. Protocols were in place for 'as required' (PRN) medicines so staff knew when to administer these, for example for pain relief.

People told us they could have PRN medicines when they needed them. One person said, "Yes, that's not a problem, I just have to ask."

- Medicines were stored securely and regularly audited by the registered manager or a nurse to ensure they were being managed safely.

Preventing and controlling infection

- We observed the premises were clean, tidy and free from odours. People and relatives we spoke with confirmed this was always the case. A relative told us, "It's always clean, just look at the linen on the pillows, they are pristine."
- Staff had access to aprons and gloves when supporting people with personal care. This helped prevent the spread of infections. Staff completed training in infection control.
- The registered manager oversaw infection control and carried out regular audits to ensure standards of cleanliness were good. An additional staff member was deployed on a regular basis to carry out deep cleans of people's rooms.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted. Records were accessible and clear.
- The registered manager reviewed near miss incidents and acted promptly to reduce the risk of recurrence.
- The registered manager sought the views of staff, relatives and residents and acted on their feedback.

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

Good: 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

- The registered manager or care manager assessed people prior to admission to ensure their needs could be safely and effectively met.
- Care plans were developed for each identified need people had and staff had clear guidance on how to meet those needs. Assessments covered people's health and social care needs and their life history, preferences, hobbies and interests.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs they had so those needs could be met.

Staff support: induction, training, skills and experience

- Staff received training that equipped them with the skills knowledge they needed to support people. Staff had training about dementia and other conditions people lived with. Staff were trained to use special equipment such as percutaneous endoscopic gastrostomy (PEG) tubes which are used to feed people when oral intake is not possible or safe.
- People and their relatives told us that staff were well trained and competent. One service user said, "I can't walk anymore, I need help with most things and I have no concerns about how they help me. They're good at what they do."
- Staff completed an induction period when they commenced employment including a period of shadowing experienced staff. New staff completed the care certificate, a nationally recognised qualification for staff new to working in social care.
- The registered manager evaluated the effectiveness of training through observations and checks of staff competency
- Nursing staff were registered nurses who kept their registrations with the Nursing and Midwifery Council up to date.

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

- People had a choice of freshly made meals that were nutritious and prepared and served in ways that met their health needs. People had a choice of main meals and could ask for alternatives which were cooked fresh for them. One person planned their own menu, they told us, "This is a list of things I like. They come around and ask me what I want for lunch and I choose from my list. Today I'm going to have an omelette and vegetables. They'll get me anything I ask for, whatever I want they'll get. They are great."
- Peoples visiting relatives and friends could join them for a meal, which enhanced their enjoyment of eating. A relative told us, "I help [family member] to eat his meal and they always ask if I'd like lunch too. They never want payment for it and its very nice food."
- Nurses used a nutritional screening tool to assess people's dietary needs. This considered people's weight,

ability to eat, skin type, medicines, appetite and psychological state. Where required, nurses involved dieticians in developing people's nutritional care plans.

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

- People told us they liked the premises and the way the home was decorated. People's rooms were personalised with belongings from their family home.
- The service was in good decorative order, the register manager told us they had an ongoing refurbishment plan in place. They went on to say plans to carry out a major refit were being prepared as although the home was purpose built, that was over 20 years ago and they felt some modernisation was due.
- The service benefitted from several dining rooms and lounge areas. This meant people did not have to convene in very large groups for meals or socialising. There were extensive accessible garden spaces, with patios and gazebo seating areas. We observed people and their visitors enjoying these spaces, choosing to take their meal or have drinks outside as it was unseasonably warm and sunny.

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

- If people needed emergency healthcare staff acted quickly to arrange this. They contacted out of hours GPs and called for an ambulance if a person needed one.
- Staff were attentive to people's health needs, they identified when people were unwell and arranged for people to access to a range of healthcare professionals including GPs, dentists, opticians, dieticians and falls specialists when they needed them. One person told us, "The GP comes here every Wednesday so if I need to see the doctor, I just let a carer know and they put me on the list. If it's more urgent, they call the doctor for me."

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 with appropriate legal authority. In care homes, 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Mental capacity assessments were carried out where needed to establish if people making decisions affecting their lives had the capacity to do so. Decisions for people identified as lacking capacity to make certain decisions were taken following a best interest process. Where this was the case, it was clearly identified in people's care plans.
- We observed staff asking for people's consent before providing support to people. People were offered choices and encouraged to express their wishes. For example, people were offered a choice of hot and cold drinks, where they wanted to spend their time and what they wanted to wear.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives told us staff were very kind and treated them with respect. Staff knew what was important to people and offered people reassurance and comfort.

It was clear good relationships had developed between people and staff. Staff spent time engaging people in conversation as well as completing care and support tasks. One person told us, "I've been here six years, I can talk to [staff] about anything and I know they'll listen. I consider myself very fortunate in that respect."

- We received a range of unanimously positive feedback from relatives and visitors about the quality of the staff. A relative told us, "They are doing a wonderful job looking after [family member] it's quite difficult because he needs a lot of help and I just couldn't manage any more. They [staff] are wonderful." A visiting minister asked to speak with us and said, "I've been a minister for about 30 years so I've been to a few care homes in my time. - I have no doubt this is the best I've seen. The care seems to be excellent."

- Relatives could visit the home at any time without undue restriction. We saw relatives actively engage with their family members and other people living at the service.

- Each person had their life history recorded which staff used to get to know people and to build positive, caring relationships with them.

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

- When people had expressed their views about their preferences these were recorded and respected.

People told us they were offered choices and felt in control of the care they received.

- Where people were not able to express their views, and could not be involved in decisions about their care, their relatives, next of kin and health and social care professionals were involved. This was to ensure the care and support the person received was appropriate.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful towards people they supported, ensuring that preferred names were used, and checking with people first before providing them with care. Staff we spoke with told us it was important to ensure they respected people and gave us examples of how they promoted people's privacy.

- People were supported to maintain their independence. Staff knew what people could do for themselves, and were patient and supportive in helping them to do this.

- Staff promoted people's independence. This included providing plate guards to reduce spillages at mealtimes and staff encouraging people to be as independent as possible with washing, dressing and mobilising.

- Staff were conscious of maintaining people's dignity when helping them to mobilise, knocking on doors before entering and providing clothing protectors at mealtimes. People looked very well presented and cared for.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff we spoke with could describe in detail the steps they took to support people, their preferences, life histories and how they liked to receive their care.
- People's needs were assessed prior to admission and used to formulate plans of care. Care plans were appropriate with up to date detail of people's preferences for example, their food likes and dislikes.
- Care records were reviewed monthly or if people's needs changed. One relative said that staff responded very promptly to changes in people's health and sought medical advice when this had been needed.
- People and relatives felt involved in care and regular reviews were held.
- People's social needs were assessed. Activities staff were employed to ensure people received a range of activities. People were actively able to follow their interests, for example gardening. One person told us, "I have a number of interests which keep me busy. I love the garden and do quite a lot out there. I look after my bird, you know, keeping the cage clean and so on. Then I like to read and watch television. There's plenty to do."

Improving care quality in response to complaints or concerns

- A clear complaints procedure was in place.
- People who used the service and relatives told us they felt able to raise any concerns with the manager or the provider and felt assured that they would be dealt with.
- Systems were in place to monitor and respond to any concerns or complaints.

End of life care and support

- People were supported to make decisions and make plans about their preferences for end of life care.
- Staff were skilled and experienced in end of life care and understood people's needs. Nursing staff had undertaken extensive additional training in providing palliative care. The service had received accreditation from recognised best practice pathway for providing end of life care.
- People were supported to remain at the service, in familiar surroundings, supported by staff who knew them well.
- The service had received many letters and thank you cards from friends and relatives of people who had received end of life care at Twin Oaks Nursing Home. We saw that the family of a person who had recently passed away had sent staff a silver placard engraved with a message of thanks for looking after them. It said, "The care, love, dignity and support you gave was outstanding and gave us such peace of mind."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The home was well run. The registered manager and management team were committed to providing high quality and person-centred care. They had an ethos of ensuring their service was accessible to people from within their local community.
- People who used the service received high quality care. The Registered Manager had owned and operated the home since it opened in the 1990's and remained driven to provide kind, compassionate care in an environment where people enjoyed their lives.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their regulatory responsibilities. For example, they ensured that the rating from the last CQC inspection was prominently displayed, there were systems in place to notify CQC of incidents at the home.
- People spoke positively about the home. They said they would recommend it to others.
- The registered manager was clear about their role and responsibilities. There were clearly defined roles for staff working in the home. Staff felt valued and well-supported by the management team. We saw that staff had one to one support appropriate for their job roles.
- The registered manager had an overarching governance system to ensure that good quality care and support was provided, as part of their approach to continuous improvement.
- There was an open culture in the home, people and staff told us that the registered manager was approachable and visible. One person told us, "I see [registered manager] practically every day. She smiles and says hello, sometimes we have a chat. I think they do a good job."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. People told us there were regular meetings at the home that managers as well as staff attended.
- Surveys were sent out annually to people, relatives, staff and other stakeholders to gather feedback about the quality of the service provided.