

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

The Twin Oaks Nursing Home provides accommodation, personal care and nursing care for up to 49 older people including those living with dementia. Accommodation is located over four floors. There were 47 people living in the home when we visited.

This inspection was unannounced and took place on 9 June 2016.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Staff had received training and had an understanding to ensure that where people lacked the capacity to make decisions they were supported to make decisions that were in their best interests. People were only deprived of their liberty when this was lawful.

The provider had a robust recruitment process in place and staff were only employed within the home after all essential safety checks had been satisfactorily completed.

Staffing numbers were adequate to ensure people's care needs were met.

Care plans whilst they did not always provide detailed information on how people's care needs were to be met this had been identified through their quality monitoring system. Although staff were aware of people's needs.

People's privacy and dignity were respected at all times. Staff sought, and obtained, permission before entering people's rooms to provide personal care.

People's health, care and nutritional needs were effectively met. People were provided with a varied, balanced diet and staff were aware of people's dietary needs. Staff referred people appropriately to healthcare professionals when this was needed. People received their prescribed medicines and medicines were stored in a safe way.

Wherever possible people or their families were involved in the planning of the care people received.

The provider had an effective complaints process in place which was accessible to people, relatives and others who used or visited the service.

The provider had effective quality assurance systems in place to identify areas for improvement and

appropriate action to address any identified concerns. Audits, completed by the provider and registered manager, showed the subsequent actions taken, which helped to drive improvements in the home.

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 to take their prescribed medicines.

There were sufficient numbers of staff with the appropriate skills to keep people safe and meet their assessed needs.

Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

Is the service effective?

Good ●

The service was effective.

People were assessed for their capacity to make day to day decisions. Appropriate DoLS applications were being made to the authorising agencies to ensure that people were only deprived of their liberty in a lawful way.

Staff were trained to support people with their care needs. Staff had regular supervisions to ensure that they carried out effective care and support.

People's health and nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

Staff treated people with respect and were knowledgeable about people's needs and preferences.

People could choose how and where they spent their time.

Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about people's care and support needs

People were encouraged to maintain hobbies and interests and join in the activities provided at the home.

People's concerns were listened to and acted on.

Is the service well-led?

The service was well-led.

The culture of the service was positive and inclusive.

The management were described as approachable by staff and families. Feedback was regularly sought from families and comments and suggestions acted on.

Systems were in place to monitor and review the quality of the service provided to people to ensure that they received a good standard of care.

Good ●

Twin Oaks Nursing Home

Detailed findings

Background to this inspection

Start this section with the following sentence:

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 unannounced inspection took place on 9 June 2016. It was undertaken 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. Their area of expertise was in caring for older people and those living with dementia.

Prior to our inspection we reviewed the provider's information return (PIR). This is information we asked the provider to send to us to show what they are doing well and the improvements they planned to make in the service. We looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the home that the provider is required to notify us about by law. We also made contact with the local authority contract monitoring officer to aid with our planning of this inspection.

During our inspection we spoke with ten people and six visitors. We also spoke with the registered manager, senior nurse and five care staff who worked at the home. Throughout the inspection we observed how the staff interacted with people who lived at the home.

We looked at three people's care records. We also looked at records relating to the management of the service including staff training records, audits, and meeting minutes.

Is the service safe?

Our findings

Visitors we spoke with told us they had no issues or concerns that people were not safe. One visitor told us "Excellent, if we want to speak to staff there's always someone about, absolutely brilliant". One person said "It's a really nice place; I get on well with people". A second relative said "I cannot fault this home at all; they just can't do enough for [family member]. It's knowing that [family member] is safe and well looked after". Another relative told us, "[family member] looks well fed, warm, clean and comfortable, the staff are very friendly. This is one of the best ones [care homes] they have been in. [Family member] settled down here straight away. If I had to choose a home for myself, this is the one I would choose".

All the staff we spoke with told us they had received training to safeguard people from harm or poor care. They showed they had understood and had knowledge of how to recognise, report and escalate any concerns to protect people from harm. One member of staff said, "If someone had a change in their behaviour, appetite or mood, had unexplained bruising or was not at ease around a person, I would tell the nurse so that they could check that no abuse was occurring". Another staff member said, "If I saw a staff member speaking to a person disrespectfully or not respecting their dignity, I would report them to the nurse or the [registered] manager".

People had detailed individual risk assessments and care plans which had been reviewed and updated. Risks identified included, but were not limited to: people at risk of falls, moving and handling risks and poor skin integrity. Where people were deemed to be at risk, these risks were monitored. We saw documented 'repositioning charts' for people with poor skin integrity who required regular assistance or prompts from staff to change position. People at risk of malnutrition had documents in place to show that they were weighed on a regular basis. Where there had been an issue and a person was at risk due to their weight loss, staff had made referrals to the relevant healthcare professionals. Records gave clear information and guidance to staff about any risks identified as well as the support people needed in respect of these. Staff were aware of people's risk assessments and the actions to be taken to ensure that the risks to people were minimised.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. The PIR stated that the registered manager audited incident and accident reports and identified where action was required to reduce the risk of recurrences. We saw that where a person had had a number of falls they had sought additional advice from the falls clinic and had reviewed the person's medicines to check whether this may be the reason for them falling.

We found that there were sufficient staff to meet people's needs. A member of staff said, "Yes, there is a good level of staff". One person told us "They're staff) quite good, they come as quickly as they can". A visitor told us "Sometimes there is a delay, if someone needs the toilet just before dinner. They [staff] do come and explain how long they'll be". Staff took their time and explained what they were doing before people were supported with their moving and handling. This showed that staff responded to people needs promptly

We noticed that staff were visible in all of the different areas of the home, either supporting people to meet their personal needs, serving drinks, meals and spending time with people talking to them. A relative said "Staff are always about; they're so 'on the ball'. I can't fault anything here. Whatever time I come in here in the evening, there's qualified nurses and carers about that can answer any queries". Another relative said, "There always seems to be someone about, you can always find someone easily, nurses on the nurse's station, staff moving up and down [walking about in the corridors]". We heard staff checking with another member of staff that they were remaining in the area before they left to support another person. This ensured that people had a member of staff available if they required support.

The registered manager told us that they assessed regularly the number of staff required to assist people with increased higher dependency support and care needs. Staff confirmed that additional staff were available or the [registered] manager would help if required.

Staff confirmed that they did not start to work at the home until their pre-employment checks, including a satisfactory criminal records check, had been completed. A member of staff confirmed they did not start work until their criminal record check had been returned and was clear and that their references had been received. Staff personnel files confirmed that all the required checks had been carried out before the new staff started work. This meant that the provider had taken appropriate steps to ensure that staff they employed were suitable to work with people living at the care home.

We observed the administration of medicines during the morning and at lunch time. Medicines were administered and signed for correctly. Nursing staff made conversation and interacted with people whilst they were supervising them taking the medicines. Where people needed extra prompting and time to swallow tablets, this was given. If people had been having difficulty with swallowing, GP advice was sought and liquid medicines prescribed. One person described to us how staff supported them to take their medicines. They said, "They [staff] give me them in a cup, I wash it down with a glass of water. Some [medicines] they give to me on a spoon". Another person explained to us "They [staff] give me two paracetamol. The nurse puts them into my mouth on a spoon and I take them with a drink of water".

Medicines were stored securely and within the required temperature range. This ensured medicines remained effective. Medicines were reviewed weekly by the GP and any changes were recorded in the care notes. Monthly audits were conducted and any issues were highlighted and appropriate action taken. This showed us that the provider had systems in place to help ensure people were safely administered their prescribed medicines.

Is the service effective?

Our findings

Visitors we spoke with told us that people's needs were well met. One visitor said, "The management team do morning rounds and see that the residents [people who live at the home] are okay, they [management] know their interests and engage with residents".

Staff told us they received regular supervision and support. This was to ensure they had the opportunity to discuss their support, development and training needs. Training records showed that staff had received training in a number of topics including fire safety awareness, infection control and food safety, moving and handling, safeguarding people and dementia care. A member of staff said, "I am so glad I did the course on dementia. I had no understanding of people with dementia and it was a real eye opener". Another member of staff said, "Yes I get supervision every other month. I find it valuable and can ask for any training I feel I need".

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 Deprivation of Liberty Safeguards (DoLS).

We checked whether staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. All of the staff we spoke with had an understanding and were able to demonstrate that they knew about the principles of the MCA and DoLS. The nurse and staff confirmed that any decisions made on behalf of people who lacked capacity, were made in their best interests. This showed us that the provider was aware of their obligations under the legislation and was ensuring that people's rights were protected. The registered manager had submitted one application for a DoLS to the supervisory body (local authority) and they were waiting the outcome. One relative said that staff are always acting on 'best interest [of their family member] They know my views and our family views and what is best for them".

People told us they were very happy with their food. One person told us "I have a fried breakfast, staff come and bring a menu, then tick what you ask for. It's a good choice". A relative said, "[Family member's] diet is very good. They eat very well. They [staff] always ask what they [family member] would like [to eat]. It's excellent, well cooked, very nutritious, excellent portions. When they are thirsty they have a jug and they reach out and help themselves. The jug is always topped up; there is always a mug of tea and/or orange juice. If you ask for anything here they give it to you straight away". One person told us "We have a choice, I enjoy my meals, there's enough (choice) for me. They [staff] get me some bread and jam before I go to bed". Staff told us they asked people daily what they would like to eat from the choices available.

We observed lunchtime in two dining areas. Some people sat at tables, some remained in their chairs in the lounge and some remained in the rooms. One person was eating independently with their fork. A member of staff offered them assistance to cut up their food, but the person declined their offer and their decision was respected. One person was eating their meal on a tray whilst sitting up in their bed. They told us they were enjoying their meal. Staff told us about the choices on the menu and how people were able to make their own. One member of staff told us "We'll even go out and them for a [name of food chain] if they want it!" They told us that this had happened on one occasion. This showed that staff supported people's choices.

Appropriate diets were provided to people who required them and people were referred to a dietician when needed. For example, we saw that some people's diets included "nourishing drinks". This showed that people at an increased risk of malnutrition or dehydration were provided with nutritional supplements which supported their health and well-being. We noted that where people's intake of food or fluid was being monitored, the records were completed accurately. This was to help identify any change in people's food and fluid intake.

Records showed that people's health conditions were monitored regularly. They also confirmed that people were supported to access the services of a range of healthcare professionals, such as the community nurses, the GP, a dietician and therapists. Staff made appropriate referrals to healthcare professionals. This meant that people were supported to maintain good health and well-being. One relative told us "If they [staff] feel [family member] needs a doctor it's normally straight away. The nursing staff, if they can deal with it they will, it's like being in a hospital sometimes because they're so on top of it". Another relative told us "They inform me if [family member] needs a doctor. A doctor calls on Wednesdays to check people".

One person told us "There's an optician that comes, the chiropodist does my toe nails". They told us that their relative took them to their own dentist when required. Staff told us that a mobile optometrist visited the service. One person said "My eyes were checked recently here at the home and also my hearing aids were replaced". A member of staff was assisting the person to fit their hearing aids having first cleaned them and replaced the batteries. One person told us they had asked staff if their own chiropodist could come and do the feet and staff arranged for this to happen.

Is the service caring?

Our findings

Our observations showed the staff were kind caring and respectful to the people they were looking after. Staff called people by their preferred name and spoke in a calm and reassuring way. One visitor told us that staff showed a very good understanding of people's needs.

One person told us, "The whole place is friendly. We can have a real good laugh with the staff". Another person told us, "It's a homely kind of place, you feel that they [staff] care". One relative said, "I feel content leaving [family member] here. I don't think I could find a better place. Staff are warm in their approach and attitude. I come at lunchtime to support [family member]. They staff] say "you may as well have your lunch while you're here". I'm well impressed with it [the home]".

People's preferences and choices were respected. One person told us that they didn't like getting up too early. They said "I get up when I want to. They [staff] always ask, "Do you want to get up?" I mostly come down to the dining room for breakfast; sometime I eat in my room. They [staff] always seem to understand what I need". One relative said, "If anyone comes in they [staff] always knock. They keep an eye on them. If [family member] is asleep they'll leave them. Although if they need to speak to them they touch them lightly, in a caring, considerate manner". Another relative said, "The care that they [staff] gave to [family member], and us as well, is second to none. It's almost like being a second family".

Relatives were very complimentary about the care given at the home. One relative told us, "I'm aware of their care plan. They (staff) ring me up and tell me if [family member] has a water infection or something else. I am kept well informed". Another relative told us, "We have talked sometimes about their care plan". A third relative explained to us about the person's care and said, "[Family member] is up in their chair in the morning and goes to bed in the afternoon. They are able to eat independently. Although we come in at lunchtime and try and make sure they have a few more spoonfuls [of food]. We give them encouragement whilst talking

Relatives told us that they could visit whenever they wanted. One relative told us, "I came here at ten pm, to check on [family member]. They [staff] said I could come and go anytime I like".

Relatives told us that staff respected people's privacy and dignity when supporting them. Our observations throughout our inspection showed us that staff knocked on people's doors and waited for a response before entering. They also had let people know who they were as they entered. This meant that staff respected and promoted people's privacy.

The registered manager was aware that local advocacy services were available to support people if they required assistance. However, the registered manager told us that there was no one in the home who currently required support from an advocate. Advocates are people who are independent of the home and who support people to raise and communicate their wishes.

Is the service responsive?

Our findings

People, and their family members, said that staff met people's care needs. One visitor told us, "The staff really look after my [family member] really well. I could not ask for better". Overall, we saw that people were happy and were enjoying what they had chosen to do.

Pre admission assessments were undertaken by the registered manager. This helped in identifying people's support needs and care plans were developed stating how these needs were to be met. People were involved with their care plans as much as was reasonably practical. Where people lacked capacity to participate, input from people's families, other professionals, and people's historical information was used to assist with people's care planning.

Care plans that we looked at did not always provide detailed information on how people's care needs were to be met by staff but staff were aware of people's needs. Where plans had been reviewed and changed these had not been signed or dated so we were unclear when the changes had taken place. We found inconsistencies in the plans where in one section of the care plan stated the person is required to be checked four hourly and in another area of the plan it said that the person required a check every two hours. This put people at risk of receiving care that did not meet their care needs and support. Although staff we asked said they go in to see them every hour during the day to check on them. The registered manager had identified that care plan information required more information as part of their quality monitoring process.

Staff we spoke with were knowledgeable about the care and support that people required on a day to day basis.

There were notice boards around the home showing the regular activities that took place. These included games, a quiz, music, bingo and a regular singer. People were making cakes on the day of the inspection, in anticipation of a tea party that was taking place the following day to celebrate the Queen's official birthday. One relative told us, "If [family member] didn't go to the quiz they would just sleep. They are in the lounge most of the time". One person told us they did activities on a tray in front of them. They commented that the activity co-ordinator, "[Name] is a very nice person. They pop in to see me most days".

We observed a member of staff bringing a newspaper to one person who told us it was delivered to them every day. One person we spoke with about what they like to do they said, "I read mostly, the book trolley comes round, books and magazines". One relative said "They made a room available for [family member's] birthday, they couldn't have done more". Another relative told us that a few other relatives had come to visit and they said, "They (staff) made us all tea and coffee, we went into the lounge to talk together, or you can go into the garden. It's a lovely garden".

People had their own bedrooms and had been encouraged to bring in their own items to personalise them. We saw that people had brought in their own furniture and that rooms were personalised with pictures, photos and paintings. This was to help people orientate themselves as well as being personal to them.

Relatives we spoke with told us they would be confident speaking to the registered manager or a member of staff if they had any complaints or concerns about the care provided. One person said, "I have no complaints and would tell the staff". A relative told us, "If I've got any issues or concerns they answer them straight away". Another relative said, "We (any member of the family) go to the office and talk to them. We all know the [registered] manager and they'll tell us 'we'll sort that out' and they do". A third relative said, "The head of nursing is always around at weekends. I have no problem with who I speak to". A fourth relative told us, "I've got no issues at all with any of the staff. If I had any concerns I would go and see [a member of the management team]. Another comment from a relative said, "I've only got to call at the office and they'll write it straight down and try and deal with it straight away".

There had been a number of compliments received especially thanking staff for the care and support their family members received during their time living at the home. There was a complaints procedure which was available in the main reception area of the home for people to access if needed. We looked at the last complaint and saw that action had been taken. Complaints were discussed at staff meetings to discuss any action taken and any learning that could be put in to place for other people. This was especially around people's care and support needs.

Is the service well-led?

Our findings

There was a registered manager in post at the time of this inspection. People and visitors said that they knew who the registered manager was. One person said, "He's a lovely person and always ask if I am okay".

The registered manager was very knowledgeable about what was happening in the home which included staff that were on duty, people whose health required a GP visit or other professional support such as the dietetic nurse. This level of knowledge helped them to effectively and safely manage the home and provide leadership for staff.

There were clear management arrangements in the home so that staff knew who to escalate concerns to. The registered manager was available throughout the inspection. The registered manager had put together a comprehensive action plan that looked at improvements that were being made to the quality of the care provided at the home. This allowed them to continually reflect on the action that was needed to make further improvements to the home.

When we asked a relative about the culture in the home they said, "It's open, the owners are personally involved. There's involvement with the owners and the staff communication is ongoing all the time". Another relative told us, "The staff I think are really well looked after. The relationship between staff and managers is so good". A third relative said, "[Senior nurse] seems to be a good 'crew' leader, very efficient, very courteous. You're never frightened to ask them anything, they'll give you an answer".

Staff told us that they felt supported by the registered manager. One staff member said, "The [registered] manager encourages us to let them know our views". Another member of staff said, "They are good and very approachable. They [registered manager] sort things out quickly and are not afraid to tell us things need to be done". Staff all said that the registered manager was approachable and had an open door policy. All staff members said they could speak freely with them at team meetings and during their supervision.

Information was available for staff about whistle-blowing if they had concerns about the care that people received. One member of staff said, "People are treated well and with kindness. The [registered] manager would take action if they were told that a staff member is not treating a person right".

Staff told us there was good teamwork. One of them said, "We help each other out, and there is always lots of laughter between staff and the 'residents'". We observed this to be the case during our inspection.

There were regular staff meetings for all staff during which they could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in effective way. Staff said that their senior informed them of incidents when issues occurred and that they were discussed to ensure did not happen again.

There were effective quality assurance systems in place that monitored people's care. We saw that the

registered manager completed audits and checks were in place which monitored safety and the quality of care people received. These checks included areas such care planning although we identified some issues these had been identified in the action plan, medication and health and safety. Where action had been identified these were followed up and recorded when completed to ensure people's safety.

A training record was maintained detailing the training completed by all staff. This allowed the registered manager to monitor training to make arrangements to provide refresher training as necessary. Staff told us that the nurses regularly 'work alongside them' to ensure they were delivering good quality care to people.

Records, and our discussions with the registered manager, showed us that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed us that the registered manager had an understanding of their role and responsibilities.