

Bethel Healthcare (Hull) Limited

Oak Tree House Residential Care Home

Inspection report

Oak Tree House, Oak Tree Estate
Preston
Hull
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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

Oak Tree House is a residential care home that was providing care for 17 people at the time of inspection, some of whom were living with dementia. The service can support up to 20 people, including older people and younger adults. The care home accommodates people in one adapted building over two floors.

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

People received safe, effective, caring, responsive and well led care.

People told us they were happy with the service they received and felt staff had a clear understanding of their needs and preferences. They told us staff listened to them and knew them well and were responsive to their needs and wishes. People's dignity and privacy were respected.

There were enough staff. Safe recruitment processes had been followed. Staff were trained and their skills and knowledge checked through competency assessments.

People were protected from abuse and avoidable harm. Staff had completed training in how to safeguard people and risk assessments were completed to identify potential hazards. People received their medicine as prescribed.

People and their relatives were involved in the service. Care was planned around people's choices and preferred routines. People and their relatives were supported to receive information in an accessible way to enable them to be involved in their care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People enjoyed the food provided and were supported to make sure they had enough to eat and drink.

There was an effective quality monitoring system which ensured checks and audits were carried out, people's views were obtained and listened to and shortfalls were addressed. Accidents and incidents were analysed so that lessons could be learned. The provider had oversight of the service and completed regular checks.

The culture of the service was open, and people felt able to raise concerns.

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

Why we inspected

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

The inspection was prompted in part due to the length of time since the last inspection. A new provider had also taken over the service since the last inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Oak Tree House Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Oak Tree House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Oak Tree House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, senior care workers and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staffing rotas.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse.
- People told us they felt safe. One person said, "I feel very safe here, I am very well looked after."
- Relatives told us they were satisfied their relatives were safe and well cared for. One relative said, "Staff are very nice, caring and respectful to [family member]."
- Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the manager would address any concerns reported to them and make the required referrals.
- The registered manager was transparent in reporting any issues or concerns to the local authority's safeguarding team. This helped to safeguard people from the risk of abuse or neglect.
- The provider analysed accidents and incidents to identify any patterns or trends in order to support improvement of care.

Assessing risk, safety monitoring and management

- People received safe support to meet their needs. Risk assessments provided guidance for staff on how to safely support people to maximise their independence whilst minimising risks.
- The registered manager sought advice from relevant healthcare professionals when making decisions about how to provide safe care for people. This meant that the support given by staff was appropriate and safe for people living in the service.
- Regular checks and servicing helped to ensure the environment and any equipment used was safe.

Staffing and recruitment

- Appropriate staffing levels were in place to meet the needs of people in the service. The provider used a staffing and dependency tool for guidance on the number of staff required.
- The registered manager had robust oversight of staff rotas which showed planned staffing levels were being achieved.
- Safe recruitment practices ensured staff were suitable to work with vulnerable people.

Using medicines safely

- Medicines were managed safely.
- Audits had been used effectively to help monitor and make sure medicines were managed safely.
- Staff completed training to administer medicines and their competency was checked.
- Guidance for staff to safely and consistently administer medicines prescribed 'as required' (PRN) was in place.
- Controlled drugs were stored appropriately, and stock levels were accurate.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visiting was carried out in line with current government guidance.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received effective care and support to help meet their needs and improve their quality of life.
- People's needs were assessed, and care plans put in place to support and guide staff to deliver effective care.

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

- People's nutrition and hydration needs were effectively met.
- People told us, "The food is nice; you can choose what you would like to eat" and "The food is lovely, they have just asked us what we would like to see on the menu and I said I would like a curry." The registered manager confirmed they had updated the menu to include new choices such as curry and lasagne following a residents survey.
- We observed people being supported to eat and drink to help make sure they ate and drank enough.
- The cook had a good understanding of people's dietary needs, such as those who were gluten intolerant.

Staff support: induction, training, skills and experience

- The provider ensured staff were suitably inducted, trained and supported to perform their roles.
- People and their relatives gave positive feedback about the effective care and support staff provided. One relative said "The staff are amazing, they are lovely, caring and competent at everything they do. They really are like family."
- Regular supervisions and annual appraisals, alongside observations and competency checks helped management monitor and make sure staff had the skills and experience necessary to provide effective care.

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

- Staff made appropriate referrals to other agencies when required such as the falls team and general practitioner (GP). Referrals were made promptly, and advice was incorporated into the way people were supported.
- People were supported to attend medical appointments.
- People told us they were well supported by staff one person said, "I can tell the staff if I need anything and they will help me." A relative said, "Staff are lovely, and the manager is very approachable, they always keep me informed about [family members] care."

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

- The accommodation was arranged over two floors and the layout of the service met the needs of the people who lived there.
- People's rooms were personalised and reflected people's preferences and choices.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Care plans reflected the principles of the MCA and DoLS and appropriate applications to the local authority, where restrictions were in place, had been made and notifications were sent to the CQC.
- Assessments had been completed when people lacked capacity and best interest meetings were held, which included professionals and significant others.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received caring support from well-trained staff. Feedback included, "All the staff are lovely, and very caring." One relative said, "The staff are wonderful. They are caring, professional, patient, and kind. They really get to know the person and their families."
- The staff were friendly and approachable and had a good knowledge of people's diverse needs.
- Staff were attentive to people's needs. The atmosphere was relaxed and calm and people were happy.

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

- The registered manager had a high level of visibility within the service. They had developed good relationships with people using the service and prioritised ensuring people were comfortable and had the opportunity to discuss any ways to improve their experience of the service.
- People's care plans reflected their wishes and views and showed they had been encouraged to make decisions and be involved in planning their care.
- Staff understood people's communication needs and offered them emotional support. We observed staff engaging with people and acting on their wishes.

Respecting and promoting people's privacy, dignity and independence

- People were supported to take pride in their appearance and to maintain their dignity. Staff were attentive in supporting people to meet their personal care needs and dress according to their individual personal preferences.
- Staff spoke with people in a respectful and kind way. They provided patient and unrushed support to meet people's needs and promote their independence.
- Staff respected people's privacy and personal space; they knocked on their bedroom doors before entering people's room.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People received person-centred care from staff who knew them well and were responsive to their needs.
- Care plans contained detailed, person-centred information which provided clear guidance for staff on how to support people.
- We observed staff providing patient, attentive care. Promoting choice and independence at all times.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and information recorded in their care plans to guide staff on how to share information in an accessible way.
- Staff spoke with people in a person-centred way. This helped make sure people could understand what was being communicated and be involved in decisions.

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

- The provider employed an activities coordinator and had a comprehensive activity plan in place.
- The provider had been proactive in ensuring people could meet safely with family and friends throughout the COVID-19 pandemic. This helped people to maintain important relationships and to avoid social isolation. We observed one relative bring their dog to the service.
- People who were able to independently communicate had a phone line installed in their room to allow them to communicate with their family and friends whenever they wished.

Improving care quality in response to complaints or concerns

- People felt confident speaking with staff or management if they were unhappy about the service or needed to complain.
- The provider had a complaints procedure setting out how they managed and responded to any complaints.

End of life care and support

- People's wishes and preferences in relation to end of life care had been considered and recorded where

people chose to share this information.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was aware of their role and responsibilities and kept up to date with best practice.
- There were daily handover meetings with staff to ensure effective communication about key issues and make sure staff were clear about their tasks and responsibilities.
- The registered manager and senior staff were committed to making continuous improvements to ensure people were safe and happy with the service they received.
- The registered manager was aware of their responsibility to notify the Care Quality Commission and other agencies when incidents occurred which affected the welfare of people who used the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager fostered an open and inclusive culture. The focus was on delivering high standards of person-centred care. Staff understood the provider's values and put them into practice on a day to day basis.
- People and their relatives told us the service was well led. One relative said, "The registered manager and staff have gone above and beyond for [family member] they are always available to have a chat."
- The provider and registered manager understood the duty of candour responsibility; they had been open, communicated well and apologised to people and relatives when things had gone wrong.

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

- Feedback was sought from people who used the service and relatives through daily conversations, meetings, surveys and in monthly service reviews.
- A culture of high quality, person-centred care had been embedded in the service which valued and respected people's rights.
- People and their relatives spoke positively about how the service was managed.
- The registered manager and staff worked collaboratively with other agencies to coordinate the care and support people needed.