Methodist Homes

Oak Manor

Inspection report

Ivel Road
St Francis Park
Shefford
Bedfordshire
SG17 5UB

Tel: 01462816170

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16 March 2018

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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

Oak Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Oak Manor is registered to accommodate 64 people in one purpose built building over two floors. At the time of the inspection 24 people were using the service.

There was a manager in post who was in the process of completing their registration with the Care Quality Commission, (CQC).

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 and their relatives knew the manager and were able to see them when required.

There were processes in place to protect people from avoidable harm and staff were aware of their responsibilities to report them. Risks to people were assessed and managed appropriately.

Staff had been recruited using a robust recruitment process. There were enough trained staff to support people with their needs.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

Systems were in place for the safe management of medicines and people were protected by the prevention and control of infection.

The provider had processes in place for when things went wrong and lessons were learnt in order to improve the service.

People could make choices about their food and drink and were provided with support when required.

People had access to additional health care professionals to ensure they received effective care or treatment when required.

Staff gained consent to care before supporting people, this was sought in line with legislation.

Staff treated people with kindness and compassion. People were treated with dignity and respect, and had the privacy they required.

People's needs had been assessed prior to admission. Care and support plans were personalised and reflected people's individual requirements. People and their relatives were involved in decisions regarding their care and support needs.

There was a variety of activities on offer and people were supported to follow their interests. People were able to make decisions about their daily activities.

People knew how to complain. There was a complaints procedure in place.

The provider had a clear vision, and were open and transparent. Quality monitoring systems were in place and were effective and people and their relatives were involved in developing the service.

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

Staff were knowledgeable about protecting people from harm and abuse and processes were in place to report any concerns.

Staff had been recruited using a robust recruitment process. There were enough trained staff to support people with their needs.

Systems were in place for the safe management of medicines.

Risks to people were assessed and managed appropriately.

People were protected by the prevention and control of infection.

When things went wrong, lessons were learnt in order to improve the service.

Is the service effective?

Good

The service was effective.

People's needs had been assessed prior to admission.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Consent to care was sought in line with legislation.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and compassion.

People were able to make decisions about their daily activities.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a variety of activities on offer and people were supported to follow their interests.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Good

The service was well led.

People and their relatives knew the manager and were able to see them when required.

The provider had a clear vision, and were open and transparent.

Quality monitoring systems were in place and were effective.

People and their relatives were involved in developing the service.

Oak Manor

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.

The inspection was prompted by information of concern which was sent to us regarding poor continence care, medication errors and poor standard of food being served. This information had also been sent to the local authority.

This comprehensive responsive inspection took place on 15 and 16 March 2018 and was unannounced.

The inspection was carried out by three inspectors on 15 March and two inspectors on 16 March 2018.

Prior to the inspection we spoke with the local authority and we checked the information we held about this service and the service provider.

During our inspection we spoke with people and their relatives, spoke with staff, carried out observations of meal times, activities and general observations of staff interaction. We reviewed records of peoples care, medication records and records relating to the management of the service.

During our inspection we spoke with ten people who used the service, three relatives/visitors, the provider's area manager, the provider's regional director, the deputy manager, two senior care staff, five care staff, two social workers, the catering manager, two housekeepers, the Clinical Commissioning Group (CCG) pharmacist and a visiting music therapist.

We reviewed four people's care records, eight medication records, five staff files and records relating to the management of the service, such as quality audits, maintenance records and staff training.

Good

Is the service safe?

Our findings

People were protected from avoidable harm by staff who had received safeguarding training. The provider had in place systems and processes to protect people. Staff we spoke with had a good understanding of safeguarding processes and their responsibility to report concerns

People we spoke with told us they felt safe. One person said, "I do feel very safe." A relative said, "She is safe, I don't feel worried at all."

Where people were subjected to safeguarding enquiries or investigations, they were offered the support of an advocate when appropriate.

People had risk assessments in place which supported them to feel safe but allow their freedom. These had been reviewed when required.

There was evidence that investigations were carried out when concerns had been raised. At the time of our inspection an investigation was in progress.

Systems were in place to ensure the premises and equipment was managed to promote the safety of people, staff and visitors. We saw that routine checks of the building had been carried out along with servicing of equipment on a regular basis.

There were sufficient numbers of staff, with varying skills on duty to support people with their assessed needs. We looked at the rotas and staff allocation sheets which showed there to be enough staff on duty. Most people told us there were enough staff. One person said, "The staffing numbers are about right; they are easy to get hold of." Another said, "They have put a few more staff on but they do use agency." A relative said, "There appears to be enough staff." A staff member told us they had been a bit short staffed but not now. The manager had recruited new staff. They said, "There are a lot more bodies here than ever before."

The provider had robust recruitment practices which had been followed. Staff files we looked at contained information including; a copy of the application form, proof of identity and address, references, Disclosure and Baring Services (DBS) check and copies of offer letters. The administration manager showed us files set up for newly recruited staff where they were still waiting for checks to be completed before they could start their roles.

We had received concerns regarding information about medicines errors, however, we found that appropriate action had been taken when these had occurred and no harm had been caused. People told us they received their medicines as prescribed. One person said, "I get offered my (name of pain relief tablets) regularly and my other medicines come morning and night." The provider had policies and processes in place for the safe use of medicines. There was a medication room where a trolley for each unit was kept. This room was only accessed by staff trained to administer medication.

Each person had an individual Medication Administration Record (MAR) along with personal information and a photograph. We looked at eight of these. Within these records we found a missed signature. This had been identified within the homes own audit and had been acted on appropriately. We saw that when errors had been found they had been investigated and staff had been stopped from administering medicines until they had received further training and their competency had been checked.

On the day of our inspection we observed one staff member having their routine competency being checked by the residential support lead. There was also a registered manager from another of the provider's services carrying out a routine audit. They explained that it was part of their role to carry out independent audits of medicines in all of the provider's homes in the area. We carried out a stock check of some boxed medicines. The stock matched numbers recorded.
On the day of our inspection the CCG pharmacist visited. They carried out an observation of the lunch time medicines round and arranged to return to carry out a full observation of morning administration.

People were protected by the prevention and control of infection. The provider employed domestic assistants who carried out the cleaning. Cleaning schedules were in place which had been signed when a job had been completed. One staff member showed us what they had been expected to complete on their shift and their completed records. There were plentiful supplies of Personal Protective Equipment (PPE) available.

Staff who prepared food or worked in the kitchen had completed appropriate food hygiene training.

The provider was responsive when things went wrong and took action to ensure lessons were learnt and improvements were made.

Good

Is the service effective?

Our findings

Within people's care records we saw that pre admission assessments had been completed, and care plans developed to cover a variety of areas including; eating, sleeping, personal care, communication, spiritual needs, mobility, moving and handling, physical needs, cognition and capacity, night and sleep routines, and Tissue Viability.

People told us staff had the right skills and training to deliver effective care and support. One person said, "The staff are well trained." Staff we spoke with told us they completed a variety of training as part of their induction and other training was on going. We saw the training matrix and copies of certificates within staff files. Training was appropriate to people's job roles. Staff told us they had received regular probationary or supervision meetings.

We had received information with concerns that the food being served was of poor quality and people did not get offered choices. However, we found no evidence to support this. People told us the food had recently improved. One person said, "The food had not been good but it is getting better." Another said, "The meals have been really good." We observed lunch on both days of the inspection. There was a choice of two main courses and additional choices were offered. One person did not want either choice and asked for an omelette. This was ordered and cooked to order. People told us they had enjoyed their meals.

We spoke with the catering manager who told us they had recently set up a food forum where they met with a group of people who used the service to get an overview of what people wanted on the menu. This forum was also used as an on-going group to adjust the menu and make changes and suggestions. Drinks and snacks were available throughout the day. There was also a coffee lounge on the ground floor where people with staff or their relatives could help themselves to a variety of drinks and biscuits. We observed this to be used throughout the inspection.

A number of people had recently moved to Oak Manor from another care service. The provider and staff had worked together with the local authority to support people with a smooth transition.

Records showed that people had been supported to access additional healthcare where required. One person said, "I had a problem with my back and the doctor came to see me. Another said, "The chiropodist has been in this week." Referrals for additional healthcare had been made in a timely manner when required.

The premises had been designed and built to meet people's needs. Each room had an ensuite shower room and additional supported bathrooms were available on each floor. There were a number of areas where people could go to be private or meet with family and friends. Gardens and outside space was on a level and accessible to everyone.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. Within people's care records we saw evidence that MCA assessments had been carried out along with best interest meetings. The manager had submitted some applications to deprive people of their liberty and were awaiting the assessments.

Staff had received training in MCA and DoLS and showed an understanding of these and their implications for people.

Good

Is the service caring?

Our findings

We observed kind, caring engagement between staff and people who used the service. People told us staff were caring. One person said, "The staff are very kind." Another said, "The girls are wonderful and so good to me." A relative said, "Staff are friendly and helpful."

It was clear that people felt comfortable in the presence of staff. Staff spent time with people and were spoken with in a caring and respectful way and were given time to respond. Within people's care records was information relating to people's life history and things of importance. This enabled staff to know about the person and engage in meaningful conversation. There was a calm, peaceful and happy atmosphere within the home.

We had received information of concern regarding poor continence care for people. However, we found no evidence to support this. People who required assistance with their continence care were attended to as their care plan and when required. Each person had their own supply of continence aids and additional supplies were purchased by the provider to ensure they were plentiful.

People told us, and we observed, that staff responded to their needs in a timely way. One person said, "I press my call bell any time and staff come immediately." We observed staff responding to call bells in a timely way throughout our inspection.

People were encouraged to express their views and opinions. We observed throughout our inspection that people expressed their wants and needs. Within people's care plans we saw that people had been involved in their development. One person said, "I have a care plan and would look at it if I wanted. It is in a cupboard in my room." Another said, "The staff do a lot of paperwork but I do not read it, I am not interested."

Each person was given a welcome pack when they moved in. This included information about the provider and the individual service. Additional information was available within the home regarding advocacy services, the provider vision and how to compliment or complain.

People told us their privacy and dignity was respected and kept. We observed staff speak with people in a discreet manner with regards to their personal care and knock and wait to be invited into people's rooms. One person appeared quite confused at a meal time; staff spoke with them in a very calming way with positive interactions which calmed the person.

Staff understood that people's personal details and information needed to be kept confidential. Records were stored securely and conversations regarding people were held in private.

We saw visitors arrive throughout our inspection. They were welcomed and staff knew who they were and who they had come to visit. There were areas available for people to sit with their visitors without going to their rooms.

Good

Is the service responsive?

Our findings

Care plans we looked at were person centred and showed that people and their families had been involved in their development. They fully reflected people's needs and included; a personal profile, risk assessments and support plans for capacity, communication, diet, mobility and personal care. Additional support plans were in place for other individuals depending on their care requirements.

Reviews had taken place when required. These had been carried out by staff, but during our inspection two social workers visited to review their clients. One visiting professional said the care plans were," Very person centred, and although there are a few gaps in recording, generally seem to reflect people's needs well. "

The provider employed a full time activities coordinator and staff offered activities over a seven day period. On the day of our inspection there were different ball and throwing activities and bingo in the morning and a song of praise service in the afternoon. There were plenty of books and objects of interest for people placed around the home to catch people's interest and support people with dementia to orientate around the building. One person said, "There is plenty going on." They then showed us the week's schedule. Another person said, "I am not bored, there are things going on and I get involved when I fancy it."

There was a Methodist minister who is employed by the provider who shared their time between two homes. They carried out regular church services and supported people within the home. They had also been liaising with church leaders of different denominations in the local area and inviting them into the home. This was to ensure that the home had a contact person for each religion.

The provider also employed specialist music therapists who visited people on an individual and group basis. They told us they were carrying out extra visits at the time of our inspection as they had other appointments cancelled. They went on to tell us how the music therapy had helped people who were living with dementia.

The provider had a complaints policy and monitoring policy in place. There had been no formal complaints received. People we spoke with knew how to complain and felt they would be listened to and action taken if they did complain. There was also a compliments book and a suggestion box in the entrance hall.

Within people's care records we saw there was a section for end of life care. People and their families had been involved in planning for people's last wishes. Some people had Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) in place. These had been completed in conjunction with doctors, the person and family as appropriate.

Good

Is the service well-led?

Our findings

The provider and management had a clear vision of where and how they wanted to progress the service. The manager was aware of the day to day culture of the home as they were there on a day to day basis. The provider visited regularly and was supportive of the manager. The area manager and regional director were available on site on both days of our inspection. There was an open door policy where people and staff could speak with any of the management team at any time. We observed this to happen on the day of the inspection.

There was a manager in post who was in the process of completing their registration with CQC and were aware of their registration requirements. 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.

Staff and management were aware of their responsibilities. There were processes in place for staff to account for the decisions they made on a daily basis. Staff told us the manager was very supportive, one staff member said, "He comes round every morning to say hello and check everyone is alright." Another told us how he had helped them with a change of hours which were more suitable.

Staff told us they were actively involved in the development of the service. As the service had only been open a few months, most staff had been employed from the beginning. They told us there had been staff meetings where they were able to voice their opinions and the management fed back to staff any updates as required.

The administration manager told us relatives meetings had been arranged but no one turned up at the last one. These were to be developed and relatives encouraged to attend. A list of meeting dates was displayed.

There were strong links with the local community. A lot of staff lived locally and a few people who used the service had previously lived in the area.

People and staff had on-going contact with the management team and were able to share their view about the service. The area manager told us that the provider did have satisfaction surveys which they used to gather people's opinions and they would be used later in the year.

Effective quality audits had been completed in various aspects of the service. These included; care plans, medication, health and safety and mattress checks. The provider also carried out visits. If any issues had been found, actions plans had been put in place and signed off when complete.

The area manager told us the manager had a very good open relationship with other agencies who were involved in supporting people who used the service. They explained they had direct contact with a number of agencies to enable swift action to be taken if required. These included; hospitals, doctors and district

nursing teams. Documentation we saw confirmed this had taken place.