Oakwood House (Norwich) Ltd

Oakwood House Care 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
Oakwood House Care Home is a residential care home providing personal and nursing care to up to 50 people. Some people had been discharged from hospital for a period of rehabilitation before either moving back to their own homes or on to other care providers. There were 10 beds which were block booked by the local authority for this. At the time of our inspection there were 36 people using the service and one person in hospital. 7 of the 10 discharge to assess beds were in use. The purpose built service accommodated people with nursing needs on the ground floor, with those needing residential or rehabilitation following hospital discharge, upstairs.

People's experience of using this service and what we found
People who used the service and relatives were happy with the service and spoke positively about their experience. One relative said, "I want my [family member] to be looked after, and they are."

Staff were clear about safeguarding people from avoidable harm and safeguarding concerns were referred and investigated. Risks were documented and managed well, but some daily records needed to be completed more diligently. An electronic records system was being introduced to help ensure this improves. The safety of the environment, equipment and systems, such as the fire system, were well maintained and monitored. Infection control risks were well managed and the service was clean. Medicines were administered safely and there were enough staff to meet people's needs. More activities staff were being recruited to make up a shortfall and ensure people had access to activities every day.

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's needs were assessed before they came to live at the service and care plans reflected their needs and preferences. Some people's discharge information from hospital was not always accurate which was a challenge for the service and actions were in place to try to improve this situation. People's healthcare needs, including their oral healthcare, were well managed and clearly documented. People enjoyed the food and were very positive about the dining experience. There was good monitoring of people's weights and prompt referrals where people were found to be losing weight.

The environment was suitable for the client group and there had clearly been investment in it. People enjoyed the facilities on offer including the garden.

Staff were safely recruited, well trained, supported and developed. There was a focus on further developing nursing staff's confidence and skills. The staff were kind and caring and people told us their privacy and dignity were maintained. People were involved in decisions about their care, although some relatives commented they had not had an opportunity to review their relative's care in recent months.

People's care plans and risk assessments reflected their needs and preferences. People received individualised care which met these needs. The provider had a programme of activities which covered a wide range of interests. People were positive about activities and wanted more opportunities.

Complaints were managed well, and the service had effective and robust quality assurance systems in place to monitor the safety and quality of the service. There was good partnership working with other health and social care professionals.

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

Rating at last inspection
The last rating for the service under the previous provider was good, published on 11 August 2018.

Why we inspected
We carried out this comprehensive inspection as this was a first rated inspection of a new provider. 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.

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.	Good
Is the service effective? The service was effective.	Good
Is the service caring? The service was caring.	Good
Is the service responsive? The service was responsive.	Good
Is the service well-led? The service was well-led.	Good

Oakwood House 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, one specialist adviser and one 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 specialist adviser was a nurse.

Service and service type
Oakwood House Care Home 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. Oakwood House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection the registered manager was no longer working at the service and the new manager had been in post since October 2022 and had submitted an application to register. We are currently assessing this application.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the new provider took over. We sought feedback from the local authority. The new 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.

During the inspection
We spoke with 6 residents and 6 relatives. We also spoke with the manager, deputy manager, 2 nurses, 1 nursing assistant, 4 care staff, 1 activities co-ordinator, 1 domestic staff, 1 chef and the maintenance officer. We reviewed 14 care plans and 4 medication administration records. We also reviewed other records relating to the safety and quality of the service. We received feedback from two healthcare professionals who work with the service.

Good

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● Staff were clear about safeguarding procedures and understood their responsibility to report abuse, should they have concerns.

●Staff had received safeguarding training and knew how to escalate concerns both within the organization and externally. Staff were clear about signs and behaviours which might suggest a person was at risk or was being abused.

●Staff took appropriate action in response to safeguarding concerns. This included reporting the concerns to CQC and to the local authority.

Assessing risk, safety monitoring and management

●Care plans documented risk well and equipment and procedures were in place to reduce risks relating to falls, pressure ulcers and choking. The provider regularly checked equipment including pressure mattresses, moving and handling equipment and sensor mats, to ensure everything was working correctly and safe to use.

● Risks relating to eating and drinking were well documented but room folders where people's food and fluids were recorded, were not always clear. Sometimes information was recorded in different places which made it difficult to assess if a person had had enough to drink. However, staff demonstrated a good understanding of people's food and fluid intakes and this was judged to be a records issue rather than a care issue. The provider is sourcing a new electronic recording system which is designed to improve this. In the meantime, the manager has addressed the issue with staff.

● The provider made prompt referrals to specialist teams, such as the falls team or speech and language team, where people had been identified as being at risk of falls or had reduced ability to swallow.

●Environmental risks were assessed and well managed. The service had some areas, such as unrestricted access to stairways, which could pose a risk to people living with advancing dementia. However, the manager told us no current residents were living with this stage of dementia. Should the environment pose a risk in future, people would be supported to find more suitable accommodation.

Staffing and recruitment

● There were enough staff to meet people's needs. Staff were very busy and always occupied but people told us their call bells were mostly answered promptly and they were not left waiting a long time for care. One person said, "They come ok mostly. Now and then I wait….they have never rushed me. They do chat to me."

● Some relatives were concerned about staff numbers, but rotas showed staffing was in line with the assessed safe numbers and staff themselves, including nurses, did not think staffing was too stretched. People who used the service and their relatives told us they really liked the new system of having a

designated member of staff for the whole of the day.
●Staff were recruited safely and their safety and suitability to work in the service assessed and checked. The service had faced a challenge of vetting staff from overseas but had ensured appropriate references were obtained, even if an employment offer was delayed in the process.

Using medicines safely
● Medicines were well managed. People received their medicines as prescribed, including those given when required and their pain was well controlled.
●Medicine rooms were well organised, and records were clear and accurate.
●Staff had been trained to administer medicines and their competence to do so checked.
● The service had experienced frequent problems accessing some medicines from the pharmacy. The manager had taken sensible action to address this issue to ensure people had access to the medicines they needed.

Preventing and controlling infection
● The service was clean, well maintained and did not have any unpleasant odour. Staff were mindful of infection control in their interactions with people, although one relative did mention their family member's nails were sometimes very dirty.
●Cleaning staff were diligent and undertook additional cleaning of frequently touched areas such as door handles and light switches. The kitchen was clean, and a daily cleaning and regular deep cleaning schedule was in place.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● 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 responding effectively to risks and signs of infection.
● 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 in care homes
The provider had suitable visiting arrangements in place for relatives and friends of people who used the service. During the recent COVID-19 pandemic the provider had made adjustments to the building to ensure safe and distanced visiting could take place when government guidelines allowed this.

Learning lessons when things go wrong
● There was a system in place to review and reflect on incidents which had taken place to try to reduce the likelihood of a repeat event.
●We saw staff had written reflective accounts when they had been involved in incidents. Staff were very focused on the safety of the service and keen to ensure people did not come to harm.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The provider had systems in place to assess people's needs and preferences before they were admitted to the service. Assessments were carried out in line with legislation and best practice.
- Staff told us sometimes the discharge notes from hospital were not accurate and staff found people's needs were greater than anticipated. Records showed people's needs were quickly reassessed in this circumstance and the service advocated to get the person the care hours or more suitable accommodation they needed. We found the service was clear about the limits of the care and support it could provide and did not admit people whose needs it could not meet.
- Care plans were person centred and reflected people's choices and preferences. Things that were important to people were documented and staff demonstrated a good knowledge of people's needs and preferences.

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction which included periods of shadowing more experienced staff.
- Staff were provided with a variety of training to ensure they were safe and competent to carry out their roles. Additional courses were provided for nurses and the manager, deputy manager and clinical lead were in the process of developing the nurses' skills and confidence. Care staff were developed within their roles to be champions overseeing certain aspects of care. One staff member was a champion for oral care and was very committed to improving the team's understanding and practice.
- Staff told us they worked as a team and supported each other. Care staff were very quick to praise the generosity of the nurses who supported them well. One care staff member commented, "We have the support of the nurses – if there is anything wrong, we approach [the clinical lead]"
- The manager was relatively new in post. The provider had ensured the new manager had a thorough induction which included support and mentoring from the deputy manager. They had also spent time shadowing the manager of another of the provider's services.

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

- People were supported to drink enough to keep healthy.
- One person had half-finished drinks on their bedside table which their relative told us could be confusing for them. We fed this back to the provider.
- People who used the service praised the food. People received a balanced diet and their choices and preferences were respected. One person commented that their portions were a little small for them but the majority were very satisfied.
- The chef demonstrated a good knowledge and understanding of those people who required particular

diets such as thickened fluids, pureed food or foods suitable for someone who had a diagnosis of diabetes.

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

● There was clear evidence of staff working in partnership with other health and social care professionals, including GPs, district nurses, mental health teams and consultants in specialist clinics supporting people with a variety of health conditions.

● The service had 10 beds set aside for people discharged from hospital for rehabilitation prior to either returning home or finding more permanent care. The service worked closely with professionals from this department.

● Records showed timely referrals were made to other professionals. Where professionals, such as the speech and language therapist, had provided advice and guidance, we saw this was well documented and followed by staff. Staff knew people's needs well.

● People's health care conditions were well documented and well managed. We reviewed people's diabetes care plans and the service completed care plans for people living with Parkinson's disease during our inspection process. Some diabetes passports required further detail which we fed back to the provider.

●People had hospital passports in place to help ease the transition to hospital if they needed to be treated there.

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

●The service was purpose built, well maintained and designed to meet people's needs. There was an ongoing process of improvement and decoration in place.

● The dining room was pleasant with flowers and tablecloths in place and people sat in friendship groups. There was plenty of space for people to either sit with friends or go and sit quietly.

● The activities room was not well used as activities took place elsewhere. The garden was secure, and several people went outside to have some fresh air despite the cold weather. People told us they loved the garden in summer and liked to see the birds.

● Handrails and signage was in place to help people navigate their way around and floor surfaces were even and in good condition.

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.

●People had had their capacity to consent to their care assessed. The appropriate legal safeguards (DoLS) were in place. Where people had been judged not to have capacity to consent decisions were made in their best interest and according to a structured process to keep them safe.

●People told us they were asked for their consent before any care and treatment was provided. Care plans

reflected people's decisions about their care and made clear what they had or had not consented to.
● Staff had received training in the MCA and demonstrated an understanding of its principles. Staff were clear people who were judged to have capacity to consent to their care and treatment should have their decisions respected, even if they were felt to be unwise.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Respecting and promoting people's privacy, dignity and independence

● We noted a couple of staff referred to people by room number when talking about them rather than using their name. We raised this with the manager. They explained staff have to anonymise people when talking over the service's walkie talkies to keep information private, and sometimes staff get confused. They assured us they would remind staff about this.

●People's individual characteristics were taken into account. We observed staff chatting with people about things that were important to them and respecting their specific preferences. The atmosphere in the service was calm and people told us they liked this. They also appreciated how staff respected their privacy should they wish to be left to their own devices for a while.

●Staff were observed to be kind and caring and people who used the service held them in high regard. One person told us, "They are all just wonderful…. The place I came from before – the staff didn't care but here, nothing is too much trouble."

●Relationships between staff and those they were caring for and supporting were easy and friendly. People's relatives were well known by staff. Some relatives told us they felt cared for as well. One said, "They take care of me too!" Another relative commented, "It's welcoming, easy to come into and quite quiet. I'd recommend the home. I'm pleasantly surprised how good the care is and the staff are brilliant."

● People were supported to maintain their independence and care plans set out tasks which people were able and happy to continue to do for themselves to ensure people did not become de-skilled.

● We observed staff knocking on people's room doors, even if they were open, and checking if it was alright to come in.

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

●People were supported to express their views relating to their day to day care and to wider issues within the service. People knew about their care plans and had signed them throughout. Care plans were reviewed, and these decisions revisited. Two relatives told us they had not had a review of their family member's care plan since admission to the service. We fed that back to the manager who assured us she would action this.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

● Care plans were person centred and contained specific details about people's care needs and preferences. Each person had a life history section and staff were able to tell us about people's lives before they came to live at Oakwood House. One person commented, "They know my likes and dislikes…they know my routine well." Another person told us, "The staff are terrific. They have got to know my likes and dislikes. [I'm not] restricted – the staff think about you."

● People's rooms reflected their taste and personality. People were supported to keep in touch with family and staff knew people's family situations well.

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 identified and documented in their care plan. Signage throughout the service was clear and information was available in larger print format.

●Information boards around the service were clearly set out and pictures and photographs used. One person liked staff to read newsletters out loud to them.

● Staff were mindful of people's hearing loss and we observed them communicating clearly without shouting. Staff showed an understanding of how isolating sensory loss can be.

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

●On the first day of our inspection there were no structured activities planned for people. The service was advertising for a third activities co-ordinator and, when they were appointed, activities would be offered seven days a week. On the second day a singer came to entertain people and we saw this was a weekly event and was very popular.

● People told us they enjoyed the activities provided but would welcome a bit more to do some times. One person commented, "If there's something on, I'm there. I join in with everything… Singing I really enjoy..the staff know I like to join in."

● There were opportunities for people to follow hobbies they had enjoyed before coming to live at Oakwood House. One person was planning to grow some vegetables this summer as they explained they had always been a keen gardener.

● Family and friends visited, and staff showed an awareness of those who did not have regular visits and tried to spend time with them. One person explained, "[Staff and people who use the service] chat at lunch or over coffee. It's good when we're relaxing in the lounge and talking about the past." We observed three people sitting with the activities co-ordinator and looking at old photographs of Norwich and chatting about the past.

Improving care quality in response to complaints or concerns

● Formal complaints were managed well. Complaints were logged, investigated, responded to and, where needed, lessons learned.

●People who used the service told us they were given informal opportunities to raise issues either by chatting to staff or by speaking up in resident meetings. None of the people we spoke with had ever felt they needed to complain. One person said, "I haven't needed to complain about anything….I would speak to whoever is in charge in the afternoon if there was something I wanted."

End of life care and support

● The service was involved in a local initiative, the Teaching and Learning Care Homes programme and their specific area of interest was End of Life Care. The manager told us the service was committed to reviewing and improving this important aspect of the service.

●Each person had an end of life care plan in place and their wishes were clearly documented. The service used a document called Open Window as the basis for a person's palliative care.

●The service had showed sensitivity in their approach to some people who were not ready to discuss their end of life care. One relative had some questions about their family member's end of life plans, and we fed this back to the manager who assured us they would discuss things with them.

● We noted that, where people were approaching the end of their life, the service worked in partnership with other healthcare professionals. This partnership working aimed to ensure actions and medicines were in place which were designed to ease any pain or distress.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The culture within the service was open and the manager and deputy were very visible throughout the service and adopted an open-door policy. Relatives told us they trusted the manager to share important information about their family member.
- The atmosphere at the service, although calm, was also open and friendly. It was clear people felt able to raise issues or have a quick chat with staff or management should they wish it.
- The service held regular meetings for people who used the service, staff and relatives and invited comments or suggestions on the current and future direction of the service.

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 manager understood their responsibility to be open and transparent when things went wrong.

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

- The provider had plans in place to introduce electronic recording systems as they have acknowledged some recording systems could be improved. We found occasional gaps and inconsistencies in daily recording in room folders for people's fluid intake and repositioning for example. However, staff knowledge of people's fluid intake and repositioning routines was good and we did not have any concerns the care was not being provided. We judged the issues we found to be records based.
- The experienced manager had applied to be registered by CQC and was clear about their role and had a good knowledge and understanding of regulatory requirements. The manager was supported by the deputy manager and clinical lead and there was good oversight of the safety and quality of the service.
- Staff were clear about their roles and responsibilities and some had additional areas of responsibility. Staff told us they had regular supervision and felt supported by the management team. One staff member commented, "[The manager] is supportive of the staff. [They] give us feedback on our performance."
- Staff received ongoing support and supervision. The nursing assistant post carried with it additional responsibilities and staff told us they had been trained, mentored and supported to take on this role.

Continuous learning and improving care

- There was an overarching audit system in place to monitor the safety and quality of the service. The

regional development manager and provider carried out monthly audits and the manager and deputy used the daily 'stand up' meetings to spot check records and share their findings.

●An external quality assurance audit was carried out four times a year and we reviewed the most recent. This audit was comprehensive and the manager had an ongoing improvement plan to continue to develop the service.

● Where issues occurred, such as the difficulty obtaining certain medicines from the pharmacy, the manager set up meetings in the first instance to explore more effective ways of working.

● The service was part of a Teaching and Learning Care Homes programme, set up by the local clinical commissioning group, designed to improve all aspects of service delivery.

Working in partnership with others

●The service worked in collaboration with other health and social care professionals effectively. Information was shared and advice followed. Records showed evidence of good communication between professionals.