

Larchwood Care Homes (South) Limited

# Oake Meadows Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Oake Meadows Care Home is a residential care home providing personal and nursing care. It is registered to provide care and accommodation to up to 105 people. The home specialises in the care of older people including people living with dementia.

The home is divided into 5 different areas. One area provides general nursing care, 1 provides nursing care for people living with dementia and another provides care to people who have personal care needs. There is also a rehabilitation unit which is run in partnership with the local NHS and a small unit for people who are experiencing a mental health crisis. At the time of the inspection there were 69 people living at the care home.

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

People told us they were happy with the care and support they received. People who were unable to express their views appeared comfortable and relaxed with the staff who supported them.

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.

Each person had a care plan which was personal to them. It set out their likes and dislikes as well as their needs. This helped to make sure staff had the information they required to provide person-centred care.

The staff worked in partnership with other healthcare professionals to ensure people's physical and mental health needs were monitored and met. This included working with therapists from the NHS to provide rehabilitation to people who had been discharged from hospital.

People were supported by staff who had the skills and experience to meet their needs. Staff had opportunities to complete training appropriate to their role and undertake vocational qualifications. People told us staff were patient and attentive.

The majority of people were happy with the food provided. During the inspection we saw people received the support and encouragement they needed to eat a good meal. Drinks and snacks were available throughout the day.

People could follow their own interests or take part in organised activities. Activity workers provided ad hoc social stimulation for people living with dementia. This resulted in people being engaged and animated.

People lived in a home where the registered manager was passionate about making sure people received good quality care which was inclusive and empowering. People told us they felt 'at home.'

The provider had effective systems to monitor the standard of care provided to people and plan ongoing improvements. Regular audits showed that when shortfalls were identified, action was taken to make improvements.

There were meetings for people who lived at the home to enable them to hear about any changes and make suggestions about the running of the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for the service was good (published 13 October 2018)

Why we inspected This inspection was prompted by a review of the information we held about this service.

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.

This was a focused inspection to review the key questions of effective, responsive and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed from good based on the findings of this 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?

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Inspected but not rated**

### Is the service effective?

The service was effective.

Details are in our effective 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** ●

# Oake Meadows 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 2 inspectors 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.

#### Service and service type

Oake Meadows 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. Oake Meadows Care Home 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 there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at the information we have received from and about the service since the last inspection.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 24 people who lived at the home and 6 visiting relatives. We spoke with 11 members of staff and members of the management team. The registered manager was available throughout the inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with 3 members of staff from the therapy team, which supports the area of the home which provides rehabilitation for people after discharge from hospital, and 2 visiting healthcare professionals.

Following the site visit, we received written feedback from 1 relative and 1 healthcare professional.

We looked at a variety of records relating to people's individual care and the running of the home. These included 7 care and support plans, a sample of audits, staff training records and minutes of meetings.

# 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 this key question was rated good. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

### 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 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

- People were able to have personal and professional visitors at any time.

# 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 had their needs assessed before they moved to the home. This helped to ensure the person's needs and expectations could be met.
- Care plans were created from the initial assessments. These gave staff the information they needed to meet people's needs. Staff told us the care plans gave them the information they needed.
- Care plans were personalised to each person which enabled staff to provide support to people which reflected their choices.
- Staff used recognised assessment tools including nutritional and pressure damage assessments. This helped to identify people's individual needs and risks associated with their personal circumstances.
- Where people were staying at the home for a period of rehabilitation, plans of support were drawn up by NHS therapists. Some people felt these plans were not always shared with them, and they were not fully aware of their rehabilitation goals.
- In one instance we found a person was not receiving care in accordance with their needs and wishes. One person was calling out for assistance and staff did not attend to them until one of the inspectors intervened.

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

- People had access to registered nurses and senior staff who were able to monitor their wellbeing and make sure they received the treatment they required. A visiting healthcare professional said staff were always proactive in identifying and seeking support when people's healthcare needs changed.
- People had access to GP's who visited the home twice weekly for routine medical support and at other times to respond to people's more acute needs.
- Referrals were made to other professionals when they had specialist needs. These included referrals to tissue viability nurses, community mental health services and speech and language therapists.
- The staff worked with other professionals to deliver care to people. For example, part of the home provided a rehabilitation service in partnership with the NHS. Professionals including physiotherapists and occupational therapists, worked alongside care home staff to provide support to people.
- Staff worked with other professionals to make sure people received the equipment and pain relief to meet their needs. One relative told us, "The staff moved mountains when it became clear initially that [person's name] was in great pain, to get the required services in place, on a Saturday. They liaised with so many various teams."

Staff support: induction, training, skills and experience



- People were cared for by staff who worked as a team to make sure people experienced a good standard of care. During the inspection we saw staff worked together across the whole home to make sure people had support when they needed it.
- Staff told us they received induction training when they began work at the home. They also said there was ongoing and refresher training available. This helped to make sure care was provided in accordance with up-to-date best practice guidance and legislation. People told us they thought most staff were, "Good at their jobs." One person said, "The staff are lovely, knowledgeable. They know what they are doing."
- Each area of the home had a unit manager who led by example and offered ongoing support and advice to less experienced staff. This helped to make sure all staff were confident about the support they provided to people.
- People were supported by staff who all had a named line manager who provided one to one supervisions and appraisals. This gave staff an opportunity to discuss their work and any poor practice issues to be addressed promptly. One member of staff said, "There's a really strong supportive management team. They are really pro-active."

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

- Most people were complimentary about the food. One person told us, "Food here is lovely." Another person said, "The food is very nice. You can choose." However, another person said the food was, "Nothing special."
- People received the support they needed to eat their meals. In the area which cared for people who were living with dementia, we saw staff were attentive and encouraging at mealtimes. This resulted in people eating a good meal.
- People's nutritional intake and weight were monitored by staff to promote their wellbeing. We looked at a care plan for one person who had a low weight. The care plan stated they ate best if sat with other people and they needed to be offered snacks. During the inspection we saw snacks were offered and accepted. At lunch time they sat with other people and ate well. Records showed their weight had been stable over several months.

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

- People lived in a building which had been purpose built and further adapted to meet people's needs. The home was divided into smaller self-contained areas. Each person had a single en-suite bedroom which they could personalise.
- Some areas of the home looked tired and would benefit from re decoration. The registered manager acknowledged some parts of the home needed attention and gave assurances that there was a plan of ongoing decoration in place.
- People had access to outside areas. One person said, "I like a walk in the garden."

#### 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.

- Where people had capacity to consent to care and treatment they were always asked for their consent. We saw staff asking people if they wished to be supported with care or activities. Their decisions were respected.
- Staff had a good understanding of MCA and how to apply it in practice. Where people required to be cared for under DoLS, applications had been made.
- We saw assessments of capacity which gave clear details of how staff had engaged with the person to involve them in decisions before deciding there was a need for a best interests decision.
- Representatives who knew the person well were involved in making best interests decisions based on their knowledge of a person. One visitor we spoke with said they always felt involved and consulted with.

# 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's care plans were personalised which gave staff information about people's likes and dislikes, as well as their needs.
- People were able to follow their preferred routines. One person told us they liked to eat their lunch in a specific place. At lunch time we saw staff were aware of, and respected, this preference. Another person said, "I choose to have breakfast in bed. I get up about 10am."
- Care was adapted to people's needs and abilities. For example, one person told us they liked to be cared for in bed as they felt comfortable, and staff respected this. We saw some people who were living with dementia liked to walk around and were able to do so freely.
- In the area which cared for people receiving rehabilitation after a hospital stay, people and their family members were not always clear about the plans in place. This meant they did not always feel in control. We fed this back to the registered manager who gave assurances this would be addressed.

End of life care and support

- People could be confident that at the end of their lives they would receive kind and compassionate care. One visiting healthcare professional told us they felt end of life care was good and they complimented the staff on the care they provided. One person had written to the home thanking them for the "Gentle loving care" provided to their friend.
- People were cared for with dignity and respect and family members were able to stay with people at the end of their lives. One relative praised the staff who had cared for their loved one. They told us they, and their relative, were cared for by staff with the care and consideration that would be given to a family member.

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 recorded.
- During the inspection we noted staff used different communication methods. For example, some used verbal and written communication whilst in other instances, such as helping people to choose food, examples were shown to people so they could choose.

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

- People were able to follow their own routines or take part in activities provided at the home. There were activity workers who supported people with a range of activities. There was a weekly activity plan to enable people to choose what they wanted to join.
- In the area which cared for people living with dementia, activity staff provided ad hoc social stimulation to people. This included, singing, dancing and gentle exercise. We observed that when activity staff were in this area of the home people were engaged and appeared happy.
- The staff supported people to maintain relationships with friends and family. Visitors were always made welcome. One visitor told us, "They are always friendly to visitors and offer drink and food."
- Staff supported people to celebrate special occasions and arranged social events such as singers and garden parties. We saw a thank you card from one family where the staff had arranged a birthday party with their relatives. On the day of the inspection a garden party was held which was enjoyed by a large number of people. One member of staff said there had recently been a visit from an ice cream van which people had enjoyed.

Improving care quality in response to complaints or concerns

- The provider had ways for people to share their views. In addition to a complaints procedure there was also a, "You said, We did" system. This enabled people to raise issues or suggestions and have a public response.
- The management team viewed complaints and feedback from people in a positive light. They used them to look at ways to improve the service they offered.
- There had been some recent concerns about care provided in the part of the home which offered rehabilitation. In response to the concerns the registered manager had discussed the issues at a senior staff meeting and looked at further ways for people to raise issues so they could be addressed promptly.
- People told us they would be happy to raise an issue with a member of staff. One person said, "I would speak to one of the girls (staff.) If they couldn't help, they would go to someone who could." Another person told us, "I have no grumbles. If I did, I would ask to speak with the manager."

# 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People lived in a home where the registered manager promoted a positive, person-centred culture. The management team were very enthusiastic about the care home. This created a place where staff wanted to work and were proud of the care they provided. One member of staff said, "I just love the ethos here."
- People were happy with the care they received. We heard stories of positive outcomes. One family member commented, "She is a lot happier here than she was in hospital. Her mobility has improved." One thank-you card from someone who had stayed at the home for rehabilitation read, "Without your help they would not be coming home."
- There was an inclusive atmosphere which valued people as individuals. Throughout the inspection we saw people followed their own routines and were comfortable and relaxed. People told us they felt, "At home." One person told us, "It feels like home. They make you feel welcomed, and all staff introduce themselves." Another person said, "It's comfortable here. Like home."
- The atmosphere was inclusive, and people were consulted with. One visitor commented, "It is absolutely wonderful. They treat him as if he is one of them. I am so satisfied with it here. The staff include me in everything. Can't fault them, they are amazing." One person said about the staff, "They are kind and thoughtful. They listen to me."

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 registered manager was open and transparent. When things went wrong, they worked with other agencies to make sure full investigations were carried out.
- People lived in a home where the provider was open about shortfalls and offered apologies where appropriate.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clear management structure at the home. In addition to the registered manager, there was a deputy and a clinical lead. Each area of the home also had a unit manager. There were regular meetings between senior staff to make sure good standards of care were provided.
- The provider had effective systems in place to monitor the quality of the care provided and plan ongoing improvements. There were regular audits which identified where improvements could be made. All accidents, incidents and infections were analysed each month to see if lessons could be learnt to prevent

reoccurrence.

- People lived in a home where incidents were discussed by the management team and changes were made where appropriate. This helped to minimise risks to people. For example, following an incident involving bedrails, a more thorough audit was put in place, part of which was carried out by a member of the management team.
- A representative of the provider regularly visited the home to carry out quality monitoring. From these visits action plans were set and monitored to make sure improvements were made.
- Records relating to people's individual care were generally well maintained. However, in the area which cared for people with general nursing needs, monitoring records were not always up to date. This meant there was no recorded information about a person's care such as welfare checks and food and fluid intake. We did not find evidence this had a negative impact on people. We discussed this with the management team who gave assurances this would be rectified.

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

- Most people and their family members felt involved and informed. One family member told us they felt, "Informed and included." One person said, "They ask you what you want, don't decide for you."
- Staff were very proactive in making sure people were involved in decisions about their day to day lives. There were excellent records showing how staff attempted to involve people who were living with dementia in making decisions before a best interest decision was made.
- Staff had opportunities for one-to-one meetings with their line manager and to take part in other meetings. One member of staff said, "It's a really supportive environment."
- Staff worked in partnership with other professionals to make sure people received the care and support they required. One area of the home was run in partnership with other agencies to provide rehabilitation to people following hospital discharge. Oake Meadows staff worked alongside physiotherapists and occupational therapists to provide support to people to be able to return home or to other appropriate care settings.
- There were regular meetings with professionals from outside the home which helped to make sure people received the correct care and treatment to meet their needs. Visiting healthcare professionals told us they had good working relationships with staff and management.