Quality Homes (Midlands) Limited

Oaks Court House

Inspection report

Oaks Court House
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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

This inspection was unannounced and took place on 1November 2016. At the last inspection in September 2015, we found the provider was not meeting all of the requirements of the regulations we reviewed. We asked them to make improvements to maintaining the dignity of people living at the home and notifying CQC of incidents that occurred within the home. The provider had submitted an action plan detailing the improvements they planned to make and at this inspection we found improvements had been made and the provider was now meeting the regulations.

Oaks Court House is registered to provide accommodation and personal care for up to 41 older people, some of whom have dementia. On the day of the inspection there were 23 people living at the home. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Relatives told us their family members were safe. People appeared comfortable in the presence of staff and staff knew how to protect people from the risk of harm. Staff supported people to manage their risks. There were staff available throughout the home to respond to people when needed. The provider had safe recruitment systems in place which ensured appropriate staff were employed to support people. People received their medicines as prescribed and had access to pain relieving medicines when required.

People were supported by staff who had the skills and knowledge required to meet their needs. Staff received training relevant to their role and were supported by the senior staff and registered manager. People were asked for their consent before care was provided and the registered manager had assessed people's capacity to make decisions as required by law. People were happy with the food and drink provided and people were supported to access healthcare professionals when required.

People had developed positive relationships with staff and told us staff were friendly and kind. People were involved in making decisions about their care and support. We observed some occasions where staff missed opportunities to engage more with people and encourage or promote their independence. People were supported in a way that upheld their dignity.

People had not always been involved in the planning of their care due to their capacity to make decisions. However, we saw relatives and other professionals had been involved and had been asked to contribute to support and care planning. A programme of activities was available that was relevant to some people's interests and pastimes, although some people told us they felt the activities offered were not of interest to them.

People and staff told us they felt the home was well managed. The registered manager and staff sought people's views on the service they received. Staff felt supported by the management of the home and told us

they felt their contribution was welcomed, and shared examples of where they ideas had been adopted and improvements made. The registered manager had notified us of events as required by law and felt supported by the provider. There were systems in place to review the quality of care people received and where improvements were identified action was taken to improve the quality of care people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from harm by staff who knew how to recognise and report signs of possible abuse. People managed their risks with the support of the staff team. There were sufficient number of staff available to support and care for people. People received their medicines as prescribed and systems used to manage medicines were safe.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the skills and knowledge required to meet their needs. Staff received support and feedback from the registered manager and senior staff. People were asked for their consent before care was provided and where relevant, people's capacity to make decisions had been assessed. People received sufficient amount of food and drink to maintain their health and were supported to access healthcare professionals when required.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were friendly and kind. People were involved in decisions about the daily care and support. Staff supported people in a dignified way, although some opportunities to engage people in maintaining their independence were missed.

Is the service responsive?

Good

The service was responsive.

People received care and support that was personalised and met their individual needs. Activities were available, which some people enjoyed, however the registered manager recognised more could be done to engage people in activities that interested them. People knew how to raise concerns about the

care they received and there was a system in place to manage complaints and identify learning.

Is the service well-led?

Good

The service was well-led.

People and staff felt the home was well managed. Staff felt able to contribute to the running of the home and felt supported to make suggestions or ideas for improvements to people's care and support. The registered manager had notified us of events they were required to by law and there were systems in place to monitor the quality of care provided which was used to drive improvements.

Oaks Court House

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.

This inspection took place on 1 November 2016 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. Their area of expertise was dementia care. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. The provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the home, what the service does well and improvements they plan to make. We also contacted the local authority and commissioners for information they held about the service. This helped us to plan the inspection.

During the inspection we carried out observations of the care and support people received. We used the Short Observational Framework for Inspection (SOFI) to observe how care was provided for people who were unable to speak with us. We spoke with six people who lived at the home, three visitors, three staff members, the deputy manager and the registered manager. We looked at three records about people's care and support, three staff files, medicine records and systems used for monitoring the quality of care provided.

Good

Is the service safe?

Our findings

Not all of the people living at the home were able to share their views with us, however throughout the inspection we saw they appeared comfortable and were confident to approach staff if they needed assistance or support. Relatives told us they felt their family members were safe. One visitor said, "[Person's name] seems quite happy, we've got no concerns." All of the staff we spoke with were able to identify signs of possible abuse and understood their role in keeping people safe. Staff demonstrated a good knowledge of how to report any concerns about people's safety or well-being. One staff member told us, "I'd go straight to my senior if I had any concerns and if I wasn't happy with their response I'd speak with the manager or owner. Beyond that I would contact the local authority or CQC."

People managed their risks with support from staff if required. Staff we spoke with understood the level of support and assistance each person required. For example, staff understood where people required support with their mobility, or assistance with eating and drinking. People's care plans detailed people's individual risks and we saw these had been reviewed and updated when people's needs had changed. For example, we saw one person was supported to take their own medicines and staff had detailed the possible risks involved and actions taken to reduce the risk of potential harm. There were systems in place to ensure staff were kept up to date with any change to people's risks. One staff member told us, "Supporting people safely is about knowing people well and pre-empting possible dangers. If anything changes we let the rest of the staff team know and the senior staff share this in shift handovers."

People told us they felt staffing levels were sufficient to meet their needs and felt the care staff worked hard. One person told us, "I think they've got enough staff." Another person said, "I use the buzzer and they [staff] are quick, but they are busy." Visitors shared similar views, one commented, "I've never seen it understaffed." Staff we spoke with were confident there were enough staff to respond to people's needs. One staff member told us, "I think the staff ratios are fine at the moment, the mix of skills is usually fine too." The registered manager told us they used a dependency tool to calculate staffing numbers and that staffing levels would change if more people moved in to the home. They told staff absence was covered either by the staff team, or by staff working at other homes owned by the provider. Throughout the inspection we saw staff were present in the communal areas of the home and were available to respond to people when required.

We looked at pre-employment checks carried out by the provider and found that necessary checks had been conducted prior to staff starting work. These included employment references and identity checks as well as checks carried out by the Disclosure and Barring Service (DBS). DBS checks include criminal record and baring list checks for persons whose role is to provide any form of care or supervision. By undertaking these checks the provider reduced the risk of employing unsuitable staff.

People told us they were happy with the way they received their medicines. One person said, "The staff are pretty good at giving me my tablets on time." We looked in detail at three people's Medicines Administration Records (MAR) and checked the stocks of medicines for all of these people. We saw that the administration of medicines for these people was recorded correctly and the staff we spoke with demonstrated a good

knowledge of the medicines and the systems used to ensure people received their medicines as prescribed. Where people needed medicines 'as required', for example for pain relief, we found they received them when needed. One person told us, "Staff always ask about pain and they say 'Do you want anything else?'." We observed staff supporting people with their medicines and saw they were considerate in their approach and gave people the time and explanations they needed. We looked at systems used to manage people's medicines and found people received their medicine as prescribed and medicines were stored and managed safely.

Good

Is the service effective?

Our findings

People we spoke with were not able to express whether staff had the skills required to look after them. Staff demonstrated that they understood the needs of people they supported and responded accordingly. We observed staff supporting people to transfer from a wheelchair to an armchair using a hoist and saw staff were kind and considerate and talked respectfully to people throughout the process. All of the staff we spoke with told us about the training courses they had recently completed and what this meant for people living at the home. For example, one staff member had recently attended a refresher course in first aid, which they said had given them more confidence in supporting people who required urgent medical attention. Staff told us they felt supported in their role and had regular one to one meetings with senior staff or the registered manager. One staff member said, "We have regular supervision, we discuss how I'm doing. It gives me a confident boost if I'm told I'm working well." Staff told us they had been supported by the registered manager to undertake nationally recognised qualifications, to further develop their skills and knowledge.

People were asked for their consent before staff provided them with care and support. We observed throughout the inspection people were asked by staff if they were happy with staff supporting them with their mobility or personal care. Staff listened to people's requests or decisions. 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.

Staff we spoke with understood the requirements of the MCA and were aware they must act in people's best interests. One staff member told us, "Knowing people helps, I always offer assistance and if people can make their own decision. Some people just need time." Staff told us information about people's capacity was recorded in their care plans, which they referred to when needed. The registered manager was clear about their responsibilities in supporting people who lacked capacity and had assessed people's capacity where required and initiated best interests meetings where appropriate.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive people of their liberty. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that two people had a DoLS in place and there were further applications awaiting assessment by the local authority. The registered manager had a good understanding of their responsibilities in this area. Staff we spoke with had received training in DoLS and were aware of potential restrictions to people's rights and freedom. One staff member said, "We have to appreciate that not everyone understands why they are living here. It's important to respect people's feelings and ensure they are as comfortable as possible, while

not restricting them." We found that decisions had been made in accordance with the MCA and this ensured people's rights and freedoms were not unlawfully restricted.

Most people we spoke with were happy with the meals and drinks provided. One person said, "The food's good, I've had some lovely meals." Another person said, "The food isn't bad. If you don't like what's on the menu you can have something else." We saw people were offered a choice of meals before lunch and drinks were available throughout the day. Staff understood people's dietary needs and preferences and knew who required specific support with their meals to manage a health need. We saw that guidance was available to staff about people's dietary needs and we observed staff prompting people to visit the dining room for their breakfast and encouraging them to enjoy snacks throughout the day.

People told us they were supported to access appropriate healthcare professionals when required. One person told us, "The occupational therapists came in this morning, they are working with me." Another person said, "The chiropodist comes in and the doctor will come in when you need them."
Staff were able to tell us how they supported people with their health conditions, for example people living with diabetes, and knew who to contact when external healthcare support was required. Staff told us and records showed where advice had been sought and implemented to maintain or improve people's health conditions.

Good

Is the service caring?

Our findings

At the last inspection in September 2015 we found people's care and support was not always delivered in a dignified way. At this most recent inspection we found that improvements had been made. We found the use of handling belts to support people to move in and out of chairs had been discontinued and staff training updated, we also noted improvements had been made to the home's fixtures and fittings which mean people received care and support in a more dignified environment.

People were supported by staff who respected their dignity and privacy. One person told us, "They [staff] treat you properly. I'm contented. That's worth a good lot isn't it." We saw staff supported people in a way that gave consideration to their individual needs. For example, by respecting their decisions and choices even when these might seem unusual. Staff were aware of their responsibilities to maintain people's dignity and shared examples with us of how they assisted people discreetly with their personal care. Staff were also aware of people's preferences when receiving personal care, for example, if people preferred to be supported by a male or female member of staff. Where people required the use of a hoist to assist with their mobility we observed staff were careful to ensure people were covered and were not exposed while being supported. We discussed people's dignity with the registered manager as we were aware of recent concerns that had been raised. The registered manage demonstrated they had dealt appropriately with the issues raised and staff had received appropriate training and guidance.

People told us staff were friendly and kind. One person told us, "They [staff] are lovely; they are all friendly if you want anything." Another person said, "I love it here, I'm really happy. I get on well with the staff." We observed staff interacting with people with kindness and compassion. Staff had cheerful demeanours and they addressed each person by name and with kindness. One staff member told us, "I care for people by being interested in them. Understanding people's life histories gives you a way to relate to them. This puts people at ease."

The atmosphere in the communal areas was relaxed and we saw people had developed relationships with the staff team. During the morning activities people we observed laughing with staff and people responding to staff with fondness. One person told us, "I love [staff member's name]. I think they are great."

Although people were unable to tell us, we saw how they were involved with decisions about their care and support. We saw people were supported by staff to make decisions for themselves and saw examples where staff offered people choices about activities, where they would like to spend their time and food and drink. Staff told us that they asked people about their care, asking their permission to provide personal care. One staff member told us, "By following people's routines this helps me involve them in their support. They set the pattern and the times things happen and if I support them in this way it gives people security." We observed some examples of how staff encouraged people to maintain their independence, for example with their mobility.

People's relatives and friends were welcome to visit at a time of their choosing and we observed visitors were welcomed by staff. The registered manager was also available to visitors and told us relatives were

welcome to share a meal with their family members, if they wanted to.

Good

Is the service responsive?

Our findings

Not everyone living at the home had been able to contribute to the assessment and planning of their care and support. However, we saw people's needs had been assessed and recorded and staff and had a good knowledge of people's individual needs and preferences. Where people had been unable to make decisions about their care we saw their relatives had been consulted and asked for their views and opinions.

Staff told us they would record and report any changes in people's care needs to senior staff. They were confident senior staff would follow up any concerns and take any necessary action. People's needs were discussed during a handover meeting when staffs' shift changed. The senior leading the shift would share any changes and help manage and direct staff. Staff told us they received information when people's care plan and risk assessment had been updated as their needs had changed. One staff member shared with us an example of how they had witnessed a change in a person's behaviours, which led to the staff team supporting them differently.

We observed how the registered and deputy manager positively responded to one person's needs, who had arrived for respite stay unexpectedly. Senior staff worked together to contact relevant agencies and reassure the person that their needs would be met. The person received care that was responsive to their needs and planned around their requirements.

Activities were offered on a daily basis and people were invited to take part according to their preferences. During the inspection we saw a bingo activity taking which some people clearly enjoyed taking part in. People expressed mixed views about the activities, with some people suggesting there could be more variety. One person told us, "You sit and watch TV. It's boring, I sleep a lot." Another person said, "There aren't many activities except for bingo, and we do have a singer sometimes." A visitor commented, "[Person's name] loves bingo. Some people don't want to join in and that's their preference." We discussed people's feedback with the registered manager who told us they would review the activities available and ask for people's views and ideas. They also told us that people had recently been supported to go on short breaks, and staff had tried to encourage people to take part in everyday tasks, such as preparing tables at mealtimes.

Staff told us they listened to people's preferences and tried to support them in a way that was meaningful to the person. For example discussing shared interests, or prompting people with reminiscence activities. Staff were able to share with us examples of how people's cultural and spiritual needs were met. For example, one person held specific religious views and they were supported to meet regularly with a representative from their church.

A number of people residing at the home were living with dementia. There were aspects of the home environment that could be better developed in order to make it friendlier for people. Parts of the home were dimly lit, and there was poor signage which may make it difficult for people to find their way around. We shared our concerns with the deputy manager, who advised they would consider this when planning improvements to the home.

People told us they knew who to speak to if they were unhappy about any aspect of their care. One person told us, "If I had to make a complaint I supposed I'd speak to the manager." Staff knew how to deal with any complaints received about the service. We reviewed the complaints records and saw the registered manager had responded to any concerns raised. Actions were clearly detailed and the log included details of how the complaint had been resolved. People's concerns were taken seriously and investigated by the registered manager. We saw evidence of how the provider had learned from people's experiences and complaints.

Good

Is the service well-led?

Our findings

At the last inspection we found that the provider had not always completed appropriate referrals and notifications about incidents that had taken place within the home. At this inspection we found there had been improvements and the provider was now notifying us of incidents as required by law.

Not everyone we spoke with was able to give us feedback about the management of the home. However, one person we spoke with told us they were happy living at the home. They said, "I am happy, the bosses are smashing, we have a laugh and a joke. I get on well with all the staff." We observed that the deputy and registered managers were present in the home throughout the day, and people knew who they were. We saw positive interactions between people and senior staff which demonstrated relationships had been established.

We saw people had been given opportunities to express their views on the service they received. Staff shared examples with us of how people's suggestions had been listened to, and changes made in response. Staff told us one person had suggested they would like to see a healthier option being available when people were offered snacks during activities and as a result people were now offered more fruit. The registered manager told us a variety of techniques were used to gather people's feedback as the traditional idea of a resident's meeting was not always the best approach for the people living at the home. Instead, they and other staff spent time with people one to one, or in small groups and gathered feedback in an informal way.

All of the staff we spoke with felt the home was well managed. One staff member said, "I wouldn't be here if the home was not managed well. I think the leadership stems from the top. Senior staff are given respect and they lead." Staff told us the registered manager was approachable and they felt able to give feedback and share ideas and suggestions for improvement. One staff member said, "We are welcome to suggest ideas at staff meetings or any time. I made a suggestion about the way we supported one person with their mobility and it was introduced."

The registered manager told us they felt supported by the provider. They shared with us examples of how their views and ideas had been listened to and how resources had been made available to facilitate staff training, so people's needs could be better met. They told us they planned to make improvements to the home which included supporting more people to enjoy activities away from the home, and introducing an increased educational programme for both residents and staff. The provider had ensured information about the service's inspection rating was displayed prominently as required by the law.

The registered manager demonstrated a good understanding of the requirements of their role and had notified us of incidents and events as required by law. They and senior staff conducted quality audits to check on all aspects of the service. Regular audits were undertaken to review the quality and content of care and medication records, equipment and maintenance requirements and risk assessments. Where areas requiring improvement had been identified we saw that action had been taken and outcomes recorded. Where incidents had taken place these had been properly investigated and concerns for people's safety were taken seriously. We found that changes were put in place to prevent repeat incidents occurring and

learning had taken place.