

Christian Care Homes

Oak House

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

This inspection took place on the 6 and 7 November 2017 and was unannounced. The inspection team consisted of one inspector.

Oak House provides accommodation and personal care without nursing for up to 13 persons who may be living with dementia. At the time of our inspection 13 people were living at the service.

The service has a registered manager. '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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection, the service was rated Good, at this inspection, we found the service remained Good overall.

The service was safe. The provider's recruitment processes ensured that appropriate checks were carried out before staff commenced employment. There were sufficient numbers of staff on duty to meet the needs of people and keep them safe from potential harm or abuse. People's health and wellbeing needs were assessed and reviewed to minimise risk to health. The service had a good management and monitoring structure in place for medication.

The service was effective. People were cared for and supported by staff who had received training to meet their needs. The staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to eat and drink enough as to ensure they maintained a balanced diet and referrals to health and social care services was made when required.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences. Staff always worked to promote people's independence through encouraging and supporting people in their individual abilities.

The service was responsive. People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and were updated if changes to people's needs was found. People were supported to follow their interests and participate in social activities. The service had a robust complaints procedure in place.

The service was Well Led. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis. The provider told us that current systems and processes were being updated to ensure improvements to the service would be made in a timely way.

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 remains good.

Good ●

Is the service effective?

The service remained effective.

Good ●

Is the service caring?

the service remained caring.

Good ●

Is the service responsive?

The service remained responsive.

Good ●

Is the service well-led?

The service remained well-led.

Good ●

Oak 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 the 6 and 7 November 2017, and was unannounced. The inspection team consisted of one inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed this and other information we held about the service, we looked at the previous inspection report and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with two people using the service as most of the people in the service were nonverbal; We spent time observing care in the communal areas and 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 spoke with the registered manager, six staff members, the provider and a visiting professional. We reviewed four people's care files. We also looked at quality monitoring, audit information and policies held at the service and the service's staff support records for the members of staff.

Is the service safe?

Our findings

At the previous inspection in October 2015 the service was rated Good in this at this inspection we found the service remained Good.

People we spoke with and their relatives told us they felt safe living at Oak House. Some of the comments we received included, "I love it here, they are all very good to me." Another was, "My [relative] is definitely safe here. I know the staff keep her safe and look after her very well."

There were systems, processes and practices in place to protect people from abuse, neglect, harassment and breaches of their dignity and respect. Staff had very good knowledge of how to protect people from any potential harm and keep them safe. Staff were able to explain how people may be at risk of harm and abuse and how they would protect them to ensure they were safe. Staff we spoke with had a clear understanding of how to report any concerns with regards to people's safety. One staff member told us, "I would report to my manager of the senior in charge of the shift at the time, but I also know that I could inform the social services and even the police." Staff were aware of the provider's whistleblowing policy which sets out how staff should report concerns within their workplace.

Staff had the information they needed to ensure people's safety. Each person had care plans and risk assessments that were regularly reviewed in order to document current knowledge of each person's individual risks. The risks assessments that were viewed included, risk assessments for mobility, dietary intake, personal care and medication.

People were cared for in a safe environment. The provider employed maintenance staff for general repairs at the service. Staff had emergency numbers to contact in the event of such things as plumbing or electrical emergencies. There was also a policy in place should the service need to be evacuated and emergency contingency management implemented. Staff were trained in first aid and if there was a medical emergency staff knew to call the emergency services. Staff also received training on how to respond to fire alerts at the service.

There were sufficient numbers of staff on duty to meet people's assessed needs, we spoke with people who use the service and their relatives, those spoken to agreed that there were enough staff to assist everyone. Comments received included, "I think there is always enough staff on to help people." And "I have never seen anyone having to wait for help so I would say there is enough staff on each day." Staffing rotas that we looked at reflected sufficient staffing levels.

The provider had a robust recruitment process in place, which showed that staff employed had the appropriate checks to ensure that they were suitable to work with vulnerable people. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

The service had a robust cleaning schedule in place. The cleaning of the service is carried out by a local

company who are contracted by the provider to ensure all areas of the service is cleaned to a high standard. Inspection of people's rooms and communal areas we found rooms to be clean and tidy. People who used the service and their relatives we spoke to informed us, "It is always lovely and clean here." And "I have never walked into the home and found it to be unclean or untidy. The home always smells so lovely too."

Is the service effective?

Our findings

At this inspection, we found the service continued to be effective therefore the rating will remain Good.

People received effective care from staff who were supported to obtain the knowledge and skills they needed to provide continuous good care. The staff training records showed us that staff received training on relevant topics that would support them in their roles, this included training in moving and handling, nutrition and end of life care. We also saw that staff were provided with refresher courses on each topic.

Staff felt supported at the service, staff we spoke with told us, "I feel very supported here, we all work really well together and help each other all the time." Staff received an induction into the service before starting work and documentation on staff files confirmed this. The induction allowed new staff to get to know their role and the people they were supporting.

Staff told us that they received regular one-to-one supervision. Supervisions are used as an opportunity to discuss the staff members training and development and other subjects that staff may wish to discuss. Staff said that they had regular team meetings, and added the meetings were open and gave staff the opportunity to raise any issues they may have. Staff also received yearly appraisals.

People said they had enough food and drink and were always given choice about what they liked to eat. Throughout the inspection we observed people being offered food and drink. All staff were encouraging and supported people to have regular fluid intake throughout the day. Staff supported people to eat at the person's own pace. We observed a lunchtime meal, which was a very social occasion; people were given the choice of where they wished to sit during the mealtime. For example, some people enjoyed sitting together at a dining table, others preferred to sit in the lounge to enjoy their meal. People we spoke with were complimentary about the food they are serviced at the service.

People had access to healthcare professionals as required and we saw this recorded in people's care records. We noted people were supported to attend any hospital appointments as scheduled. When required people were supported with access to their GP, district nurse and other health professionals. In addition people were supported to access dental care and vision tests these were completed by professionals that visited the home. When appropriate this was discussed with the person and their relatives, to ensure everyone was involved and kept up to date with any changes.

The service had recently been decorated in areas; staff told us that people who used the service were actively involved in making decisions about the décor in communal areas and their own bedrooms. One relative told us, "This place has such a homely feel to it and I hope that never changes. I know some of these big homes look like hotels but here is like [relative] living at home." The service ensured that access to the garden areas were accessible for everyone who used the service. A relative told us, "If we want to be alone with [relative] we can always go to their room if we need to."

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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We reviewed applications that had been submitted by staff but were awaiting authorisation from the Local Authority. The staff had completed training on the MCA and had a good understanding of DoLS requirements.

Is the service caring?

Our findings

At this inspection we found people were as happy living at the service as they had been during our previous inspection. The rating continues to be Good.

Staff interacted with people in a respectful manner. Our observations during the inspection showed staff to be kind, caring and support people in a compassionate manner. People and relatives we spoke to informed us that the care provided in the home was very good and all the staff and registered manager were very caring. Comments received included, "They [staff] are so caring and kind to me, they really do know how to care for me." And "All the staff are very caring, they have such patience with everyone including the families too."

People and their relatives were actively involved in making decisions about their care and support. Relatives told us that they had been involved in their relative's care planning and would attend care plan reviews. Staff regularly reviewed people's care plans with their families where possible and changes were made if required. On reviewing people's care plans, we found them to be detailed and covered people's preferences of care.

People and relatives told us people were treated with dignity and respect and had their privacy respected. Staff had received training in treating people with dignity and respect as part of their induction. During the inspection, we observed staff assisting a person to the toilet. Staff stood outside the toilet and waited until the person called the staff to assist them again. People told us they were able to make decisions on how they wished to be cared for, for example, one person told us that they would choose when they got up and when they wanted to bed. People were able to choose where they spent their time. During the inspection we saw people completing 'word search puzzles', this was how the person had chosen to spend their time and what they enjoyed doing. When people required support with personal care, they were assisted to the privacy of their own room.

People's independence was promoted by a staff team that knew them well. Staff informed us that people's well-being and dignity was very important to them, and ensuring that people were well presented was an important part of their supporting role. For example, staff informed us that some people liked to have their nails painted to enhance their appearance, staff ensured that this was always done as it was important to those people. A member of staff told us, "We [staff team] all know the residents very well and know what things are important to them, they may seem little things but they are important to that person."

The staff told us that they encouraged visitors to the home. Relative's told us that there were no restrictions on the visiting times at the home. One relative told us, "We are always made to feel welcome when visiting the staff always ensures we are comfortable."

Is the service responsive?

Our findings

At this inspection, we found the service was responsive, the rating continues to be Good.

People's care and support needs were well understood by the staff working in the service. This was reflected in care plans and individual risk assessments. Staff told us that some documentation was being reviewed with regards to the format and that the new documentation would be implemented into people's care plans when it had been agreed by the provider. Staff encouraged choice, and control for people in relation to their individual preferences about their lives, including interests and maintaining relationships which were important to them.

Staff had carried out assessments of people's needs before they were admitted to the service. They had spoken with, where possible, everyone already involved in caring for and supporting the person, in order to learn as much about the person as they could. Staff used this information to devise the person's care plan. Care plans were reviewed and changed as staff learnt more about each person.

Each person had a care plan in place. Care plans included photographs of the person being supported with some aspects of their care so that staff could see how the person preferred their care to be delivered. These were person centred and gave detailed guidance for staff so that staff could consistently deliver the care and support the people needed, in the way each person preferred. People's strengths and levels of independence were identified and appropriate activities planned for people. The care plan was regularly updated with relevant information if people's care needs changed. This told us that the care provided by staff was current and relevant to people's needs.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would try to either deal with it or notify the manager or person in charge, to address the issue. Staff told us that no complaints had been received since our last inspection.

Staff had been trained in End of Life care; this training was supplied and delivered by a local hospice. Staff told us that this had been extremely informative training and had contributed in their knowledge. Although no one was currently on an end of life care plan staff told us that each person had completed a preferred priorities of care document which was held in each person's care records. This showed how the person wanted to be cared. For example, one person had made the decision that would not want to be cared for in a hospital setting; they would prefer to stay at Oak House.

Is the service well-led?

Our findings

The registered manager was visible within the service and we were informed that in the absence of the manager they were supported by the senior care staff that looked after the service and kept them up-to-date of all the changes and concerns. The registered manager had a very good knowledge of people living in the service and their relatives.

People benefited from a staff team that felt supported by the registered manager. Staff said this helped them to assist and help people to maintain their independence and showed that the people were being well cared for by staff who were well supported in undertaking their role. Staff had handover meetings each shift and there was a communication book in use, which staff used to communicate important information about people's wellbeing during each shift. The communication book was available to all staff on duty and acted a point of reference for staff who had been off duty. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

People and their relatives felt at ease discussing any issues with the registered manager and her staff. They informed us the service had a family feeling and this was due to the staff all working together. A relative we spoke with told us, "It is such a lovely atmosphere here, the registered manager and all the staff feel like extended family." Another relative said, "I really do think it is well managed here, and we as a family know that we can go and speak to the manager or any of the staff at any time."

The registered manager told us that their aim was to support both the person and their family to ensure they felt at home and happy living at the service. People and their relatives also told us that they were involved in the continual improvement of the service, this could be through meetings or by speaking to staff on a one to one basis.

There were a number of effective monitoring systems in place. Regular audits had taken place such as for health and safety, medication, falls, infection control and call bells. The registered manager and senior staff members carried out a monthly manager's audit where they checked care plans, management and administration of the service. The registered manager told us that documentation with regards to auditing was being revised and new documentation would be implemented once agreed by the provider. This was to ensure that the auditing of the service would be robust and drive improvement. Records we held about the service confirmed that notifications had been sent to CQC as required by the regulations.

Personal records were stored in a locked office when not in use. The manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information was kept safe.

The manager informed us that the service was continuously using past and present incidents as learning experiences for both staff and people using the service. For example, one person had fallen twice and this was un-witnessed, the registered manager and staff have now purchased a cushion that will sound an alarm

to the staff if the person was attempting to rise from their chair without assistance. This has been extremely effective and the person has not suffered any further falls.

The service was transparent, collaborative and open with all relevant external stakeholders and agencies. It worked in partnership with key organisations to support care provision, service development and joined-up care. For example, all staff worked closely with the local authority and also the community nurse team to ensure people received the care and support they need. We spoke with a visiting professional who told us, "The staff here are very caring and really know the people they support. I can say that they all work as a team and the registered manager is very approachable and knowledgeable. If I had to choose a home for my relative to live in, Oak House would be my choice."