

Cygnet (OE) Limited

Oaklands

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Oaklands is a care home providing residential and nursing care for up to 15 adults with learning disabilities or other complex needs. At the time of the inspection there were 14 people living at the home.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

The model of care and setting maximised people's choice, control and independence 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. Staff supported people to take part in activities and pursue their interests in their local area. People were supported to take their medicines safely and in line with best practice.

Staff supported people to access specialist health and social care in the community when required. The home was clean and tidy and infection control procedures were monitored. Risk assessments were in place which provided guidance and direction to staff. These were reviewed regularly and updated to ensure they accurately reflected people's needs.

Right care:

People received care which was person centred and were treated with dignity and respect. One healthcare professional said, "This is a very person-centred needs led service." Staff were trained to protect people from abuse or poor care and would have no hesitation to report any concerns.

There were enough safely recruited and skilled staff to meet people's needs and keep them safe. Staff were well supported. Staff received training to support them to care for people in the way they wished.

Right culture:

The provider was constantly improving the service to ensure staff had the values and attitudes to maximise people's lives. People and those important to them, including advocates, were involved in planning their care.

The service worked hard to instil a culture of care in which staff truly valued and promoted people's individuality and protected their rights. We received a few negative comments regarding a senior staff member which the registered manager was made aware of to address. Communication had been identified as an area to continue to work on improving but the registered manager was aware of this.

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 this service was requires improvement (published 13 January 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service and to ensure improvements had been made since our last inspection.

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.

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 changed from requires improvement to good based on the findings of this inspection.

The last inspection was prompted in part by notification of a specific incident involving the death of a person using the service. Following a review of the information submitted, no further regulatory activity was required by the CQC.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oaklands on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Oaklands

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 1 inspector and 1 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

Oaklands 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. Oaklands 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

We gave the service a short notice of the inspection. This was to help staff support people with our visit and allow photographs of the inspection team to be publicised.

What we did before the inspection

We reviewed information we had received about the service. We contacted various health and social care professionals, including the local authority commissioners and safeguarding teams, Healthwatch, the local fire service, the local area infection control team, and the medicine optimisation team. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 met every person using the service and either spoke to them directly or observed their interactions with staff. We communicated with the whole staff team, either face to face or via email. This included, the registered manager, the deputy manager, the providers positive behaviour support (PBS) lead, support staff, kitchen staff, administration staff and maintenance staff.

We spoke with 7 relatives to seek their feedback on the care and support provided to their loved ones. We spoke with an advocate working with the service. We contacted social workers, care managers, specialist nurse teams, the local authority service development manager, and the local GP.

We reviewed a range of records. This included 3 people's care records and every person's medication records. We looked at 4 staff files in relation to recruitment, support, and training. We also reviewed a variety of records relating to the management of the service, including quality assurance and policies and procedures.

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 we rated this key question requires improvement. The rating for this key question has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from abuse and avoidable harm. The service worked well with other agencies to achieve this. One family member said, "Safe and brilliant here."
- Staff had received training in awareness of safeguarding and applied their knowledge to keep people safe from harm and abuse.
- The provider had a safeguarding and a whistleblowing policy to guide staff if they needed to report any concerns in a confidential manner. Staff told us they felt able to raise concerns and would feel confident to whistle blow if they felt they needed to.

Assessing risk, safety monitoring and management

- People's safety and identified risk was professionally managed. People's individual needs had been identified in pre-admission assessments, which helped to develop risk assessments and care plans. For example, people with epilepsy had specific care plans and protocols to keep them safe.
- Robust checks were completed to identify what maintenance work was needed. Regular maintenance of the building and service visits were conducted.
- Fire safety measures were in place. This included Personal Emergency Evacuation Plans (PEEPs) which were completed for each individual and provided details about the persons support needs and how these should be met in an emergency.
- Staff signed in and out of the building as part of safety measures. We observed two staff not signing out when they left the building to take a person to an appointment. We brought this to the attention of the registered manager to address.

Staffing and recruitment

- There were enough staff to support people with their care and social needs safely. This meant people were able to pursue their interests and engage in tasks they wanted.
- Some people had been assessed as requiring one-to-one support and we observed this taking place.
- Staff were recruited safely, and relevant checks had been undertaken. The provider ensured references had been sought and Disclosure and Barring Service (DBS) checks had been undertaken. DBS checks help employers make safer recruitment decisions.

Using medicines safely

- There were systems in place to ensure that people's medicines were administered safely. There were a small number of recording issues on medicine administration records which were addressed immediately.
- The home ensured people's behaviour was not controlled by excessive and inappropriate use of

medicines. One health care professional said, "Oakland's have managed clients without the need of sedatives which is a significant factor."

- People were supported by staff to ensure their medication was reviewed regularly. Clear protocols were in place to guide staff on when and how to administer medicines, for example, epilepsy rescue medicines.
- People left the service to visit their families. When they did, records were in place to sign over medicines which would be needed during the visit. At feedback we suggested an improvement to paperwork to enhance this process, which the registered manager said they would put in place.

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 was taking place in line with government guidance.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. This included reflective practice to minimise future incidents, which had been successful and provided positive outcomes for people.
- Staff managed incidents affecting people's safety well. Managers investigated incidents and shared lessons learned. We received one report from staff which indicated two incidents had not been reported. The registered manager investigated this and confirmed they had been reported.
- There had been significant progress since the last inspection. The registered manager told us how systems and processes were continually being evaluated to ensure improvements were made and maintained.

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 requires improvement. The rating for this key question has changed to 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 made detailed and comprehensive assessments of people's needs. These assessments also reflected people's choices and wishes.
- People's care and support records detailed their needs and choices in connection with, for example, mobility, nutrition, and support in times of distress. One staff member said, "Our support plans are very detailed and give staff all the guidance they need to help people the way they want and that works for them."
- Staff understood the importance of promoting choice when delivering care. One staff member said, "It's so important that we don't impose our choices. The people living here are just like us and deserve our respect in what they choose and want to do."
- Relatives told us their loved ones were supported by staff who understood their needs well. A relative said, "His non-verbal communication is better, and staff can understand him."

Staff support: induction, training, skills and experience

- Staff felt supported with regular one to one support, staff meetings, reflective practice sessions and clinical support for nursing staff. We did receive a very small number of negative comments regarding support and shared this with the registered manager to address.
- New staff received an induction which included training and shadowing experienced staff.
- Staff received mandatory training and training specific to the needs of people. This included, epilepsy, positive behavioural support and first aid. Training completion rates were good, and staff said they received enough training to undertake their roles effectively. One staff member said, "Training is good. We have all the training we need to support service users well, and if something is missing, we can ask for it."
- Relatives said staff were well trained. One relative said, "Staff have learnt to divert (person) or ride with it so that it dies down quickly. They calm (person) down and talk (person) through it."

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

- People were supported to eat and drink enough to maintain a healthy balanced diet. Information relating to people's eating and drinking requirements was clearly recorded in their care and support records.
- Where people needed additional supervising to ensure they ate and drunk enough, this was fully monitored, and any concerns were shared with relevant healthcare professionals.
- People's full dietary information was not evident in the kitchen when we visited. The registered manager confirmed it had been there and was going to ensure all kitchen staff knew of its whereabouts at all times. One relative said, "The chef and kitchen staff look after (person) well. They encourage (person) to eat, help

them, and help to gain some independence."

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

- Staff worked alongside other health and social care professionals to ensure people's needs were met in a timely way.
- Staff supported people to live healthier lives. Staff supported people to attend appointments in the local community, such as reviews with the GP and check-ups at the dentist. One relative said, "Staff deal with it (health issues) promptly, gets attention and hospital care if necessary. Very satisfied here."

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

- The service was adapted and decorated to meet people's needs. The provider had made improvements to the decoration of the home and the environment was more homely throughout.
- People's bedrooms were clean, well maintained and personalised to each person's individual needs. They contained décor and furnishings which reflected people's interests and preferences.
- People had access to a secure and spacious outside area. They also had access to quieter areas of the home to allow them space to relax.
- Various communication aids were used throughout the home, including buttons on rooms, that when pressed, described the room people were entering.

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.

- The service was working within the principles of the MCA.
- There was a good level of understanding from the registered manager regarding the application of DoLS.
- Staff understood the principles of capacity and consent and we saw staff encouraged and supported people to make choices.

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 requires improvement. The rating for this key question has changed to 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; 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

- People were positive about the service. One person told us they liked living at Oaklands and said, "I like living here, don't want to go anywhere else thank you."
- Relatives praised the environment and culture of the service, which they believed focused on the wellbeing and development needs of their loved ones. Relative comments included, "[Person] has quick and unpredictable behaviour. Greatly loved and respected by all staff. Developed strong bond with his carer"; "Quality of place and management is good"; "Would recommend them completely" and "Atmosphere is caring and positive. It is appropriate to what (person) wants to do within reason. Give them 10/10 for (persons) care."
- The registered manager promoted a culture based around supporting people's needs while developing skills and providing a good quality of life. One relative said, "Staff did cooking sessions and laundry sessions with [person]. Good to see it."
- The registered manager ensured staff were suitably trained and focused on delivering care and support that ensured good outcomes for people. One relative said about their loved one's medicine changes. "Maintenance dose came with risk, and it was done very carefully to get [person] off this. [Person] has better moods and more clarity in their life now."
- The registered manager understood their responsibility regarding the duty of candour, and the need to be open and transparent when things went wrong, including offering an apology.

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

- All management and staff were clear about their roles and responsibilities and felt supported. The management team conducted competency checks on staff practice. This provided an opportunity to address any training requirements. One staff member said, "I feel very supported by the nurses in charge and both [registered manager and deputy manager] are very supportive and have an open-door policy. Oakland's has a lovely atmosphere which makes it a warm and friendly place to work." Another staff member said, "There is a lot of encouragement from the manager. The level of professionalism, flexibility and kindness of the manager is still one of the reasons that many staff have not resigned from the Oaklands." We received a very small number of negative comments about one senior member of staff. This was discussed with the registered manager to address.
- One healthcare professional said, "The leadership at Oaklands is very much part of the Oaklands family."

They are central to the daily operation, and this is evident in how well they know the individuals, how supportive they are of the direct care staff and how engaged they are in providing an excellent, person-centred service."

- The registered manager had submitted statutory notifications to the CQC for notifiable events at the service in a timely way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Professional meetings were held to review and plan people's care and support. These meetings were made up of not only professionals, but families and advocates.
- Staff were engaged and involved in the service via various meetings to seek their feedback and share experiences. One staff member said, "[Deputy manager] organised cultural breakfasts for staff. We did a Nigerian breakfast, Turkish and English breakfast. This was great idea and brought the team together." We received a small number of comments regarding poor communication at times. We brought this to the attention of the registered manager to deal with.
- People were encouraged to be involved where they could. Meetings took place to promote this.
- Relatives told us that management were receptive to their opinions and acted upon these. One relative said, "We go to care meetings with staff and provide feedback. No complaints here. Can always get through on the phone." Another relative said, "I have a feedback survey posted to me. Cannot suggest any improvements at the moment."

Working in partnership with others

- Staff had positive working relationships with a range of internal and external health and social care professionals, including GP's, social workers, and specialist learning disability teams. One external healthcare professional said, "Works hard to empower the people they support to reach their full potential" and "I feel privileged to support the team at Oaklands."