

Mrs Ann Gibbins & Dr Edward De Saram

Oakwood Bungalows

Inspection report

Devon Court
109 Devon Drive
Brimington
Chesterfield
Derbyshire
S43 1DX
Tel: 01246476222
Website: www.example.com

Date of inspection visit: 22 May 2015
Date of publication: 24/08/2015

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 

Overall summary

Oakwood Bungalows provides accommodation for people who require nursing and personal care. It is also registered to provide treatment for disease, disorder or injury and diagnostic and screening services. It provides accommodation for up to 11 people. There were 11 people using the service at the time of our inspection.

Our last inspection of 14 and 16 May 2014 found the provider was not meeting four regulations. These were in

relation to the care and welfare of people who use services, staff recruitment, the management of complaints and the security of records. At this inspection we found all of the actions we required had been met.

Medicine administration systems were safe. The manager promptly addressed two medicines issues we found during the inspection.

Summary of findings

People using the service were protected from the risk of abuse because the provider had provided guidance to staff to help minimise any risks. Risk assessments and care plans were in place to ensure staff followed guidance on how to keep themselves and people safe.

People were supported according to their identified needs. Care plans and risk assessments were in place and risks were well managed.

There were enough appropriately trained staff available at the service to meet individual needs and they were recruited safely.

People told us the care staff were caring and kind and that their privacy and dignity was maintained when personal care was provided. They were involved in the planning of their care and support.

People told us they enjoyed their food and we saw they were assisted to eat in a sensitive manner.

Consent to care and support had been sought and staff acted in accordance with people's wishes and in line with the Mental Capacity Act 2005. People were able to take part in hobbies and interests of their choice.

Systems to monitor the quality of the service were effective. Identified issues were resolved in a timely manner and feedback was obtained from people using the service and staff. Complaints were well managed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was **safe**.

Medication were administered and stored safely.

People were safeguarded from abuse because staff knew what action to take if they suspected abuse was occurring.

Recruitment procedures ensured suitable people were employed and there were sufficient staff to meet people's needs.

Good



Is the service effective?

The service was **effective**.

People's health needs were addressed. People received the support they required in relation to eating and drinking. Staff had completed sufficient relevant training.

Consent to care and support had been sought and staff acted in accordance with people's wishes. Principles of the Mental Capacity Act 2005 were known and understood

Good



Is the service caring?

The service was **caring**.

People were treated with kindness and compassion. Staff were aware of people's choices, likes and dislikes and this enabled people to be involved in their care and support.

Good



Is the service responsive?

The service was **responsive**.

Concerns and complaints were well managed. People were encouraged to express their views and were supported to participate in hobbies and interests they enjoyed.

Good



Is the service well-led?

The service was **well-led**.

Systems in place to monitor the quality of the service were effective. The manager was registered with the Care Quality Commission, as legally required. There was an open culture at the service and staff told us they would not hesitate to raise any concerns. Staff were clear about their roles and responsibilities.

Good



Oakwood Bungalows

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 22 May 2015 and was unannounced. It was undertaken by two inspectors.

Before the inspection, 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. We also looked at all of the key information we held about the service, this included notifications. Notifications are changes, events or incidents that providers must tell us about.

There were eleven people using the service at the time of our inspection. We spoke with three people using the service, four staff including nurses, care staff and catering staff plus the registered manager. We spoke with two external health and social care professionals. We observed the care and support provided to people in both communal areas of the service.

We looked at three people's care records. We looked at a range of other records relating to the care people received. This included some of the provider's checks on the quality and safety of people's care. We also looked at three staff recruitment and training records and medicines administration records.

Is the service safe?

Our findings

At our last inspection in May 2014, we found care records were not up to date. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found this had improved. We looked at a range of risk assessments and saw they were reviewed regularly and updated to reflect changes in the person's care needs. The fire and evacuation procedures had also been discussed using accessible formats and were signed by the person. Episodes of behaviour that challenged had been assessed and reviewed. Full details of these assessments were within care records. Nutritional risk assessments had also been undertaken, were up to date and people were weighed monthly.

At our last inspection in May 2014, we found the provider did not have comprehensive systems in place to ensure suitable staff were recruited. This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found this had improved. The provider now had satisfactory recruitment procedures in place. All pre-employment checks, including references and Disclosure and Barring Service (DBS) checks were obtained before staff commenced working in the service. People were cared for by staff that had been robustly recruited to ensure they were suitable for the role.

People we spoke with confirmed they felt safe when being assisted with personal care and that staff were kind. One person said "I feel safe here." Our observations confirmed that people were assisted safely, for example when being encouraged to participate in hobbies and when being assisted to move. There were clear procedures in place, which staff understood to follow in the event of them either witnessing or suspecting the abuse of any person using the service. Staff also told us they received training for this and had access to the provider's policies and procedures for further guidance. Records confirmed training was up to date. They were able to describe what to do in the event of any incident occurring and knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority.

We saw there were up to date risk assessments for falls and that appropriate advice was sought from external professionals where people had mobility problems.

We received information in March 2015 that suggested there were insufficient staff available when people were out in the local community. We discussed this with the manager and she told us that any person who required one to one support received this when out and that the availability of staff was based on their risk assessments. She told us that if people did not require one to one support, one member of staff would be available for up to three people. They told us this was sufficient for people's identified needs. We saw there were sufficient staff to assist people to go out safely during our inspection.

People told us there were enough staff to meet their needs. We saw people were assisted in a timely manner when they requested support. We looked at rotas for May 2015 and saw the number of staff on duty consistently confirmed the daily numbers we saw during our inspection. Staff also told us staffing numbers were adequate to meet people's needs. Staffing levels were altered to cover outings and trips and also people's healthcare appointments. We saw people were supported safely to use community facilities during our inspection.

People received their medicines when they needed them. One person told us "I get my tablets three times a day" and records we saw confirmed this was correct. Records were kept of medicines received into the home and when they were administered to people. The medication administration record (MAR) charts we looked at were completed accurately and any reasons for people not having their medicines were recorded. However, we found one medicine (insulin) for one person had different information on the MAR chart to the information contained in their care plan on how much was to be administered. There was no clear direction from the prescriber on how the dose was to be calculated. This meant there was the potential for errors. This was brought to the attention of the manager who agreed to clarify the dosage calculation procedures with the prescribing doctor during our inspection visit.

We observed the administration of medicines at lunchtime. We saw people received their medication at the times prescribed.

Is the service safe?

Medicines were stored in secure facilities and at correct temperatures, ensuring they were safe to use. However we found two bottles of medication which had been opened and staff had not written the date of opening on the label. We also found one person's inhaler was in use, but its

expiry date was in December 2014. This had the potential for the medicines to be unsafe to use. We brought this to the attention of the nurse who agreed to ensure that the service disposed of any potentially unsafe medicines.

Is the service effective?

Our findings

People told us they liked the staff and thought they did a good job. One person told us “The staff are brilliant.”

People were supported by staff who were knowledgeable about their individual needs. Staff we spoke with told us they had access to information and training to understand the needs of people using the service. One staff member described the access to training as good and said they had received training in how to manage behaviour that challenges. We saw training records showed most staff were up to date with health and safety training and that they also undertook training in areas relevant to people using the service, such as diabetes and epilepsy. However, we found there had been no specific training to guide staff on how to manage a change in one person’s mobility needs. We brought this to the attention of the manager who agreed to look into sourcing specific training.

Staff told us they had supervision regularly, which enabled them to receive appropriate guidance. They told us they received good support from the manager. One said “It’s lovely here” and another said “It’s good care.” The records we saw showed that supervision sessions covered staff performance, policies and procedures and an action plan was developed to assist staff to progress.

Mental capacity assessments were completed for each person receiving care, to meet with the requirement of the Mental Capacity Act 2005 (MCA). The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. Senior staff we spoke with understood the basic principles of the MCA. Staff had undertaken assessments of people’s capacity in relation to specific decisions such as finance and medicines. We saw external professionals had been involved in assessing people who did not have capacity to make decisions to ensure any decisions made were in their best interests.

Staff demonstrated an awareness of the Deprivation of Liberty Safeguards (DoLS). This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. Staff had recognised when people may have been deprived of their liberty and had followed the

appropriate procedures to ensure this was lawful. Applications had been made for seven people and six people had been assessed as requiring a DoLS authorisation at the time of our inspection.

People were supported to make choices and asked for their consent whenever they were able. We saw staff asking for people’s consent to care or support throughout our inspection. For example, they were asked if they wished to participate in activities and how they wanted to spend their day. We saw that records relating to consent were signed, dated and their purpose was clear.

We asked people about the food and drink available at the home. One person told us, “I get enough food. I like the food” and another person said the food was “really nice.” We observed the lunchtime meal and saw people enjoyed their food.

People were supported to maintain good nutrition. We saw that staff offered people a choice of drinks with their meal and staff gave them the assistance and support they needed to eat. We saw there was a choice on the menu and that people were offered alternatives if they did not like the menu choices. We looked at available food stocks and saw they were plentiful and nutritious. We saw drinks were readily available when required.

Staff had an understanding of people’s nutritional needs and specialist diets. They were able to describe the requirements of a specific diet and we saw specialist food items were available to meet this dietary requirement, as detailed in their nutritional assessment. Records were kept about individual’s food preferences and dietary requirements and also what food each person had chosen to eat. People were weighed on a monthly basis and fluctuations in weight monitored. We saw eight staff had undertaken training in nutrition in 2014.

People told us they saw a doctor or nurse when required. Care plans were regularly reviewed and detailed any support provided from external health care professionals. We saw there was up to date information about people’s current needs available that they could take to any external health appointments. A health professional told us the staff approach to the person they were involved with was “fantastic” and that their advice was acted on. They said the person’s behaviours were managed well and that staff knew how to respond and encourage them. This meant people received the right support to maintain good health.

Is the service effective?

However, a social care professional told us that they were not always kept informed of important incidents about the person they were involved with. They told us they had to

ask for updates to ensure they were kept informed. They also told us the relatives of the person they were involved with were satisfied with the care their family member received.

Is the service caring?

Our findings

People were pleased with their care and support and the way staff treated them. One person told us “I like living here. It’s alright” and another said “I get on with my key worker.” People were encouraged to maintain relationships with their families. One person told us they visited their family and said “I enjoy going on the train.”

Staff interactions were caring. There was a homely, cheerful atmosphere and people and staff had meaningful conversations. For example, we saw people discussing a planned holiday with staff. Staff offered people support and advice where necessary and joined in with general conversation with interest and humour. Staff on duty were heard and observed to communicate with people effectively. We saw warm relationships and engagement between people using the service and staff. People were listened to and had positive responses from staff. We also saw people had positive relationships with each other and were encouraged in friendships. We saw a written compliment from an external professional describing staff as polite, compassionate and with good listening skills.

We saw privacy and dignity was respected. People had keys to their rooms if they wished. One person we spoke with kept their room locked and told us staff knocked before entering their room. We observed privacy and dignity being respected when people were receiving care and support during our visit.

We saw choices were offered in people’s daily routines. Staff were able to describe how they offered choices to people, for example, regarding clothes to wear, what to take on holiday and what hobbies and events were on

offer. One staff member described how people had the choice of two activities each morning and a different two each afternoon. People were also able to choose other options such as going shopping if they preferred.

We saw people were called away from the dining table to fetch their medicines from the treatment room at lunchtime. Their meals were therefore going cold whilst they were queueing for their medicine and we saw people were moving from the table whilst still chewing food. We discussed this with the nurse administering the medicine who told us this was usual practice at lunchtime only but could give no clear reason why this practice was introduced.

We found people were involved in planning their care and in reviews of their care. One person told us they had a copy of their care plan. They said “I have a copy of my care plan in large print. If there are any changes and they go through it. I can ask any questions.” The plans of care had been discussed with and signed by the person they related to. We saw where necessary, people had an advocate to assist them in representing their views.

The care records we looked contained a full and detailed personal profile, including information about the person’s past history, both social and medical. It included the person’s preferences, likes and dislikes and contained guidance about how this person liked to communicate. Care plans relating to all aspects of daily living had been developed. These plans of care had been updated and reviewed regularly. We saw there was clear information available for staff about how the person may react if they were unhappy, sad, angry or happy. Individualised guidance was available for staff on how to manage the person’s mood and how to prevent situations from worsening. This ensured people were cared for safely and in accordance with their preferences.

Is the service responsive?

Our findings

At our last inspection in May 2014, we found the provider did not have a satisfactory procedure for the management of complaints and whistle blowing. Information relating to these had been stored insecurely. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found this had improved and records were stored in a secure manner.

People confirmed they knew how to make a complaint. One person told us “I would write it down for the manager.” They also said when they had made complaints they had been resolved satisfactorily.

We saw the complaints procedure was provided in a pictorial format to make it easy for people to understand. The care records we looked at showed the complaints procedure had been discussed with the person and they had signed it, indicating that they understood. We looked at complaints records and saw these were comprehensive and gave a full response to the complainant.

People received a service that responded to their individual needs. People were supported to participate in hobbies

and interests they enjoyed, for example we saw people having their nails varnished and others went out for a walk to a nearby park. One person told us “I like sitting on my bed. I am going out this afternoon. My key worker takes me out on the bus to town.” Another told us they attended a place of worship by themselves. They said “I enjoy the independence of going by myself.” They also told us “I love it here, I have my own freedom.”

Four people were planning a holiday abroad. They told us they had been to a flight simulator centre to experience what an aeroplane flight was like. This had helped them feel more confident about flying. The provider had organised a flight simulator experience to assess the risks for one person during the airport and flying experience. A detailed assessment of how this person had reacted to the experience was available in the care records.

The care records we looked at were focussed upon people’s individual needs and contained detailed and important information to assist staff in providing care and support to people in the way they wished. We saw that positive changes had been made to some care plans or aspects of care through these discussions with people. Individual care plans and planned actions were in place and contained specific directions for staff on how to support the person.

Is the service well-led?

Our findings

At our last inspection in May 2014, we found that records were not up to date and some containing personal information were not stored securely. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found this had improved. We saw records were stored securely and they were up to date and reviewed regularly.

People we spoke with told us they liked the staff and manager and were able to talk to them. One person said “I would talk to my nurse or key worker” if they wanted to raise an issue or make a suggestion. We saw that people received appropriate and friendly responses if they raised queries with staff and the manager.

The manager told us they had links with other community groups in the area such as places of worship and community centres. They also maintained professional contacts with relevant agencies such as the local authority, specialist health services and local medical centres. They told us they operated an open door policy for people and welcomed people’s views and opinions. We saw people were able to approach the manager easily and that they received a courteous response. They told us their values included encouraging independence and supporting people to live the life they wanted. For example, they had supported people to arrange a holiday abroad. To ensure staff understood diverse needs, the majority of staff had undertaken equality and diversity training in the last 18 months. There was a senior management team in place to support the manager, including senior care staff and qualified nurses. The manager described the support they received from the provider as good and told us “There’s a lot of support there.”

We saw the staff team were well organised and everyone was going about their duties efficiently and were clear about what was expected of them. Some staff had specific roles, for example one nurse undertook responsibility for supervising support staff.

The manager was registered with the Care Quality Commission and the provider notified the Care Quality Commission of important events and incidents affecting the service, as legally required.

Records showed that staff supervision took place and gave staff the opportunity to review their understanding of their job role and responsibilities to ensure they were adequately supporting people who used the service. Staff told us this was useful and they were positive about their job role. This ensured people received an effective service from a dedicated staff team.

The provider had systems in place to monitor and improve the service provided. Management staff completed checks to ensure care staff provided care to expected standards. We saw there were regular audits of key areas such as medication, care records and staff records. These identified key issues and we saw any actions required had been undertaken. For example, where there was missing information from a care record, the relevant staff member had signed the document to confirm the record had been amended. The provider had a development plan using an external management tool. This showed us how the service intended to improve staff supervision, training and recruitment.

We saw people using the service were asked their opinions through surveys and discussions with staff. The most recent survey in October 2014 showed people were mostly satisfied with the service they received. The survey showed 80% of people described the service as “great” or “excellent.” Regular meetings for people using the service and staff took place where views could be freely aired. The most recent meeting had been in May 2015 and the record showed emergency fire procedures, events and interests had been discussed.