Primos Care Limited

Oaklands Care Home

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 11 and 12 October 2018 and was unannounced.

Oaklands Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates 14 people in one adapted building. At the time of our inspection there were six people using the service.

Oaklands Care Home was previously owned and ran by Oaklands Care Home Limited. The last inspection of the service under this provider was carried out on 16 October 2017. The final rating following the inspection was 'Requires Improvement'. Breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified in relation to failings in identifying and managing risks to people's welfare and safety. People's care was not person centred and staff failed to treat people with dignity and respect. Staff had not received the right level of training to recognise where people's health had deteriorated and did not always demonstrate they knew how to provide the right care. The requirements of the Mental Capacity Act 2005 (MCA) where not being followed where people lacked capacity to make decisions. We also found that improvements were needed in relation to the recruitment of staff to ensure they were safe to work with people in a social care setting. The governance and quality assurance systems were not effective and had not identified failings in the service.

This was the first inspection of Oaklands Care Home under the new provider Primos Care Limited and we found significant improvements had been made. A new manager was in post and had registered with the Care Quality Commission (CQC) to manage the service. A registered manager like registered providers, 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.

People were protected from risk of harm and staff had a good understanding of processes to keep people safe and how to report concerns. Safeguarding incidents were managed well. Peoples' medicines were being managed safely. There were sufficient numbers of staff available to meet people's needs. A thorough recruitment and selection process was in place, which ensured staff recruited had the right skills and experience, and were suitable to work with people who used the service.

Staff had access to the training they needed that gave them skills and knowledge to carry out their roles. Staff knew the needs of the people they supported well. They showed concern for people in a caring way and respond to their needs quickly, however, there were missed opportunities where staff could have spent meaningful time with people to provide stimulation and promote their wellbeing.

People were supported to eat and drink enough to maintain a balanced diet. People were supported to live healthier lives and had good access to healthcare services, where required. People and their relatives were complimentary about the attitude and capability of the staff. Staff had developed good relationships with

people using the service. Staff treated people with kindness, promoted their independence and respected their privacy and dignity.

People were supported to express their views and be actively involved in making decisions about their care. Consent to care and treatment was being managed and sought in line with legislation and guidance. Staff understood the need to obtain consent from people before providing care and support. Further work was needed to ensure the provider was meeting the requirements of the Accessible Information Standards. This set of standards sets out the specific, approach for providers of health and social care to identify, record, share and meet the communication needs of people with a disability, impairment or sensory loss.

Systems were in place to ensure people's concerns and complaints were listened and responded to. No one currently using the service was receiving end of their life care, however feedback from people's relatives in thank you cards and discussions with staff confirmed people were supported to have a comfortable, dignified and pain-free death.

Systems were in place to ensure performance, risks and regulatory requirements were understood and managed. The registered manager and staff had a clear understanding of what was needed to ensure the service continued to develop, and ensure people received high-quality care. There had been significant improvements made to the premises, to ensure it was safe. These changes are ongoing, with planned maintenance, redecoration and landscaping the gardens. The improvements made showed that there had been a willingness by the provider, the registered manager and staff to work in partnership with other agencies to improve the service.

Feedback in surveys and resident and relatives meetings showed people, their relatives and staff were positive about the change of provider and the appointment of the new registered manager. They felt the service was moving in the right direction, and staff morale had improved. Staff felt supported by the manager and felt there was good leadership in the service. Staff were clear about the provider's philosophy of care and how this linked to the vision and values of the service in relation to providing compassionate care, with dignity and respect.

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

People were protected from risk of harm and staff had a good understanding of processes to keep people safe and how to report concerns. Safeguarding matters were managed well.

Staff understood risks to people, and measures were in place to keep people safe, in the least restrictive way.

There were sufficient numbers of staff available to meet people's needs.

Peoples' medicines were being managed safely.

Is the service effective?

Good

Staff had access to the training they needed that gave them skills and knowledge to carry out their roles.

People were supported to eat and drink enough to maintain a balanced diet. People were supported to live healthier lives, received ongoing healthcare and had good access to healthcare professionals, where required.

There have been significant and ongoing improvements to the adaptation, design and decoration of the premises.

Consent to care and treatment was being managed and sought in line with legislation and guidance. Staff understood the need to obtain consent from people before providing care and support.

Is the service caring?

Good

People were treated with kindness, and respect by staff. Staff showed concern for people's well-being in a caring way and responded to their needs quickly, however, there were missed opportunities to spend meaningful time with people, on an individual basis to provide stimulation.

People were supported to express their views and be actively involved in making decisions about their care, and treatment, where required.

People's privacy, dignity and independence respected and promoted.

Is the service responsive?

Good

People received personalised care that was responsive to their needs.

Systems were in place to ensure people's concerns and complaints were listened and responded to.

Processes were in place to ensure people were supported to have a comfortable, dignified and pain-free death.

Is the service well-led?

Good

The registered manager and staff had a clear understanding of what needs to happen to ensure the service continues to develop, and ensure high-quality care is provided to the people using the service.

Systems were in place to ensure performance, risks and regulatory requirements are understood and managed.

People who use the service, their relatives and staff were involved in making decisions about the service.

Improvements made by the new provider and registered manager demonstrates there has been a willingness to work in partnership with other agencies to improve the service.

Oaklands Care Home

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 11 and 12 October 2018 and was unannounced. On the first day of the inspection the 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 care service, on this occasion their expertise was in dementia care. The second day of the inspection was completed by one inspector.

Before the inspection we reviewed information available to us about this service. This included information from the local authority, Quality Improvement Team (QIT). They provided information about concerns they had identified at their visit to the service in May 2018, and the improvements made at subsequent visits in August and September 2018.

The registered provider had completed a Provider Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help inform our inspection. We also reviewed previous inspection reports and the details of complaints, safeguarding events and statutory notifications sent by the provider. A notification is information about important events which the provider is required to tell us by law, like a death or a serious injury.

We spoke with four people who were able to express their views, but not everyone chose to or were able to communicate with us. Therefore, we used the Short Observational Framework for Inspection (SOFI) which is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four staff, an activities co-ordinator, the cook, housekeeper and the registered manager. We also spoke with a nurse practitioner visiting on the first day of the inspection.

We looked at two people's care records, recruitment records for two staff and reviewed records relating to the management of medicines, complaints, staff training, feedback in peoples, relatives and staff surveys, maintenance of the premises and equipment and how the registered persons monitored the quality of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person commented, "I do like living here." Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information. These provided clear guidance to people, visitors and staff on how to report concerns within and outside the organisation. Staff told us they had received updated safeguarding training and were aware of different forms of abuse and their responsibility to report concerns, record safety incidents and near misses. They demonstrated a good awareness of procedures to follow and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority where safeguarding concerns had been raised therefore such incidents had been managed well.

Systems were in place for anticipating and managing risks to people using the service. Each person's individual needs and requirements were reflected in their care plans. Individual risks to people, such as falls, incontinence, dehydration or developing pressure wounds had been assessed and management plans were in place to minimise the risk of harm. These provided guidance to staff to help people stay safe, including regular monitoring, repositioning and application of creams. Staff were observed supporting people who needed equipment, such as a hoist to move. They supported people safely, and carried out the task with sensitivity, not rushing the person and ensuring their dignity was maintained.

Since Primos Care Ltd purchased Oaklands Care Home in February 2018 they have made significant improvements to ensure the safety of people living and working in the service. A new fire alarm system had been installed and fire doors had been replaced. A fire 'Grab bag' (an emergency kit containing items such as emergency blankets, first aid kit etc) had been purchased and an evacuation plan implemented. Additionally, each person had had a Personal Emergency Evacuation Plan (PEEP) completed which identified the support they needed to safely evacuate the building. Window restrictors had been fitted to all windows to prevent people falling from windows and to keep the premises secure. New adjustable height beds had been purchased. Existing beds had been serviced and where needed new bumpers had been brought, as previously there were none in place. New slings and hoists had been purchased and were regular checked to ensure they were in good working order and safe to use. Each person had their own sling and there were spare slings in case of emergencies. Records showed that the hoisting equipment was regularly serviced and Portable Appliance Testing (PAT) had been carried out to ensure that electrical equipment was in safe working order. A business contingency plan was in place detailing who to contact in an emergency such as a lift breakdown, gas supply failure or if people needed to be evacuated where they should be relocated to. Staff knew who to contact if such an emergency arose. Maintenance records showed fire alarms were regularly checked to ensure they were in good working order and the gas safety certificate was up to date. Water taps were fitted with thermostatic mixing valves and the temperature of the hot water was regularly checked to ensure that it was within a safe range for people to use.

The registered manager told us they used a dependency tool to assess the number of staff needed to meet the needs of people using the service. They told us as it was a small home, they always worked above what was needed, with a minimum of three care staff on duty, during the day, and two care staff at night, as there

was currently only six people in residence. This was because if two staff were assisting a person in their room a third member of staff was needed to be on the floor in case others needed assistance. The registered manager informed us staffing levels were kept under review and other factors were considered when determining staffing levels. For example, they used a falls analysis to see if there were times of the day when people may need extra support. They told us and records showed currently, there was low falls rate, however, should this increase additional staff would be provided. The registered manager also told us when the service was at full capacity of 14, staffing numbers would be reviewed against the needs of people at that time. We saw there was enough staff available to meet people's needs. People told us staff responded promptly when they used the call bell for assistance. For example, one person told us, "Oh, yes they [staff] do come quickly if I ring my bell." Another person commented, "If I call to go to the toilet they [staff] do come quickly." Staff were visible in communal areas or nearby and if people needed assistance staff responded promptly. For example, where people at risk of falls got up from their armchair, staff were quick to ensure they were safe, by aiding, and asking, "Can I help you."

Documents seen in two staff files confirmed a thorough recruitment and selection process was in place. The provider had undertaken Disclosure and Barring Service (DBS) checks on all staff before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. Processes were in place to manage staff performance and appropriate action was taken where staff were not meeting the required standards, including supervision, training and support.

Peoples medicines were ordered, stored, administered and disposed of safely and in accordance with relevant professional guidance. Medicines were stored in a locked trolley and where required in a fridge in the medicines storage room. Log books for monitoring the daily temperature of the fridge and medicines room were being kept. During the summer months, with extreme temperatures the medicines room had been difficult to keep at the right temperature, and the new provider was in the process of having an air conditioning unit installed. Records showed the recommended temperatures were being maintained to ensure medicines remained effective. Random sampling of people's routine medicines, against their records confirmed they were receiving their medicines as prescribed by their GP. Profiles were in place for each person describing their preferred method of how they wanted to take their medicines, for example, tablets to be placed in persons mouth, one at a time as they are at risk of choking and taken with a glass of water. Body maps were used to indicate the site where creams and ointments were to be applied. The records showed that staff alternated the site of pain patches and recorded appropriately the date when these were applied and removed. Where medicines were prescribed on an as needed basis, clear protocols were in place to guide staff when these should be administered.

People's rooms were clean and tidy, clean towels had been laid out, and all beds were made neatly. One person told us, "I love my room, it is always very tidy." We also saw signs around the premises reminding staff to wash their hands and observed staff following these appropriately. Staff confirmed they had received infection control training and we observed staff using personal protective equipment at all times when this was needed. Colour coded equipment, such as mops, were being used appropriately to ensure the risk of cross infection was minimised.

Good

Is the service effective?

Our findings

Staff told us and records confirmed that a range of training was provided to ensure they had the necessary skills and knowledge to carry out their roles and meet people's specific needs. Training included, but was not limited to moving and handling, fire safety, health and safety, food hygiene, infection control and safeguarding. Staff who administered medicines had completed face to face and online medication training. Staff also told us they had received additional training to meet the specific needs of people, such as diabetes. One member of staff told us, "The training we have had has been intense, it's a mixture of classroom style and eLearning. It's been really good, the best training I've done, and I have learnt a lot. Whatever training we want, is provided. For example, I wanted to do end of life and dementia training. Dispelling the myths of death and dying and virtual dementia training has been arranged, in the next few weeks." This was confirmed in discussion with the registered manager who told us, they had sourced dementia training courses, along with a Virtual Dementia Experience and GERT suit training. The GERontologic Test suit (GERT) is a suit staff can put on that enable them to experience and better understand the impact of old age.

The registered manager told us, all new staff were expected to complete an induction, when joining the service. Additionally, new and existing staff that had not to date completed a minimum of Level 2, National Vocational Qualification (NVQ) in health and social care were expected to complete the Care Certificate. The Care Certificate was developed jointly by the Skills for Care, Health Education England and Skills for Health. It applies across health and social care and sets a minimum standard that should be covered as part of induction training of new care workers. The registered manager told us an independent assessor visits the service to support staff through the Care Certificate, and test their learning.

People were supported to eat and drink and maintain a balanced diet. People told us, "The food is very good here," and "I like the food here." Other comments included, "Good cook, good food, and food is very good." Staff were aware of people's dietary needs and the support they needed to eat their meal. This was observed during the inspection and confirmed in conversation with people. One person told us, "I like my food cut up because of my eye sight and they [staff] will always do it."

Mealtimes were a positive, and sociable experience for people with a good ratio of staff present to ensure they received the support they needed to eat their meal. People, chose where to have their meal. Those who sat in the dining room were observed engaged in conversation with each other. Where people preferred to remain in the lounge area staff were attentive to their needs. For example, a member of staff saw that one person was having difficulty eating their meal due to the position of the table. The person had originally asked for the table to be left at their side, but was clearly finding it difficult. The member of staff asked them if they could move the table to the front. The person agreed, and the staff helped them to reposition themselves so that they were better able to reach their meal. People told us they enjoyed their meal, and we saw that plates were clear, with no left overs. Although, there was a set menu, other options were available. We saw staff describing and showing alternatives to help people make a choice about what they wanted to eat. The cook told us, "I have a free hand with the menu, this can change according to what people want on the day. I find people will only eat what they want to, and if I pick up they do not like it then I cook something

else. I always use fresh vegetables and make homemade cakes. There is always a roast on a Sunday and sometimes a mid-week roast."

Staff confirmed people were able to choose what they wanted to eat. One member of staff commented, "There is one meal cooked but if people don't like it, the cook will do something else for them, but we do get to know people's likes and dislikes." Another member of staff told us, "People really enjoy chips from the chip shop, so we often have them in the week." Fresh fruit and a basket of snacks were available in the lounge area for people to access when they wanted. We saw a person help themselves to a packet of crisps mid-morning. Additionally, tea and coffee, cold drinks and biscuits, were offered throughout the day.

People told us they were supported to maintain their health. Staff told us they worked closely with the surgery and the nurse practitioner. We spoke with the nurse practitioner who confirmed this, stating, "I come in here once a week to see anyone who needs me. If there are any problems the staff are prompt at calling me, and I will come in." Staff were good at identifying changes in people's health. For example, one person had complained to staff their mouth was sore. As the nurse practitioner was at the service staff asked them to see the person. Following investigation they identified the person had an infection and immediately prescribed antibiotics. We saw that advice from health professionals was clearly documented and followed by staff. For example, where a person had been identified at risk of choking a referral had been made to the Speech and Language Therapist (SALT). Staff were aware of and were following the SALT team guidance ensuring the person had a pureed / soft diet and thickened drinks to keep them safe from the risk of choking.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People's care plans clearly documented how decisions about their care or support were made where they lacked capacity. For example, where a person had been assessed as needing support with eating, drinking, their personal care and taking their medicines, appropriate MCA assessments had been completed. These agreed it was in the person's best interests to receive support from staff to take their medicines safely, ensure they were clean and had adequate food and fluids to stay healthy. Where specific decisions needed to be made in relation to a person's health, welfare and finances we saw family representatives and/or the persons Lasting Power of Attorney (LPA) had been involved. LPA is a person that has been appointed by the person to help them make decisions or to make decisions on their behalf, and in their best interests. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The registered manager showed us a DoLS tracker which reflected applications had been made to the local authority for people subjected to restrictions to their freedom for their own safety.

Significant improvements had been made to the environment by the new provider to make it safe and ensure it is a comfortable place for people to live. There has been a programme of redecoration, with new flooring and furniture. A purpose built wet room had been installed, with a shower seat and a wheeled shower chair, replacing one of the existing bathrooms. Remaining bathrooms are to be modernised to enable all people using the service to access a bath. The provider has an ongoing improvement plan to complete the refurbishment of the premises, including plans to landscape the garden in the spring. This will make it safer for people to use, with seating areas and more suitable pathways.

Good

Is the service caring?

Our findings

People told us they were happy with the care and support they received and were positive about the staff. One person told us, "The staff here are kind to me." Another person commented, "No one here, is not nice to you." We saw staff and the registered manager were fully committed to ensuring people received the best possible care. People were clean, dressed in appropriate clothing, their nails were clean, hair was tidy and their glasses were clean. Staff were kind and showed concern for people's well-being, for example, we saw one member of staff assisting a person with a hot drink, they took time, and supported the person at their pace, allowing them time to enjoy their drink.

The PiR stated, and the registered manager confirmed, "We drum into staff that the service is people's home and that we work to their timetable, not the other way around as previously the service was very institutional." People told us they were being supported to make choices and decide how they spent their day. One person told us, "I can get up when I want to and choose when I go to bed, you just call the staff and ask them for help." Another person told us, "I like to have a lay in bed so I do not get up early.".

People's care records contained information showing when they or their family members were involved in discussing and reviewing their care. The care records also reflected what people could do for themselves and how staff should encourage this to promote and maintain their independence. Staff provided encouragement to people when they needed it and supported them to retain their independence wherever possible. People able to walk with the use of aids were monitored to ensure they were safe, when mobilising. Plate guards and adapted cutlery were provided to enable people to continue to feed themselves.

People were involved in how the service was run. The cook told us they had discussed the menu with people and they had voted on their favourite meals. This had made up the four-week menus. The cook told us, "It's their choice, it's just that, it's not mine." Additionally, the registered manager told us and minutes of resident meetings confirmed that people had had a say in the redecoration of the premises. The registered manager commented, "It's their home, it's what they want."

We saw positive interactions between staff, and the people they supported. Staff were smiling and using humour as they engaged with people. Interactions were natural, but respectful. Staff had a good knowledge of people's personalities, their likes and dislikes. For example, one member of staff told us, "We love to make our residents happy so we try to get things they like, for example, we have wine for one person who likes a glass of wine with their meals."

Peoples care plans contained information about how they communicated. Staff knew people's communication needs well, for example one member of staff told us, "[Person's] communication varies, some days are better than others, for example today is a good day, they are talking with me, but other days they will raise an eyebrow to acknowledge me." Another member of staff told us, I have been here a long time, and got to know people well, and they know and trust me. For example, "[Person] will tend to open up to me, more than they do with other staff, because they have known me for such a long time." Where people

did not have capacity to make decisions about how information about them was shared, we saw this had been done in their best interests and in accordance with agreement from their Power of Attorney (POA) and the Court of Protection. For example, information about a person's needs had been shared with an occupational therapist and a company in order to purchase a specialist chair, privately.

The registered manager and staff told us people were supported to maintain important relationships, and that family members were welcome at any time, including meal times. This was confirmed in discussion with people, one person commented, "My family can visit any time here." The service also had a named 'key worker' system in place. The role of the keyworker, was to get to really know the person, their needs and act as a link with their family.

People were treated with dignity, respect and kindness. Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection. Staff asked people individually if they would like a clothes protector at meal times. We observed that not all people were wearing them which showed they were given choice. We also observed staff knocking on people's doors whether or not they were open or closed, rather than just walking in. They gained people's consent to enter their rooms and when they needed to provide personal care.

Good

Is the service responsive?

Our findings

Staff understood people's specific needs and what they needed to do to provide person centred care. One member of staff told us, "Since the new provider has taken over there is much more focus on providing person centred care. More staff and less paperwork means we have more time to spend with people and find different things that they like to do." The provider had installed an electronic care planning system. Staff used a hand held mobile device (referred to as an iPod), to record information about people's health and the care provided. This linked to the persons care plan on the computer, and provided a real-time record of care provided. One member of staff told us, "The computer based care plans are great, they are quicker to use than hand writing paper copies, and this gives me more time to spend with the residents." The registered manager told us they were able to monitor the system remotely, to ensure people were receiving the correct level of care, when they were not at the service. The system enabled instant changes to be made to care plans, when people's needs changed, so that staff were always working to the most up to date information. The system also prompted when a person's care plans and risk assessments, needed review.

A review of care records found these contained all the relevant information staff needed to provide people's care, including managing risks, their likes, dislikes and abilities. Furthermore, the care plans ensured people had their rights, wishes and needs upheld. The service had taken steps to ensure people's communication needs had been identified and how these were to be met. However, further work was needed to ensure the provider is fully complying with the Accessible Information Standards.

Changes in the way the service was being delivered had had a positive impact on people living at the service. For example, staff told us by spending more time with people on an individual basis, and providing more choices, they were more communicative and more readily making decisions about how they spent their day and what they wanted to eat. One member of staff told us, "[Person] wanted a cooked breakfast, so we've bought extra bacon, eggs etc for them to have this, when they want it." Another member of staff told us, "We have bought lots of new foods for people to try, for example, [Person] loves 'coco pops' now, and will often have them for supper or before bed." The registered manager told us one person, who was previously non-communicative, is now communicating without prompting and reaches out to hold hands. When sorting out the persons paperwork they had found an old shopping list they had written. This reflected their love of chocolate. Since than staff have purchased chocolate for them and they are having hot chocolate, made with double cream, to boost their calorie intake. They were now eating much better as staff have tried lots of different foods with them. The registered manager also told us, "[Person] had pictures of dogs in their room and when asked about them, they started speaking about their dogs. We arranged for a dog to visit the service and they loved it, their eyes lit up." Records in the persons care plans reflected a family member had visited and reported how lovely it was to see [Person] communicating.

The registered manager told us a new activities person had been recruited to work 20 hours a week. They had a lot of experience in the provision of activities for older people and held a NVQ level 3 specifically around activities. One member of staff told us, "The recruitment of the activities member of staff has really improved the people's quality of life. They bring people alive." The activities member of staff told us, "I work every afternoon and do a varied activity programme, care staff help as well and join in the activities.

Activities they had promoted had included, but were not limited to, foot spas, pamper days, nail painting, Bingo, and making decorations for events, such as Halloween. They also told us, "I like to do one to one activities with people, when I can." We observed them organising an activity on the afternoon of the first day of the inspection. People were encouraged to join in a reminiscence session, which included singing some well-known songs. People told us and we saw that they were enjoying the activity.

Although the registered manager had told us it was also staffs responsibility to be involved in activities, this was limited in the mornings. One person told us, "We do things in afternoon, but not in the morning. Staff showed concern for people in a caring way and respond to their needs quickly, however, there were missed opportunities where staff could have spent meaningful time with people to provide stimulation and promote their wellbeing. For example, the morning of the first day of the inspection the only activity was a CD of Cliff Richard singing in the background and people were seen to be 'nodding off' to sleep." Later, the royal wedding was on the TV, and although staff did talk about this with people, they all stood together watching this, rather than sit individually with people, to discuss the event.

The registered manager told us they actively tried to engage with people using the service, their families and the public, and was looking at ways to increase local community involvement. They had contacted the FaNs network. This is a network that invites people into the service to enhance the lives of older people living in care homes. The activity co-ordinator had spoken to local schools to bring younger children into the service and the potential for older children to do some work experience. One member of staff told us their local community centre was putting on a pantomime and they were arranging tickets for people who wanted to go. Additionally, they told us there were plans to take people to the seaside in the summer and to start getting people going out to shops and coffee shops. On the first Tuesday in every month a church service was held and people were able to take part in Holy communion, if they choose to.

Although, there had been no complaints under the new provider, systems were in place to ensure people's concerns and complaints were listened and responded to. The PiR stated minor comments had been picked up on in the relative's survey about a lack of communication. Communication and how to speak with relatives and what was appropriate, was the subject of a staff meeting. A communication book had been implemented so that issues that needed to be shared were recorded and staff knew to update relatives as soon as possible regarding any issues, that they needed to know about their family member. The registered manager told us because of these measures to improve communication, they had received positive feedback from families.

At the time of our inspection, no one using the service was nearing the end of their life, and therefore we were unable to assess how this aspect of the service was managed. Staff understood the importance of supporting people to have a good end of life. One member of staff told us, "I sat with a person on end of life care. It was really difficult as I had got to know them really well, but I think it's a privilege to be with them at the end." Advance care plans were in place which gave people and their family the opportunity to express any wishes for the persons end of life care and funeral arrangements. These were in date and had been discussed with their family members, if appropriate. As part of their end of life planning where it had been agreed people had a Do Not Attempt Resuscitation (DNAR) orders in place. A DNAR form is a document issued and signed by a doctor or medical professional authorised to do so, which tells the medical team not to attempt cardiopulmonary resuscitation (CPR).

Good

Is the service well-led?

Our findings

Since the last inspection of this service on 16 October 2017 the provider for this service changed. Primos Care Limited were registered by CQC on the 23 February 2018. For a short period of time an interim manager was in post. The registered manager now in post told us they started managing the service in June 2018 and was registered with CQC on 1 October 2018.
The local authority Quality Improvement Team (QIT) visited the service under the new provider in May 2018, and continued to find concerns about care planning, staffing levels, heavy use of agency staff, training out of date and poor medicines management, lack fresh meals, inadequate PEEPS, no DoLs authorisations in place, staff not being able to meet people's fragile health and a lack of meaningful activities. The local authority had shared with CQC that subsequent visits by the QIT team in August and September 2018 found improvements had been made.

At this inspection, we found significant improvements had been made. The new provider, the registered manager and the staff team demonstrated a shared responsibility for improving the service and promoting people's wellbeing, safety and security. People and staff spoke positively about the registered manager and the directors of the company. Staff told us the directors were approachable and supportive. One member of staff told us, "The director's listen to what we say, if it's good for the residents and we give a valid rationale they will provide what we want, for example they agreed to the recruitment of more staff. They know us by name and know all the residents, they just want to get it right from the start." Another member of staff told us, "I love working here, I feel appreciated by the directors, the registered manager and the residents. The directors pop in at weekends and the registered manager is brilliant. They are very approachable." Staff told us the registered managers door was always open and they could speak with them at any time. One member of staff told us, "There has been a vast improvement in training, the manager is very supportive to us, and you can speak to them at any time." Other comments included, "You can go to the manager at any time with a question, and they will give you an answer," and "It is all positive here now, we have great team work, the new manager has turned it around."

Staff described the service as 'home from home'. One member of staff told us, "The culture here now is brilliant. We have new owners, a new manager and a new staff team, we are defiantly improving. I don't get up now and think oh no I've got to go to work." Another member of staff commented, "I really enjoy working here, I work with a really good team, everyone was welcoming to me when I joined. Since I have been here I have been reminded how much I enjoy working in care and what it's all about. It's about making people's day and life better."

The registered manager told us, there biggest challenge when they started work at the service was the staff. They told us, "I inherited a demoralised and weak staff team. They had been through the mill, but through support, recruitment of additional staff and training they have blossomed." The registered manager told us staff had taken on board the improvements that needed to be made. They know they can call me, but they have developed confidence and now manage situations on their own. For example, a member of staff had called in sick, and they sorted out staff cover themselves, previously they would have called me. They left me a message out of courtesy to tell me what they had done. They commented, "I feel proud of the staff,

between us we have built a stronger team, we have some 'little crackers'."

Staff told us they felt well supported by the registered manager. The staff survey carried out in July 2018 confirmed this. The survey showed all staff had completed this, and feedback, showed staff agreed and strongly agreed that they felt supported, had good access to training, knew who to speak with if they had concerns and felt listened to. Staff felt part of a team and were proud to be working at Oaklands Care Home. Staff told us they received regular supervision and annual appraisal regarding their performance. Supervision is a formal meeting where staff can discuss their performance, training needs and any concerns they may have with a more senior member of staff. One member of staff told us, "Before the new provider took over the service got worse and I lost my confidence. The registered manager has helped me to rebuild my confidence." Staff confirmed that their training and development needs were always discussed at supervisions. One senior member of staff told us they had recently completed a Train the Trainer Dementia Course and were in the process of cascading this training other staff. They were to also become a dementia champion. Champions are staff that have shown a specific interest in particular areas. They are essential in bringing best practice in to the service, by sharing their learning, acting as a role model for other staff and supporting them to ensure people receive good care and where required treatment. The registered manager told us they were planning to develop further champion roles within the home to drive improvement. These roles will cover areas such as dignity, infection control and diet and nutrition.

Records showed that regular staff meetings were taking place. The minutes showed areas of concern were addressed, new policies and procedures discussed, ideas encouraged and good practice shared. The minutes of the most recent meeting in August 2018 showed the registered manager had shared the recent outcome of the QIT report with staff and confirmed that the local authority had lifted the restrictions to admit people to the service

The registered manager continually strived to improve the service and their own practice. They informed us that they attended training and conferences to keep their knowledge up to date, the most recent was on falls prevention. They were also looking to complete a NVQ Diploma in strategic management and leadership. They had also enrolled on the local authority, 'My Home Life' leadership support programme. The Programme supports care home managers to promote change and develop good practice in their care homes. The registered manager told us they had also developed good working relationships with other agencies such as the GP, social workers and district nurses and attend Prosper community events. This is a local authority scheme, aimed at promoting new ways of reducing preventable harm from falls, urinary tract infections and pressure ulcers.

Systems were in place which continuously assessed and monitored the quality of the service. For example, the registered manager provided evidence that they carried out regular audits of the service, these included but were not limited to, peoples care plans, medicines management, the premises and infection control. Audits showed that complaints, safeguarding concerns and incidents and accidents were managed, responded to promptly and used to improve the service. Detailed records were made of accidents and incidents and medicines errors that had occurred and the immediate action taken. The documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.