

Regal Healthcare Properties 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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Oaklands is a purpose built residential care home without nursing for 53 people, some of whom are living with dementia. At our last inspection we rated the service Good. At this comprehensive inspection, which we carried out on 28 June 2018 we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. Because the rating remains Good, this inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Since our last inspection in December 2016, there has been a change of registered manager, however, the people who lived in the service told us that they continued to feel safe and well cared for. There were systems in place which provided guidance for care staff on how to safeguard the people who used the service from the potential risk of abuse. Staff understood their roles and responsibilities in keeping people safe. Risk assessments were still in place to identify how the risks to people were minimised. There continued to be sufficient numbers of trained and well supported staff to keep people safe and to meet their needs. Where people required assistance to take their medicines there were arrangements in place to provide this support.

Both the registered manager and the staff understood their obligations under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager knew how to make a referral if required. Meaning that people living in the home were still being supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People's needs were assessed and the service continued to support people to eat and drink enough to maintain a balanced diet. They were also supported to maintain good health and to have access healthcare services.

We saw many examples of positive and caring interactions between the staff and people living in the service. People were able to express their views and staff listened to what they said and took action to ensure their decisions were acted on. Staff continued to protect people's privacy and dignity.

People received care that was personalised and responsive to their needs. The service still listened to people's experiences, concerns and complaints. Staff took steps to investigate complaints and to make any changes needed. People were supported at the end of their lives to have a comfortable, dignified and pain free death.

The registered manager told us that they had been well supported by the organisation while they settled into their position. The people using the service and the staff they managed told us that the registered manager was open, supportive and had good management skills. There were still good systems in place to monitor the quality of service the organisation offered people to ensure it continued to meet their needs.

Further information is in the detailed findings below

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Oaklands

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 checked 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 was a comprehensive inspection and was carried on 28 June 2018 and this visit was unannounced. The inspection team consisted of two inspectors.

A Provider Information Return (PIR) was not requested. 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 looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

During our inspection we spoke with six people, three relatives and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the registered manager, the deputy manager, four care staff, the activities coordinator, the head chef, the maintenance man, the lead housekeeper and two of the domestic team.

We reviewed six care files, five staff recruitment files and their support records, audits and policies held at the service.

Is the service safe?

Our findings

During our last inspection of Oaklands we found the service to be Good, during this inspection we found the same level of protection from harm and risks as at the previous inspection, in December 2016, staffing numbers remained consistent in meeting people's needs and the rating continues to be good.

People told us that they felt safe living at the service. One person told us, "I know I'm safe here, I don't have any worries at all." Another person commented, "Oh yes, this is the safest place to be, everything is very good." One person's relative said, "Yes, I feel comfortable that my [relative] is safe. I can relax when I leave and don't have to worry." Another person's relative told us, "They [staff] keep us informed and let us know straight away if anything happens, like if they have an accident or if there's an incident."

We saw that systems were in place to ensure up to date safeguarding information was effectively communicated to staff. Staff told us they continued to complete training, understood the responsibilities of safeguarding and were familiar with the provider's and the local authority's safeguarding policies. One member of staff told us, "We do our best to make sure people are safe. Sometimes people get a bit confused or frustrated, especially with each other, so we have to stay vigilant. We report anything and everything when there's an incident between people. Everything's recorded on the [electronic care plans], so we can identify trends and help people avoid confrontations." When concerns were raised the registered manager notified the local safeguarding authority in line with their policies and procedures and continued to follow them up to learn lessons and make improvements when things went wrong.

Risks to the service and individuals continued to be well managed. Records demonstrated that there were comprehensive risk assessments in place for people. These set out control measures to reduce the risk. The service was still proactive in ensuring that these control measures did not restrict people's independence. For example, the risk of being hurt if they fell, we saw there was guidance for staff on what support people required to reduce the risk involved without impinging on people's independence, enabling people to continue to make decisions and choices for themselves.

Records showed us that people who had been assessed as being at risk of not getting enough to eat to keep themselves healthy were receiving the care they needed to prevent deterioration and to eat a healthy diet.

The registered manager calculated how many staff were required to support people. People we spoke with told us that there were enough staff on duty to support them. One person who lived in the home said, "There's always someone about when you need them and [the staff] always come straight away when you call them over." Another person nodded in agreement and added, "They are always very busy and some people need a bit more help than others, but we never want for anything."

One person's relative told us, "It's all been a lot better since the new manager started. There's been quite a change around of staff in the past year but I would say it's definitely for the better. I would say there's enough staff on most of the time, there are times when they could do with more but they do work well together."

We viewed the rotas in place and saw that safe levels of staffing had continued to be maintained and that they were planned well in advance. We were told that the service was short of two members of care staff during the morning of this inspection due to short notice sickness. However, rotas showed that this was not usual and we saw that the rest of the staff team worked well together and ensured people's needs continued to be met appropriately. For example, we noted that people's call bells were responded to promptly, people received their meals in a timely fashion and people's requests for assistance were responded to without undue delay. For example, we inadvertently triggered one person's call bell via the sensor mat beside their bed, staff responded within two minutes even though they knew the person whose room it was, was in the lounge. They came to check whether the person who was in the room needed help and to protect the occupier's property from any possible interference from others. This indicated that the service continued to ensure there were suitable numbers of staff on duty to meet people's needs.

We saw that there was a policy and procedure in place for the safe recruitment of staff. The files showed that this procedure had been followed including disclosure and barring service (DBS) checks on staff and the attainment of references. This meant that the service continued to check staff's good character and suitability to work with the people who used the service.

Medicines were safely managed. Staff continued to undergo regular training and to have their competencies checked. Storage was secure and stock balances were well managed. Records were comprehensive and well kept. Staff were able to tell us about medicines and their side effects and those medicines that were time critical when they were to be administered to keep people well. Staff were observed administering medicines appropriately and told us they were confident that people received medicines as they were intended. We were told that there was a good relationship with the local supplying pharmacist who audited medicines at the service.

The service was clean and hygienic. One person said, "It's lovely and clean, my room is kept spotless." Another person said, "The girls [the domestic staff] never stop, they do a good job." One person's relative said that the service was, "Very clean, they have been doing a lot of decorating recently."

Staff were trained in infection control and food hygiene, those we spoke with understood their roles and responsibilities in relation to infection control and hygiene. The service was kept clean and had achieved the rating of five in their latest food hygiene inspection, which is the highest rating awarded. There were systems in place to reduce the risks of cross infection. All the bathrooms and toilets had liquid soap and hand sanitiser and disposable paper towels for people to use. There were gloves and aprons around the service that staff could use to limit the risks of cross contamination. We saw that staff used the disposable gloves and aprons while preparing to support people with their personal care.

People received care in a manner that minimised the risk of a recurrence of any accidents or incidents. Staff reported and maintained accurate records of incidents, such as injuries and falls. The registered manager monitored and reviewed incidents to identify any trends. Staff had sufficient guidance to reduce the risk of a repeat of accidents as documented in people's care plans.

Is the service effective?

Our findings

During our last inspection, we found this service to be Good, during this inspection we found staff had the same level of skill, experience and support as we found at our previous inspection in December 2016, which meant people's needs were met effectively. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be good.

Detailed assessments were carried out for people before they moved into the home. We saw that these formed the basis of people's ongoing care plans, which helped ensure that staff could meet people's individual holistic needs effectively and without discrimination.

Assistive technology was used within the service to support people in their everyday life to make life easier or to help keep them safe. For example, for some people who were at risk of falling because they were unsteady on their feet, monitors were in place to immediately alert staff when they got out of bed and may need assistance.

People had access to Wi-Fi throughout the service so they could use their electronic devices. People were supported to stay in contact with their friends and relatives by e-mail.

Staff told us that they continued to have the training and support they needed to carry out their role effectively. Records demonstrated that staff received appropriate supervision and appraisals. The supervision sessions were focused around developing the skills and knowledge of the staff team. In these sessions staff were offered the opportunity to request training and discuss career progression.

People we spoke with and their relatives, responded positively as to whether they felt staff were well-trained. For example, one person told us, "Oh they [all staff] definitely know what they're doing, no doubt about that! They have to use the hoist to get me in and out of my wheelchair and they always do it brilliantly, I can't fault them at all." Our observations also confirmed that staff were competent when using equipment such as hoists, when transferring people from one place to another. One person's relative said, "Yes, I think the staff are trained well. They all seem very competent and they've always been able to answer any questions I've had."

We found that people were supported to have sufficient amounts to eat and drink to maintain a balanced diet. Lunchtime in the various communal areas was a relaxed and sociable occasion. People told us they enjoyed their meals and said they always had enough to eat and drink. People also said they were involved in discussions and decisions regarding the menus and options and could choose what they wanted. If people did not want one of the main menu options, they were able to choose something completely different.

One person who lived in the home told us, "The food is always very good. You can have what you want. Sometimes I just want a sandwich, which [the chefs] get for me, but today I had a bit of lasagne as well and it was very nice." Another person said, "[Chef] cooks some lovely dinners, I always enjoy whatever I have and

there's always plenty of it." A further person agreed with this comment and added, with a laugh, "Definitely beautiful, there's no chance of going hungry here." One person's relative told us, "My [relative] always eats very well here and the food always looks and smells lovely."

We saw that there were sufficient staff to support and attend to people's requirements as needed and that staff followed individual guidance with regard to supporting people who had difficulties with eating, drinking or swallowing or required thickened, pureed or special diets.

Information we looked at in people's care records showed that risks regarding people's intake of food and drink were identified, assessed, monitored and managed effectively. We saw that appropriate input and guidance was consistently sought from dietary and nutritional specialists to help ensure people remained healthy and well.

People continued to be well supported to maintain good health. People had regular access to relevant healthcare professionals and detailed records were maintained regarding who had visited and any action taken. For example, following a recent visit to the GP, it was identified that one person's health condition had deteriorated. We saw records to confirm that the service had taken the necessary steps to support the person with their new medication regime. One person's relative told us that their family member received a lot of input from the local GP surgery and the district nurses.

The registered manager and care staff continued to have a good working relationship with external health professionals. Records demonstrated that they were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority and authorised where appropriate.

Staff continued to demonstrate they understood MCA and DoLS and how this applied to the people they supported. Staff continued to encourage people to make decisions independently based on their ability. We saw that mental capacity assessments had been completed appropriately for people who appeared to lack capacity to make certain decisions for themselves. We also saw that best interest decisions were carried out with relevant people and DoLS were applied for when deemed necessary. For example, one person who lacked capacity had no identified next of kin or relevant Power of Attorney. As a result, this person had an allocated social worker, who we saw was involved in meetings and decisions regarding their best interests.

Is the service caring?

Our findings

During our last inspection in December 2016, we found this key question to be Good, during this inspection we found people remained happy living at the service, they continued to be complimentary of the staff and felt cared for. The rating continues to be Good.

People we spoke with described the staff as caring, kind and helpful and said that they were consistently treated with compassion, empathy and respect. People living in the home and some people's relatives said they felt they mattered and that staff listened to them. One person's relative told us about three care staff that were particularly kind and caring and said their relative called them "My little angels."

One person told us, "It's very nice here, I really do like it a lot. [The staff] are all very good and they look after us very well." Another person said, "They know if you're feeling a bit down and they always take a bit of time to try and cheer you up." A third person pointed to a member of care staff and said, "That one is excellent, they are a very good listener."

Staff we spoke with and our observations demonstrated that staff knew people and their histories well and regularly engaged in meaningful conversations and interactions with the people they were supporting. For example, one person liked to talk about their cats, another person loved a particular breed of horse and a third person liked to talk about their time in the armed forces. We heard staff consistently chatting with these people about their favourite topics throughout the course of our inspection.

We saw that people's relatives and friends were welcome to visit without restrictions and people's relatives told us they felt fully included in their family members' care. The relatives we spoke with confirmed there was an open-door policy with the management team and that they felt welcome at the home.

People and their relatives told us they were involved in planning the care and support they received and were able to make choices and decisions and maintain their independence as much as possible. For example, one person told us that they sometimes needed a bit of help getting washed and dressed in the morning but that they could usually manage most of it for themselves. This person said, "It's good [the staff] don't just do everything for you, I like to do what I can for myself, it keeps me going. They just help me with the bits I can't manage."

A member of staff told us, "It's important for people to have choices and make decisions for themselves. I've found there's always a way of helping people to do that. It's lovely when you get a nod and a smile, it makes you feel good to know you've got it right for them."

People told us that their privacy, dignity, independence and confidentiality was consistently promoted and respected in the service. Staff also demonstrated that they understood the importance of respecting people's privacy, dignity and human rights. For example, by knocking on people's bedroom doors before entering and communicating with people on an individual basis. One person's relative told us, "Yes, all the staff are very respectful. They always knock on my [relatives'] door when we're in their room. All the staff do

that, the carers and the cleaners."

We also noted that staff spoke discreetly with people living in the home, regarding aspects of personal care or personal hygiene, so as not to attract attention or compromise the person's dignity.

Is the service responsive?

Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection in December 2016. This key question rating remains Good.

People's electronic care records were easily accessible by relevant staff and we saw that people's information was comprehensively detailed, whilst being clear and easy to follow. The records we looked at for people were up to date and had been regularly reviewed. A member of staff showed us how the electronic care records had continued to be well maintained and updated during the course of their work.

We saw that people's personal profiles were person centred and still matched what people told us and what we observed. For example, one person's profile told how they liked to mobilise around the home in their self-propelled wheelchair and chat with people along the way. Another person's profile described how they particularly enjoyed the company of another person who lived in the home and how these two people would often spend the day knitting and chatting together. We saw each of these people spending time during the day, as described in their profiles.

We found that the staff team continued to work cohesively to ensure people living in the home were consistently safe, well cared for and happy. For example, we noted that while some people were watching television or quietly resting in the communal areas, staff remained attentive and observant, whilst engaging in other work within the home.

We found that activities were somewhat limited, although a new activities coordinator had recently started working in the home. The activities coordinator told us that they had begun organising more structured activities and entertainment, as well as spending time with people who were unable or reluctant to join in with group events. We noted that some care staff also spent time with people on a one-to-one basis where possible and one person told us, "This [staff member] is lovely, they've just done my nails; look how lovely they look. They often do that for me."

Two other people we spoke with pointed out various artwork on the walls that they had taken part in with the new activities coordinator. One person said, "We did those garden birds and the butterflies, mine is the little bluebird but [with a laugh] I can't remember which butterfly I did. I enjoyed doing that. It's nice to have them on the wall, it brightens the place up." The second person nodded and smiled in agreement and added, "Yes it was fun wasn't it, I enjoyed it too."

People were supported to maintain existing relationships, as well as make new friends and avoid social isolation. For example, two people who lived in the home had become close friends and enjoyed spending much of their time together knitting and chatting. Another person had brought their budgie to live with them in the home. A member of staff told us how much it meant to the person to be able to keep their budgie and that staff supported the person to continue looking after it properly.

The service continued to take people's comments and concerns seriously and used them to help drive

improvement within the service. Everyone we spoke with told us they knew how to raise any concerns or complaints and were comfortable doing so if needed. People also said their concerns and complaints were listened to and responded to appropriately and in a timely way.

One person living in the home told us, "Everything's very good here, I've got no complaints at all." Another person said, "You can talk to any of the staff if you've got a problem. Yes, I know how to complain if I have to but I've got no reason to complain at the moment."

One person's relative told us, "All the staff are very approachable and I know I can talk to the manager at any time. We also have relatives' meetings every three months where we can have our say. We don't have to wait for the next meeting though, the manager's door is always open."

People's individual choices and preferences were kept under constant review and care plans were amended or updated as and when required. People were reassured by knowing that any pain or symptoms they experienced would be regularly assessed and managed as the end of their life approached. Advice and input from palliative care professionals was sought promptly when needed and people were provided with appropriate support, equipment and medicines. This helped ensure they were comfortable, dignified and pain free at the end of their lives. The service also offered care, support and reassurance to people's families and friends before, during and after their loved one passed away.

Is the service well-led?

Our findings

At this inspection we found the service and staff were as well led as at the previous inspection in December 2016. The rating of this key question remains Good.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Statutory notifications received showed us that the manager understood their registration requirements.

The registered manager promoted a positive, transparent and inclusive culture within the service. They actively sought the feedback of people using the service and staff. The staff we met with all spoke very highly of the management team and the staff team as a whole.

One member of staff told us, "We've had a lot of changes in the last year but they've definitely been for the better. We've got an excellent staff team now and the management team are also hands-on and really supportive. It's like a big family."

People told us that they were happy with the quality of the service, one person said, "They [the staff] listen to what I say. I get what I need." People and their relatives thought that the service was well-led, one person said, "[The staff] are kind and are always there if I need them, they go out of their way to help me."

Staff were enthusiastic in their work and comfortable in their roles and the staff team worked closely together. Staff we spoke with were positive about the culture of the service and told us that they felt they could approach the manager, if they had any problems and that they would listen to their concerns. They had one to one supervision meetings and there were regular staff meetings. This enabled staff to exchange ideas and be offered direction by the registered manager. One staff member said, "I can speak freely at the team meetings and during supervision, I feel supported." A relative told us, "Care is very, very good. They are caring all the way down, from the manager to the domestic staff."

The service promoted an open culture where people, relatives, visitors and staff were asked for their views of the service provided. This included 'resident and relative meetings' and satisfaction questionnaires. If negative comments were received, the service addressed them. One relative said, "There are resident's meetings where we can join in and comment." And another commented, "I think they listen to us. My [relative] wanted something different on the menu and it was done."

The registered manager continued to assess the quality of the service through a regular programme of audits. We saw that these were capable of identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon promptly.