Oaklands Care Hove 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

This inspection took place on 25 October 2016 and was unannounced.

Oaklands is a nursing home registered for up to 22 people. It provides nursing care and personal support to older people with nursing care needs usually over the age of sixty-five years of age. At the time of our inspection there were 17 people living at the service. The service is in a large detached house, arranged over three floors accessed by a passenger lift. The ground and first floor was used to provide people with nursing care, support and treatment. Long term care and respite care was provided.

There was a registered manager for the service. 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.

The last inspection was carried out on 13 October 2015 we found areas of practice which required improvement in relation to the quality assurance processes which were not fully in place to audit and quality assure the care and treatment provided. Where quality assurance audits had been completed these had not all been maintained or fully embedded in the running of the service. Staff demonstrated an awareness of the Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards (DoLS.) DoLS are the process to follow if a person has to be deprived of their liberty in order for them to receive the care and treatment they need. However, although a number of applications had been made for one person the use of bedrails had been omitted as part of the application. For another person there was no documentary evidence as to how special conditions in place were being met. The completion of the Do Not Resuscitate (DNAR) forms did not meet current guidance. Not all the charts such as food and fluid charts and turning charts had been fully completed. For one person who had a wound they did not have a written plan in place for the care and treatment to be provided or photographic evidence to help monitor the healing of the wound. There were areas where the décor and furnishings was in need of updating to improve the environment people lived in. There was not a copy of an electrical wiring certificate for the building and a business continuity plan was not in place to be followed in the event of an emergency. We looked at the improvements made as part of this inspection, and we found the provider had followed their action plan, improvements had been made.

Staff told us the service had been through a significant period of change, with a new registered manager and a number of changes in care staff working in the service. One visitor told us about the changes and said, "It's so much more organised. She (Registered manager's name) has got it moving. It's a nice place to come to and it's a better atmosphere. I enjoy coming in every week."

People told us they felt safe. We received comments such as, "Oh yes, very safe," "I can't complain," "Day staff are very good," and "Oh yes, I feel very safe, even at night." They knew who they could talk with if they had any concerns. They felt it was somewhere where they could raise concerns and they would be listened

to. Accidents and incidents had been recorded and appropriate action had been taken and recorded by the registered manager.

People and their relatives told us there were adequate care staff on duty to meet people's care and support needs. People were treated with respect and dignity by the staff. They were spoken with and supported in a sensitive, respectful and professional manner. One person told us, "Staff are very understanding and listen to you." Senior staff monitored people's dependency in relation to the level of staffing needed to ensure people's care and support needs were met. People were cared for by staff who had been recruited through safe procedures. Recruitment checks such as a criminal records check and two written references had been received prior to new staff working in the service. Staff told us they were supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. Training records were kept up-to-date, plans were in place to promote good practice and develop the knowledge and skills of staff.

Medicines were stored correctly and there were systems to manage medicine safely, audits and stock checks were completed to ensure people received their medicines as prescribed.

There was a maintenance programme in place which ensured repairs were carried out in a timely way. There were areas where the décor and furnishings was in need of updating to improve the environment people lived in. However, there was a refurbishment plan in place to improve the environment in which people lived. Since the last inspection new windows and low surface temperature radiators had been fitted, bedrooms were being redecorated on a rolling programme and ensuite facilities improved, communal areas had been redecorated and new carpeting was in the process of being fitted. New furnishing for the communal areas had been booked for delivery.

People's individual care and support needs were assessed before they moved into the service. People told us they had felt involved in making decisions about their care and treatment and felt listened to. Care and support provided was personalised and based on the identified needs of each individual. People's care and support plans and risk assessments were detailed and reviewed regularly giving clear guidance for care staff to follow. People's healthcare needs were monitored and they had access to health care professionals when they needed to.

Staff told us that communication throughout the service was good and included comprehensive handovers at the beginning of each shift and regular staff meetings. They felt they knew people's care and support needs and were kept informed of any changes. Senior staff used handover notes between shifts which gave them up-to-date information on people's care needs. They confirmed that they felt valued and supported by the managers, who they described as very approachable. They told us the team worked well together. One member of staff told us, "It's a pleasure to come to work here. We all work together as a team. (Registered manager's name) wants us to work well and correctly."

People's nutritional needs had been assessed and they had a selection of choices of dishes to select from at each meal. People said the food was good and plentiful. Staff told us that an individual's dietary requirements formed part of their pre-admission assessment and people were regularly consulted about their food preferences. One member of staff told us, "The menu goes around to ask people for their choice. They can ask for anything. The food standard here is very good, they get a lot of choice. If it's not in they get it."

People and their representatives were asked to complete a satisfaction questionnaire, and people had the opportunity to attend 'residents' and 'residents and relatives' meetings. We could see the actions which had

been completed following the comments received. The registered manager also told us that they operated an 'open door policy' so people living in the service, staff and visitors could discuss any issues they may have.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were cared for by staff recruited through safe recruitment procedures. Staffing levels were monitored to ensure there were enough staff to meet people's care needs.

People had individual assessments of potential risks to their health and welfare, which had been regularly reviewed. Equipment identified to be used had been checked and maintained to meet people's individual requirements and to fully protect people.

The building and equipment had been subject to regular maintenance checks. There were areas in need of updating to improve the environment people lived in. However, an action plan was in place and being followed to address this.

Medicines were stored appropriately.

Is the service effective?

Good

The service was effective.

Staff were aware of their responsibilities from the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS.) Where people lacked capacity to make decisions about their care and treatment this had been considered in their best interests.

Staff had a good understanding of peoples care and support needs. People were supported by staff that had the necessary skills and knowledge.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals when they needed them.

Is the service caring?

Good

The service was caring.

Staff involved and treated people with compassion, kindness,

dignity and respect.

People were treated as individuals. People were asked regularly about their individual preferences and checks were carried out to make sure they were receiving the care and support they needed.

People told us care staff provided care that ensured their privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People had been assessed and their care and support needs identified. Care plans were in place to ensure people received care which was personalised to meet their needs, wishes and aspirations.

People were supported to take part in a range of recreational activities. These were organised in line with peoples' preferences. Family members and friends continued to play an important role and people spent time with them.

People were comfortable talking with the staff, and told us they knew who to speak to if they had any concerns.

Is the service well-led?

Good

The service was well led.

The leadership and management promoted a caring and inclusive culture. Staff told us the management and leadership of the service was approachable and very supportive.

Quality assurance was used to monitor and to help improve standards of service delivery.
People were able to comment on and be involved with the service provided to influence service delivery.

Systems were in place to ensure accidents and incidents were reported and acted upon.

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 inspection took place on 25 October 2016 and was unannounced.

The inspection team consisted of an 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. The expert by experience helped us to get feedback from people being supported and their visitors.

Before the inspection, we reviewed information we held about the service. This included any notifications, (A notification is information about important events which the service is required to send us by law) and complaints we have received. This helped us to plan our inspection. We requested the provider to complete 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 spoke to the local authority commissioning team who have responsibility for monitoring the quality and safety of the service provided to local authority funded people. We also spoke with the Clinical Commissioning Group (CCG.) Following our visit, we received feedback from two health care professionals about their experiences of the service provided.

We spoke with 15 people, and five visitors. We spoke with the registered manager, a registered general nurse (RGN), the deputy manager, a senior care worker, three care staff, the activity co-ordinator, a cook, a domestic assistant and a visiting hairdresser. We observed the care and support provided in the communal areas, medicines administration, activities provided and the mealtime experience for people over lunchtime.

We looked around the service in general including the communal areas, people's bedrooms, and the garden. As part of our inspection we looked in detail at the care provided to four people, and we reviewed their care and support plans. We looked at menus and records of meals provided, medicines administration

records, the compliments and complaints log, incident and accidents records, records for the maintenance and testing of the building and equipment, policies and procedures, meeting minutes, staff training records and four staff recruitment records. We also looked at the provider's own improvement plan and quality assurance audits.

The last inspection was undertaken on 13 October 2015 when the service had a rating of Requires Improvement.

Good

Is the service safe?

Our findings

People and their visitors told us they felt people were safe, happy and were well treated in Oakland's. One person told us, "Yes, I feel safe, it's ok here". Another person told us, "Yes, it's quite safe here, they do their best." One visitor told us,"I feel my mum is safe. They never let her do anything on her own. They never leave her in her room on her own."

The last inspection was carried out on 13 October 2015. We found areas of practice which required improvement. There was not a copy of an electrical wiring certificate for the building and a business continuity plan was not in place. Where people had been assessed as requiring to be turned periodically during the day not all the recording had been completed to demonstrate this had been done and inform the staff team of people's care needs. We looked at the improvements made as part of this inspection, and we found improvements had been made.

People had individual assessments of potential risks to their health and welfare and these were reviewed regularly. Where risks were identified, staff were given clear guidance about how these should be managed. Staff also told us if they noticed changes in people's care needs, they would report these to one of the managers and a risk assessment would be reviewed or completed. People had an air mattress (inflatable mattress which could protect people from the risk of pressure damage) where they had been assessed as high risk of skin breakdown (pressure sore). We were informed by staff the air mattresses were checked daily to ensure they were on the right setting for the individual needs of the person. Records we looked at confirmed this. Where people had been assessed as requiring to be turned periodically during the day there were checks in place to ensure the recording had been completed to demonstrate this had been done and inform the staff team of people's care needs.
We looked around the building and found there were a number of areas in need of redecoration and equipment and furnishings in need of replacement to improve the physical environment in which people lived. We discussed this with the registered manager during the inspection who confirmed that they were aware of the work to be completed. They had an action plan to make improvements to the physical environment. They told us of the changes which had already been made since the last inspection, for example new windows and low surface temperature radiators had been fitted, bedrooms were being redecorated on a rolling programme and ensuite facilities renewed and improved, communal areas had been redecorated and new carpeting was in the process of being fitted. New furnishing for the communal areas had been agreed and booked. People and visitors confirmed there had been improvements made to the environment and were aware of the changes and further improvements planned to be made. Staff told us equipment had been regularly checked and serviced. One member of staff told us, "There is better equipment, better moving and handling equipment. A new hoist and weighing scale."

There was a Health and Safety meeting held quarterly to discuss any issues in the service. A dedicated maintenance worker was responsible for the general maintenance, alongside external contactors who were used for service checks and repairs. Staff we spoke with confirmed that any faults were repaired promptly. Regular tests and checks were completed on essential safety equipment such as emergency lighting, the fire alarm system and fire extinguishers. Records we looked at confirmed this. The registered manager told us

about the regular checks and audits which had been completed in relation to fire, health and safety and infection control. There was an emergency on call rota of senior staff available for help and support. Contingency plans were in place to respond to any emergencies such as flood or fire. The 'Grab and Go' bag for staff to use in the event of an emergency included a summary of the business continuity plan which included contact numbers, a first aid kit and personal emergency evacuation procedures (PEEPs) for all people. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. Some of the peeps had not been reviewed, however, this was addressed on the day.

We looked at the management of medicines. There were appropriate arrangements in place to protect people against the risks associated with the unsafe use and management of medicines. Medicines were kept securely and within their recommended temperature ranges. Medicines requiring refrigeration were stored in a refrigerator, which was not used for any other purpose. The temperature of the refrigerator was monitored daily to ensure the correct storage temperatures for medicines. The nursing staff were trained in the administration of medicines and had their competency regularly checked. They told us the system for medicines administration worked well in the service. Systems were in place to ensure repeat medicines were ordered in a timely way. A member of staff described how they completed the medicines administration records (MAR). MAR charts are the formal record of administration of medicine within a care setting and we found these had been fully completed. Medicines were stored correctly and there were systems to manage medicine safely. Regular audits and stock checks were completed to ensure people received their medicines as prescribed. Where people took medicines on an 'as and when' basis (PRN) there was guidance in place for staff to follow to ensure this was administered correctly. Where people had topical creams applied recording had been completed to evidence it had been applied and inform other care staff of its application. We observed one member of staff administer some medicines. They informed the person why they had come to see them and what the tablets they were being given were for.

The provider had a number of policies and procedures to ensure care staff had guidance about how to respect people's rights and keep them safe from harm. These had been reviewed to ensure current guidance and advice had been considered. This included clear systems on protecting people from abuse. The registered manager told us they were aware of and followed the local multi-agency policies and procedures for the protection of adults. They were aware they had to notify the CQC when safeguarding issues had arisen at the service in line with registration requirements, and therefore we could monitor that all appropriate action had been taken to safeguard people from harm. One member of staff told us they were aware of these policies and procedures and knew where they could read the safeguarding procedures. We talked with care staff about how they would raise concerns of any risks to people and poor practice in the service. They had received safeguarding training and were clear about their role and responsibilities and how to identify, prevent and report abuse.

There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The care staff we spoke with had a clear understanding of their responsibility around reporting poor practice, for example where abuse was suspected. They also knew about the whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns.
Accidents and incidents were recorded and staff knew how and where to record the information. Remedial action was taken and any learning outcomes were logged. Steps were then taken to prevent similar events from happening in the future. For example, for one person with Parkinson's disease further advice and support for staff had been sought.

The registered manager told us there had been a period of change with a number of new care staff being

recruited into the service. Care staff were supported by the ancillary staff who covered catering, domestic, maintenance and administrative tasks in the service. People told us they felt safe and attended to by staff. Bedrooms included an emergency call bell which people could press if they required urgent attention and a call bell to press if they required assistance. We found that call bells were answered promptly by staff on the day of the inspection. People and visitors told us there were enough staff on duty to meet people's needs. However, we did receive some feedback that at times people felt they had to wait for their care and staff did not always have the time to talk with people and fully listen to their needs. One person told us, "The staff are often too busy to talk." Another person told us "Some staff I just see two or three times for the whole day, but they always say hello." On the day of the inspection there were adequate staff on duty to meet people's care needs. The registered manager was on duty, with the deputy manager a registered general nurse (RGN), a senior care worker and three care staff. The staff demonstrated they knew the people well. The registered manager told us they regularly attended handovers to keep up-to-date with people's care needs, and met with the RGNs to identify the level of staffing needed. A dependency tool had been introduced and was also used to inform and ensure adequate levels of staff were on duty. Staff told us that at times it could be busy, but there was adequate staff on duty to meet people's care needs. They felt they could ask for more staff when people's care needs changed and could give examples of when this had occurred. They told us minimum staffing levels were maintained. They also spoke of good team spirit. One member of staff told us, "The care is really good. We have introduced new staff shifts to help at key times. We work around the dependency tool." A sample of the records we looked at showed that the minimum staffing level was adhered to.

People were cared for by staff who had been recruited through safe recruitment procedures. Where staff had applied to work at Oakland's they had completed an application form and attended an interview. Each member of staff had undergone a criminal records check and had two written references requested. Where registered nurses were being recruited we saw that checks had been made on their pin number. This is an information system which can be accessed to ensure nursing staff were still registered to work as a nurse provided nursing care. This meant that all the information required had been available for a decision to be made as to the suitability of a person to work with adults. One new member of staff was able to confirm the process followed.

Good

Is the service effective?

Our findings

People and the relatives told us they felt the care was good and their health care needs had been met. One person told us, "Staff always check on me if I look too quiet." They spoke very well of the food provided. One person told us,"I've never had reason to complain about the food." A visitor told us, "The food even makes my mouth water. He's a smashing chef. The roast potatoes are the best ever."

The last inspection was carried out on 13 October 2015 we found areas of practice which required improvement. Where people had a Do Not Attempt Resuscitation (DNAR) form in place these had not all been updated, for one person where there were conditions in place as part of a DoLS, there was no record as to how these conditions were being met, for another an application had not been applied for. For another person there was not a treatment plan for their wound care for care staff to follow, nor recording or on-going photographic evidence to monitor and review how the wound was progressing with treatment. Food and fluid charts had not been consistently completed. At this inspection improvements had been made.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the staff were working within the principles of the MCA. Staff understood the principles of the MCA. They were aware that any decisions made for people who lacked capacity had to be in their best interests. They gave us examples of how they would follow appropriate procedures in practice. There were clear policies around the MCA. Care staff told us they had completed this training and all had a good understanding of the need for people to consent to any care or treatment to be provided. There were records on people's care plans that, where possible, people had been asked to consent to their care and treatment. Care staff confirmed they always asked for people's consent before they undertook any care or treatment. One member of staff told us when providing care, "You encourage as best you can. It's about getting to know them and their individual needs." Where people had a Do Not Attempt Resuscitation (DNAR) form the registered manager was aware of current guidance and had implemented this in the service.

The registered manager told us they were aware of how to make an application and about the DoLS applications that had already been made and had been agreed. They were monitoring and ensuring these were being followed and updated as required. Care staff told us they had completed this training and had a good understanding of what this meant for people to have a DoLS application agreed, and they were clear who had been put forward for a DoLS application. People's records also highlighted to care staff who had a DoLS in place, or if there were any actions they had to follow to support people where an application had been agreed. For one person where there were conditions in place as part of the DoLS staff could tell us how these conditions had been met. Bed rail risk assessments were in place for people where bed rails were used and where possible people had consented to their use.

There was a policy and procedure for nursing staff to follow for wound care. Since the last inspection nursing staff had undertaken further training to ensure they were knowledgeable. There was guidance for nursing staff to follow, and recording and on-going photographic evidence to help monitor and review how the wound was progressing with treatment. Effective monitoring systems to evaluate and ensure the person's health and well-being was maintained, in relation to any wounds, were in place.

People's nutritional needs were assessed and recorded, and people's likes and dislikes had been discussed as part of the admissions process. Records were accurately maintained to detail what people ate to inform staff if people had had adequate food and fluid during the day. This was to ensure care staff had a clear and full picture of if people had received adequate fluids during the day to maintain their wellbeing. People's weights were monitored regularly with people's permission and there were clear procedures in place regarding the actions to be taken if there were concerns about a person's weight.

People and the visitors spoke well of the food provided. The cook told us there was a four week rotating menu, which was based on people's likes and dislikes. The cook was working with people and their relatives on a new winter menu. They told us curry was now on the menu since the last inspection as this had been requested. Two options were always available, and we found that people could also make additional requests if there was nothing on the menu that they liked. One person told us,"I'm able to change my food order if I want." This information was then fed back to the cook. The cook told us if they did not have what people requested it would be ordered on the next delivery. The cook showed us they had information available on the dietary requirements and likes and dislikes of each person. For example, whether a pureed or soft diet was required. This showed us that staff were aware of individual's preferences, needs and nutritional requirements.

People were asked to select from the choice available on the day. Staff came around the day before to ask them what they would like to eat from the menu. The menu was also in available pictorial format in the dining room. The registered manager told us they were developing the range of pictures to help people make their choice as they could use the pictures to show people the meals they could choose from. When asked about the quality of the meals people and visitors were very complimentary. One person told us the meals were, "Very good." Another person told us, "Food is excellent." A third person told us, "Meat cuts so easily, best lamb ever. Very tender." One relative told us, "My mother has a pretty good appetite and they make sure she has plenty to eat. She has never complained of being hungry, if anything, too full." Lunchtime was relaxed and people were considerately supported to move to the dining area, or could choose to eat in their bedroom. People were encouraged to be independent throughout the meal and staff were available if people wanted support, or extra food or drinks. Some people had support with eating their meals. During the lunchtime meal the activities co-ordinator and domestic staff also supported care staff in helping people with the meal service. People ate at their own pace and some stayed at the tables and talked with others, enjoying the company and conversation.

People were supported by care staff that had the knowledge and skills to carry out their role and meet people's individual care and support needs. The registered manager told us all care staff completed an induction before they supported people. This had been reviewed to incorporate the requirements of the new care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. There was a period of shadowing a more experienced staff member before new care staff started to undertake care on their own. The length of time a new care staff shadowed was based on their previous experience, whether they felt they were ready, and a review of their performance. One new member of staff told us, "I shadowed for three weeks to get to know the residents first. I had to get to know people's likes and dislikes and their routines. I felt comfortable when I

started. There is training constantly."

Staff received training to ensure they had the knowledge and skills to meet the care needs of people living in the service. Care staff received training that was specific to the needs of people using the service, which included training in moving and handling, medicines, first aid, safeguarding, health and safety, food hygiene, equality and diversity, and infection control. Where some people had Parkinson's disease training had been arranged to help support staff meet people's care needs. Further training was booked with the dementia in reach team. Nursing staff had been supported and provided with information on courses they could attend to keep their clinical skills updated and current. The training completed was given through a mixture of E learning packages or practical sessions. Care staff told us their training was up-to-date and had helped them understand and support people.

Staff told us that the team worked well together and that communication was good. They told us they were involved with any review of the care and support plans. They used shift handovers, and a communications book to share and update themselves of any changes in people's care. Care staff received supervision from the registered manager or deputy manager. They told us they provided individual supervision and appraisal for staff. This was through one-to-one meetings. These processes gave care staff an opportunity to discuss their performance to identify any further training or support they required. There was a supervision and appraisal plan in place which the registered manager and deputy manager were following to ensure staff had regular supervision and appraisal. Additionally there were regular staff meetings to keep staff up-to-date and discuss issues within the service.

An employee of the month award had been introduced. This was where staff and people living in the service could nominate a member of staff who had who had been deemed to have worked above and beyond during the month. They received a certificate and gift. One member of staff who had received an award told us, "It made me feel appreciated. It can be a thankless job."

People's physical and general health needs were monitored by staff and advice was sought promptly for any health care concerns. Care plans contained multi-disciplinary notes which recorded when healthcare professionals visited such as GPs, or the speech and language team (SALT) and when referrals had been made. Feedback from the healthcare professionals we spoke with supported this. Care staff told us that they knew the people well and if they found a person was poorly they should report this to the manager. People were supported to maintain good health and received ongoing healthcare support.

Good

Is the service caring?

Our findings

People and their relatives told us people were treated with kindness and compassion in their day-to-day care. They told us they were satisfied with the care and support people received. They were happy and they liked the staff. One person told us when asked if the staff were caring, "They are so caring and I've only been here a few weeks. I'm finding it hard to be here, but they are helpful. I've requested blinds instead of heavy curtains and they are arranging this for me. Nothing is too much trouble for them." During our inspection we spent time in the communal areas with people and staff. People were seen to be comfortable with staff and frequently engaged in friendly conversation. Compliments received in the service since the last inspection included, 'My personal thanks for all you did for (Person's name.) All your staff are stars and you were always there to answer questions in a very caring way,' and 'We can't thank you enough for all the wonderful care you gave (Person's name.) Everyone was so courteous and caring to both him and to us, the family. At no time did we ever feel we couldn't trust him in your care.'

People were listened to and enabled to make choices about their care and treatment. Staff ensured they asked people if they were happy to have any care or support provided. For example, we observed the activity member of staff informing and encouraging people to take part in the activities arranged on that day. Staff provided care in a kind, compassionate and sensitive way. They answered questions, gave explanations and offered reassurance to people who were anxious. Staff responded to people politely, giving people time to respond and asking what they wanted to do and giving choices. We heard staff patiently explaining options to people and taking time to answer their questions. Staff were attentive and listened to people, and there was a close and supportive relationship between them. When asked what the service did well one member of staff told us, "We are very good at caring, offering choices in people's best interest. We try not to use agency staff as they know us."

People were consulted with and encouraged to make decisions about their care. They also told us they felt listened to. One person had been nominated to be a 'Champion' on people's behalf. They went around and talked with people to ensure all their views were fully represented at the resident's meetings. The registered manager told us, "They will speak on the resident's behalf, let us know how we are doing and make suggestions." Care provided was personal and met people's individual needs. People were addressed according to their preference and this was mostly their first name. Staff spoke about the people they supported fondly and with interest. People's personal histories were recorded in their care files to help staff gain an understanding of the personal life histories of people and how it affected them today. Care staff demonstrated they were knowledgeable about people's likes, dislikes and the type of activities they enjoyed. Staff spoke positively about the standard of care provided and the approach of the staff working in the service.

Throughout the inspection, people were observed moving around the service and spending time in the lounge or dining area. People's rooms were personalised with their belongings and memorabilia. People showed us their photographs and other items that were important to them. People were supported to maintain their personal and physical appearance. They were dressed in the clothes they preferred and in the way they wanted.

We looked at the arrangements in place to protect and uphold people's confidentiality, privacy and dignity. People told us care staff ensured their privacy and dignity was considered when personal care was provided. Staff members had a firm understanding of the principles of privacy and dignity. As part of staff's induction this was covered and the registered manager undertook checks to ensure staff were adhering to the principles of privacy and dignity. They were able to describe how they worked in a way that protected this. People told us care staff ensured their privacy and dignity was considered when personal care was provided. One member of staff was the 'Dignity Champion' for the service. Dignity and support in care had been highlighted in the service's action plan to increase awareness, and recent training for all staff had been completed. On the wall in the downstairs hallway was a collage which had been made highlighting what people should expect from the care provided. This was for kindness, dignity, safe, respect, choice and love. One care staff told us," I put myself in that situation. Some people you have to reassure. I ask for consent, and consider how they feel. They might feel scared." Another member of staff told us, "You ask if it is ok to do that, reassure and tell them why you are doing it. Especially for personal care." We observed staff knocking on people's doors and waiting before entering. When people were about to receive personal care a sign was put on their door to alert people and ensure the person's privacy.

People had been supported to keep in contact with their family and friends. Relatives told us there was flexible visiting. The registered manager was able to confirm they knew how to support people and had information on how to access an advocacy service should people require this service.

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. Staff demonstrated they were aware of the importance of protecting people's private information.

Good

Is the service responsive?

Our findings

People were asked for their views about the service. They said they felt included and listened to, heard and respected, and also confirmed they or their family were involved in the review of their care and support. One person told us, "Yes, staff do talk to me about my care." One visitor told us, "My husband can be a bit demanding, but staff do listen to him." Asked about activities, visitors agreed that there was always plenty to do and that the daily activities programme was very good. When asked what the service did well, one member of staff told us, "The activities here are really, really good. (Activities co-ordinator's name) does a lot for them. She knows the residents well, and they love her." One person told us, "Daily activities are very good. I usually go to the singing as I find it very therapeutic." Another person told us," I don't join in the activities because I don't have to. But I'm very well looked after."

Before someone moved into the service, a pre-admission assessment took place. This identified the care and support people required to ensure their safety so staff could ensure that people's care needs could be met. The registered manager told us everyone was visited prior to any admission. Records we looked at confirmed this.
When asked if people felt involved and listened to when drawing up their care plan, one person told us, "Yes, I feel involved, as I do understand and sometimes I have to remind them what they should be doing." Another person told us, "I leave my care plan to the nurse." Another person told us, "My family deal with my care."

Staff told us that care and support was personalised and confirmed that, where possible, people were directly involved in their care planning. The home have recently moved to computer records although also printed off paper records. People's care plans contained a document titled 'My Life'. This identified the person's family history, interests, hobbies and employment history and provided staff with an insight into people's lives. The care and support plans were detailed and contained clear instructions about the needs of the individual. They included information about the needs of each person for example, their communication, nutrition, and mobility. Individual risk assessments including falls, nutrition, pressure area care and manual handling had been completed. There were instructions for care staff on how to provide support that was tailored and specific to the needs of each person. Where possible people were supported to be independent and care plans detailed the care people liked to undertake themselves and where they needed support. One member of staff told us, "Care plans are very detailed. We have to read them to get to know the resident. There are tablets around the home for information and to update notes during the day." A nominated registered nurse had been allocated for each person to ensure care plans were reviewed and updated. These had been reviewed and audits were being completed to monitor the quality of the completed care and support plans. One member of staff told us the care plans gave them the information they needed to support people. Where appropriate, specialist advice and support had been sought and this advice was included in care plans. For example, records confirmed that advice and support had been sought from the speech and language team (SALT). During our discussions with staff we found that they knew people and their individual needs and it was evident that they knew them well.

People and their representatives were able to comment on the care provided through regular reviews of

people's care and support plans, in 'residents meetings' and 'resident and relatives meetings' and by completing regular quality assurance questionnaires. Minutes of the resident's meetings held confirmed people had been asked for feedback on the outings provided and for suggestions for venues for future outings, the frequency of which had increased. The registered manager told us she wanted to ensure all the people were aware of their democratic rights, and this had been a topic discussed at a resident's meeting. They had been kept informed of the changes in the service and the outcome of the survey which had been completed. They had been informed about the completion of the PIR, and what to expect during an inspection of the service. Following recent surveys an action plan had been drawn up to review and action comments made. For example, following feedback a weekend cleaner had been recruited, a larger television had been purchased in the lounge, and the complaints policy and procedure was re-issued to people and their relatives. We did receive some comments that people did not feel that staff had the time to always talk and their listening skills could be improved. This had also been feedback from the quality assurance questionnaire. Work had already started to address this starting with a discussion at a team meeting.

People told us there were regular activities provided which they could join in with if they wished to. An activities co-ordinator arranged activities in the service five days a week. Or external groups or entertainers were booked to come in and entertain people. The notice boards had information about activities people could attend during the week. Activities planned during the week of the inspection included a sing-a-long, a knitting circle, baking, board games and a coffee morning. The activities co-ordinator went around the service in the morning to deliver people's newspapers and talk with people on a one-to-one basis before the group activities started. People were being reminded and encouraged to join in the activities on offer on the day. One person told us, "The activities are very good." Another person told us, "We have lots to do if we want to do a lot." Another person told us, "I don't really join in. I'm quite content to just read my paper and listen to my radio in my room." People had been able to go out on outings, for example to a local animal rescue centre, a steam fare and garden centre. They had been supported with walks out and for a coffee. People were working on designs for a Christmas card, the winner of which would be used as the design for the Oakland's Christmas card.

Meeting people's religious and cultural needs was part of everyday practice at the service. Staff were able to describe how people's religious customs were respected, and a range of pastoral visitors and church leaders visited. One person told us, "They know some of us like to go to church, so they have the priest come and give us communion once a week. I look forward to this."

People were encouraged to raise any concerns. The 'Service user guide' given to people detailed, 'We welcome your comments and suggestions regarding any aspects of care at Oakland's.' People told us they felt it was an environment in which they could raise any concerns. One person told us, ""I've complained about one or two things on a couple of occasions and they've solved the problem." Visitors told us they had no concerns about the care provided and felt they would be listened to if they had any concerns. People were made aware of the complaints, suggestions and feedback system which detailed how staff would deal with any complaints and the timescales for a response. It also gave details of external agencies that people could complain to. No formal concerns had been raised since the last inspection. Care staff were aware that if people or their visitors had any concerns these should be discussed with the registered manager. In addition to the compliments and complaints procedure, the registered manager told us they operated an 'open door' policy and people, their relatives and any other visitors were able to raise any issues or concerns.

Good

Is the service well-led?

Our findings

People told us they felt the service was well led. Staff told us the new manager had ensured, "More professional paperwork, and clarity on what we are expected to do. The home is starting to look better." One member of staff told us, "She wants the best for the residents. She is very caring." Another member of staff told us, "(Registered manager's name) has been good and made lots of changes. It's more organised in the office and it gets done. She has a lot of knowledge and she wants the best for the home."

The last inspection was carried out on 13 October 2015. We found areas which required improvement in relation to systems that were not fully in place to drive improvement and ensure the quality of the care provided. Quality assurance policies and procedures had not been fully developed. Senior staff carried out a range of internal audits, including care planning; health and safety, and medicines administration. However, they had not been regularly carried out and embedded into the practice of the service. Where audits had been carried out actions were completed, however, actions proposed to address issues highlighted had not all been addressed. We found one incident had not been reported to the CQC in a notification. At this inspection we found the provider had followed their action plan, and improvements had been made.

Senior staff carried out a range of internal audits, including care planning, checks that people were receiving the care they needed, medication, health and safety and infection control. They were able to show us that following the audits any areas identified for improvement had been collated into an action plan, work completed to address any shortfalls and how and when these had been addressed. The provider's regularly visited and audited the care provided. Accidents and incidents were recorded and staff knew how and where to record the information. Remedial action was taken and any learning outcomes were logged. Steps were then taken to prevent similar events from happening in the future.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). Senior staff were aware they had to submit notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. Policies and procedures were in place for staff to follow.

There were regular clinical meetings once a month for the trained nurses to review and discuss the care being provided. There were regular staff meetings which staff told us were used as an opportunity to both discuss problems arising within the service, as well as to reflect on any incident that had occurred. Staff told us they felt they had the opportunity if they wanted to comment on and put forward ideas on how to develop the service. Staff had also had the opportunity to complete a quality assurance questionnaire. Following the recent questionnaire completed, an action plan had been drawn up to look at for example, further storage area for equipment and improvements to the facilities for people with a physical or sensory disability.

People and their relatives had had the opportunity to comment on the care provided through meetings and quality assurance questionnaires. A newsletter was also used to keep people up-to-date as to what was happening in the service. They had also contributed to the content of the newsletter, for example with

recipe ideas.

There was a clear management structure with identified leadership roles. The registered manager was supported by a deputy manager and a part-time administrator. There was a team of registered nurses and a senior member of care staff. The senior staff promoted an open and inclusive culture by ensuring people, their representatives, and staff were able to comment on the standard of care and influence the care provided. Staff members told us they felt the service was well led and that they were well supported at work. They told us the managers were approachable, knew the service well and would act on any issues raised with them. One member of staff told us, "If we have any issues we can go to (Registered manager's name) or (Deputy manager's name) we can talk openly here." Another member of staff told us, "She is on top of the carers to ensure they do the job properly and charts are complete." The office is more organised and audits get done. Staff supervision and staff meetings had provided the opportunity to both discuss problems arising within the service, as well as to reflect on any incidents.

The organisation's mission statement was incorporated in to the recruitment and induction of any new staff. The mission statement was detailed in the service user's guide for people, visitors and staff to read. The aim of staff working in the service was, "It is the aim of Oakland's Nursing Home to provide a high standard of care to all the residents, in which the principles of best practice are incorporated." Staff demonstrated an understanding of the purpose of the service, with the promotion and support to develop people's life skills, the importance of people's rights, respect, diversity and understood the importance of respecting people's privacy and dignity.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). Senior staff had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. There was a policy and procedure on people's responsibility under the Duty of Candour. This is where providers are required to ensure the there is an open and honest culture within the service, with people and other 'relevant persons' (people acting lawfully on behalf of people) when things go wrong with care and treatment.