

Healthcare Homes Group Limited

Oaklands House Residential Home

Inspection report

Oaklands House
Blackwater Covert, Reydon
Southwold
Suffolk
IP18 6RD

Date of inspection visit:
08 May 2019

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Tel: 01502724955

Website: www.healthcarehomes.co.uk/homes/oaklands-house/

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

About the service:

Oaklands House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. This service does not provide nursing care. Oaklands House Residential Home accommodates up to 29 older people in one adapted building. During our comprehensive unannounced inspection, there were 27 people using the service, some living with dementia.

People's experience of using this service:

At our last inspection of 1 November 2016, the service was rated requires good overall. The key questions for safe, effective, caring and well-led were rated good and the key question for responsive was requires improvement. At this inspection of 6 March 2019, we found the evidence continued to support the overall rating of good and improvements had been made in responsive.

People told us that they were very happy using the service and their individual needs were being met.

Staff were motivated to ensure people lived as full lives as possible. Staff were responsive to people's individual needs. Activities were provided, which were designed in consultation with the people who used the service.

There were systems designed to keep people safe, including from abuse. Risks to people in their daily lives were assessed and plans in place to reduce these. People's medicines were managed safely.

There were enough trained and skilled staff to meet people's needs. Recruitment processes were safe.

There was an ongoing programme of improvement in the environment. Infection control procedures safeguarded people from the risks of cross infection.

People had access to health professionals when needed. People were supported to maintain a healthy diet.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People shared positive relationships with staff. People's privacy, independence and dignity was respected. People were listened to in relation to their choices about how they wanted to be cared for.

There was a complaints procedure in place and people's complaints were addressed. People were asked for their views about the service and these were valued and listened to.

The service had robust systems to monitor and assess the service provided.

Rating at last inspection: At our last inspection of 1 November 2016, which was published 6 December 2016, the service was rated good.

Why we inspected: This inspection took place as part of our planned programme of inspections, based on the rating of good made at our last inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Follow up: We will continue to monitor this service according to our inspection schedule.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Oaklands House Residential Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was undertaken by one inspector.

Service and service type:

Oaklands House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. This service does not provide nursing care. Oaklands House Residential Home accommodates up to 29 older people in one adapted building. During our comprehensive unannounced inspection, there were 27 people using the service, some living with dementia.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

Prior to the inspection we gathered all the information we held about the service and used it to develop a plan for the inspection. We reviewed information provided to us from the Local Authority quality teams and

information we received from the provider by way of notifications. Notifications are required by law and identify incidents that had happened in the service and the actions taken in response, including pressure ulcers, safeguarding and serious injury.

We also used the information sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

To gain people's views and experiences of the service provided, we spoke with seven people who used the service and one person's relative. We looked at the care records of three people who used the service, including risk assessments, care plans and records relating to medicines. We also observed the care and support provided and the interaction between people and staff throughout our inspection.

We spoke with the registered manager, the regional director, regional clinical support and seven members of staff, including the head of care, senior care, activities, domestic, maintenance and catering staff.

We reviewed information the service held about how they monitored the service they provided and assured themselves it was meeting the needs of the people they supported. This included accident and incident records, audits, and staff training and recruitment records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People continued to be supported by staff who were trained and understood their responsibilities in the systems designed to keep people safe from abuse.
- A safeguarding policy and procedure was in place and staff were asked to sign a document to show that they had read and understood their responsibilities.

Assessing risk, safety monitoring and management

- People told us that they felt safe using the service.
- People's care records included risk assessments which guided staff how the risks in people's lives were reduced. This included risks associated with pressure ulcers, falls, choking, moving and handling and nutrition.
- A clinical risk register was used to identify people at risk in areas such as weight loss. The risk register was regularly reviewed by the management team and used to develop systems to reduce the risks in a proactive way.
- Portable electrical equipment, moving and handling equipment and the system for fire safety continued to be regularly checked to ensure they were fit for purpose and safe to use. There was a system to reduce the risks of legionella bacteria in the water system.
- A member of the local police attended the service and spoke with people living in the service, and those living in the surrounding bungalows, about the risks associated with internet crime and telephone scams.

Staffing and recruitment

- People told us that they felt there were enough staff to meet their needs and their requests for assistance, including when using their call bell, were responded to by staff promptly. One person said, "I press this [call bell pendant] and they are usually here within minutes." This was confirmed when they pressed their bell for assistance.
- The registered manager told us that they used a system used to determine the number of staff needed to meet people's dependency levels. They said if people required additional support, then more staff would be rostered to work.
- The registered manager told us that the service continued to have a system to recruit staff safely. One staff member told us that they felt that the recruitment of new staff was done well, they said, "Staff selection is done very well, they [new staff] fit in well and their standards are high."

Using medicines safely

- People told us that they were satisfied with the support they received with their medicines.
- We observed staff administering medicines to people in a safe way.

- Medicines were stored safely and securely in the service.
- Regular and robust audits and checks on medicines supported the registered manager and provider to identify and address any shortfalls promptly.
- Staff responsible for administering medicines had been trained to do so safely and their competency was assessed by senior management.

Preventing and controlling infection

- The service continued to be visibly hygienic throughout. One person told us, "They keep it nice and clean."
- Bathrooms and toilets held hand wash gel and disposable paper towels to use to reduce the risks of cross infection.
- Disposable gloves and aprons were available for staff to use to reduce the risks of cross contamination. We saw staff wearing these, for example, when sorting out laundry.
- Staff had received training in infection control and regular audits supported the registered manager to address any shortfalls promptly.
- The registered manager had held handwashing and hygiene training. We saw photographs of how lighting was used to show when handwashing had not been effective.

Learning lessons when things go wrong

- The service had systems to learn from incidents and when things went wrong. The registered manager was supported by the regional director and where improvements were needed, these were addressed promptly.
- The provider's registered managers and managers met regularly and discussed lessons learned in each of the provider's services, which was then shared in staff meetings in the service. The open and transparent approach to when things had gone wrong assisted each service to learn from each other to prevent similar issues arising.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people moving into the service, a needs assessment was undertaken by a member of the management team. This was done in consultation with people, their representatives and any appropriate health and social care professionals. This assessment was used to determine if the service could meet the person's individual and diverse needs and to inform the care plan.

Staff support: induction, training, skills and experience

- People told us that the staff had the training and skills to meet their needs. One person told us how the staff supported them, "They do it very well."
- There continued to be a system to provide staff with ongoing training and induction. Staff received training in subjects such as infection control, safeguarding, moving and handling, dementia, privacy and dignity, nutrition and hydration and equality and diversity.
- Staff received training to ensure people's specific needs were met. An example of this was that a person who was due to move into the service used a specific type of equipment. On the day of our inspection the senior staff received training on how to use this equipment safely.
- Staff achieved qualifications relevant to their role. Where new staff were not experienced in care, they undertook the Care Certificate, which are standards that staff should be working to.
- The 'policy and procedure of the month' system, required staff to sign to say they had read and understood the documents.
- Staff were provided with one to one supervision meetings. These provided staff with the opportunity to receive feedback about their practice, discuss any issues and identify training needs.

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

- Without exception, people told us that they had choices of what they wanted to eat and the quality and quantity of food was good. One person said that the chef often spoke with them about what they wanted to eat, "[Chef] is beautiful, asks me all the time if I want anything special, whatever [chef] cooks is always lovely." We saw people thanking the chef for their lunch and telling the chef that they enjoyed their meal.
- People told us that they got enough to drink, which reduced the risks of dehydration. There were jugs of cold drinks in the communal areas and in people's bedrooms that people could help themselves to.
- People's dietary needs continued to be assessed and met. This included people who were at risk of choking and/or were not maintaining a healthy weight. Staff spoken with were knowledgeable about people's dietary needs.
- Mealtimes continued to provide people with a positive and social experience. People were served by staff and could choose what and how much they wanted to eat. In addition to meals, there was a large bowl of fruit that people could help themselves to and snacks were made available when people wanted them.

- As well as the choices of main meals there was a supplementary menu that people could choose from including choices such as fish, omelette, and jacket potato.
- Specific items were provided, such as coloured plates and plates with raised sides, to assist people to maintain their independence when eating, for example people with sight loss and living with dementia.

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

- Records identified that people continued to receive support from health care professionals, including their GP, dietician and community nurses. Feedback and guidance were recorded to ensure people received a consistent service which met their needs.
- People's records held care passports which identified important information about the person, such as how they communicated and their specific needs. These were provided to other services, for example if the person was admitted to hospital, to ensure they received consistent care which met their needs.
- Staff had received training from community nurses in the skin tear pathway, which includes staff being able to dress smaller skin wounds to ensure that they did not have to wait for medical intervention.

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

- The environment was suitable to meet people's needs and preferences.
- There was a well-maintained garden and patio that people could use and they were participating in its upkeep and design.
- There was an ongoing plan of redecoration and refurbishment being completed. The registered manager told us that some areas of the service had been redecorated to provide a brighter environment. They showed us photographs before the redecoration had taken place, which confirmed this was the case. The redecoration supported people to see better and it helped reduce the risk of falls. People had participated in choosing the décor of the service.
- Some people chose to have signs on their bedroom doors, which helped them to find their bedrooms. People's bedrooms were personalised to reflect their individuality and choices.
- The maintenance staff member was talking with a person who had said they wanted the chair in their bedroom repairing. The maintenance staff responded immediately and spoke with them about the repair and how long it would take. They then asked the person to choose a chair from the communal areas to use in their bedroom whilst this was taking place. The person told us that they were happy with what was being done.
- Changes to the grounds had taken place including the creation of more parking spaces.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We saw that staff asked for people's consent before providing any care or support. People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.
- Staff had received training in the MCA and DoLS and understood their responsibilities in these areas.

- People's care records contained information relating to their capacity to make decisions. Records for people who lacked capacity also contained information on how staff should support them including decisions made with appropriate professionals in their best interests.
- DoLS referrals had been raised to ensure any restrictions on people's liberty were lawful. The registered manager kept records which identified when DoLS had been submitted to the local authority for authorisation. None of the referrals had yet been authorised.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that they staff were caring and respectful. One person said, "They are all very kind."
- We observed that staff were respectful in their interactions with people. Staff communicated with people in a caring and respectful way. They positioned themselves at people's eye level.
- People and staff shared positive relationships and knew each other well. Staff spoke about and with people in a compassionate manner and were committed in providing a caring service.
- There were engaging and friendly discussions between people and staff and lots of laughter and smiles. This contributed to a positive environment.
- We saw several compliments received by the service. One stated, "Staff are very helpful and caring towards the residents." Another stated, "Thank you for your friendship, kindness and professionalism."

Supporting people to express their views and be involved in making decisions about their care

- People told us that their choices were listened to. One person said, "This is our home, we do what we want."
- People's care records demonstrated their involvement in the decisions about how they wanted their care to be delivered.
- The registered manager was sending out correspondence to people's families to ask them to participate with their family members in checking the care plans and if they felt any additions were required.
- People were supported to maintain relationships with others, such as relatives and friends. During our inspection visit a person's visitor was sharing a meal with them. They told us that this was always possible, they just had to let the catering staff know.

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy, dignity and independence was respected. This was included in care records to ensure staff received guidance in how to respect people's rights.
- Staff knocked on bedroom and bathroom doors before entering and we saw that staff spoke with people in a discreet way to see if they needed assistance with their personal care needs.
- Staff encouraged people's independence, such as when they were mobilising and eating lunch.
- One person told us how their needs had recently changed and they required more staff support which they were finding difficult. However, they said that the staff let them decide how much help they needed. The person said, "I am trying very hard," to regain their independence.
- Where people chose to, they were supported to administer their own medicines. This was kept under review to ensure that people were safe.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Our last inspection of 1 November 2016 found that the key question for responsive required improvement in people's care records. During this inspection of 8 May 2019, we found improvements had been made.
- People's care records demonstrated that people's individual needs were assessed, planned for and met. People's communication needs were identified, recorded and highlighted in care plans.
- The registered manager had developed a document which was used for pre-admission assessments and developing the care plan. This document was completed with the input from people and their relatives, where appropriate. It included people's specific preferences and needs.
- People told us they were happy using the service, and they received personalised care which met their needs. One person said, "It is lovely here." One person's relative commented, "[Family member] is very happy here, so am I to see [family member] is so well looked after."
- One day each month a person using the service was the 'resident of the day'. This involved the person having a meeting with the chef, domestic, care, activities and maintenance staff to discuss if they wanted to eat something special or undertake a particular outing or activity. Also as resident of the day their care plans were reviewed with the person and their bedrooms were deep-cleaned.
- There was a creative programme of activities which reduced the risks of people being lonely and isolated. This included both group and one to one activities. One person told us, "We keep young and what we do keeps us young."
- Voting cards were given to people to select their preferred activities and interests. People's individual and group activities were planned around what people had said in the voting cards and in ongoing discussions.
- The activities told us they identified special events from calendars and spoke with people about if they wanted to do anything on these days. Examples included activities during British Science Week, sampling Scottish food and drink for Burns night and feeding and counting birds for the Royal Society for the Protection of Birds. Later in the month English wine tasting was planned.
- The activities coordinator was a fully qualified relaxation therapist and they had introduced Meditation Monday. People were trying different types of meditation, and so far, their favourites were walking through a meadow and desert island.
- An example of how people's individual interests were listened to and included in their activities included, a person had said they used to enjoy knitting and felt they were no longer able to do this due to their condition. The person had been supported to continue with their interest and was now knitting.
- One person had told staff that they did not have many recent family photographs. This was listened to and this was arranged. For Mother's Day, photograph shoots were organised for people and their relatives when they visited. These photographs were provided to the people using the service and relatives.
- The activities staff member told us that, through discussions with people, some had met their partners/spouses when dancing. The activities staff arranged for a visiting group to talk about dancing and

how it had changed over the years, which encouraged discussion and interest. They had also organised for people to attend a tea dance in the community. One person had said they, "Had the time of my life."

- A person had said they wanted to go swimming and the registered manager had assisted them to buy a swim suit. They were looking for suitable places to go swimming.
- The service had its own minibus which was used for outings to local areas and where people had said they wanted to visit.

The provision of accessible information:

- The service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted in care plans.
- Documentation could be provided in larger font if required, they could also provide information in audio. The registered manager told us about organisations they could access to support people and the service, if people had sensory loss.
- At the door of the dining room a restaurant style menu board, there was also photographs of the meals in a folder on the table.
- A three monthly hearing aid clinic was held, where a volunteer from the community repaired hearing aids, where required.

Improving care quality in response to complaints or concerns

- People told us that they felt confident that if they raised concerns that they would be addressed. One person said, "I would tell any of them [staff] if I was worried."
- There was a complaints procedure in place. This was displayed in the service to ensure people and visitors were aware of how to raise concerns. In addition, there was a suggestion box where people and visitors could post their comments, anonymously if they chose.
- Records demonstrated that concerns were addressed and used to drive improvement. The management team were open with us about concerns received and actions being taken to address them.
- Daily walk arounds were undertaken by the registered manager and/or the head of care to speak with people. This also gave people the opportunity to raise any concerns that could be dealt with immediately.

End of life care and support

- There were systems in place to support people who required end of life care. No people using the service required palliative care at the time of our inspection visit.
- People's care records included their choices relating to the end of their lives, including if they wished to be resuscitated and how and when they wanted to be cared for at the end of their life.
- We saw that cards and letters had been sent to the service thanking them for the care and support provided. One of these talked about the end of life care provided, it stated, "Thank you for all the care and attention given to my [family member], especially during the last hours [family member] was with us."
- The registered manager told us that two staff had shown an interest in being end of life champions. The staff members were collecting resources, such as hand creams and different types of music. These would be used when people required end of life care to make them feel comfortable and cared for. There were also plans for the staff to attend more end of life training.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a new registered manager in the service, they had been registered with the Care Quality Commission (CQC) in November 2018. The registered manager was supported in their managerial duties by the head of care.
- People we spoke with knew who the registered manager was and said they could speak with them at any time. The manager was visible throughout the duration of our inspection and was knowledgeable about people's individual needs.
- The registered manager and provider had a good oversight of what was happening in the service and demonstrated they knew how to support quality care to people using the service.
- The management team was supported by the regional director and the provider's regional clinical support staff member. They regularly visited the service and undertook checks and audits to ensure the service was running effectively.
- There was a programme of quality assurance checks in place, including care records, health and safety and medicines. These supported the registered manager to address any shortfalls promptly.
- Incidents and accidents were analysed to identify any trends and systems were put in place to reduce future events.
- Daily meetings were held with the management team and heads of departments to discuss any emerging issues and actions required.
- The registered manager and staff we spoke with were motivated, and shared the same values of putting people using the service first. The registered manager understood their responsibility of the duty of candour.
- Since the new registered manager had been in post several improvements had been made and were ongoing. An example of this was with the improvements in care plans and in staff training compliance. In August 2018 training compliance was 63% and at the time of our inspection, this had risen to 95.5%. Further improvements included better storage of fruit and vegetables and decoration of the environment. One staff member told us, "It has improved a lot with the new [registered manager and head of care]."

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

- People and staff were actively engaged in developing the service; through surveys, meetings and ongoing communication to check they were happy with the service they received. Information was displayed in the service which told them what actions had been taken as a result of their comments. This included buying new games for activities and arranging a visit to another home.

- Planned assessments checked that the service could meet people's needs. Ongoing reviews included people who used the service to identify how they wanted their care delivered.
- The registered manager involved staff in decisions about the service. They did this through meetings and ongoing discussions.
- The registered manager demonstrated that staff were valued, by having an employee of the month system. People using the service, visitors and colleagues could nominate staff as they chose to. In addition, staff could be nominated for the provider's annual awards. The maintenance staff member had been successful in getting through to the second round of the provider's awards.
- Staff told us that they were happy working in the service. One staff member said, "I love working here, we work well as a team." Another staff member commented, "We gel well as a team, standards are high, it is a pleasure to work here."

Continuous learning and improving care

- The registered manager kept their learning up to date and understood the importance of keeping up to date with changes in the care industry. They attended the provider's monthly registered manager's meetings where good practice and learning from incidents were discussed.
- The registered managers had a protected social media group, where they could also ask for support from each other.
- The Provider Information Return (PIR) demonstrated that the provider and registered manager had a clear understanding of their roles and responsibilities in providing people with good quality care. They had identified areas for continuous improvement.
- The activities staff and the registered manager had attended a training course promoting an active care home. They were using their learning to develop activities for people.
- A service improvement plan was in place which demonstrated that the management team had systems in place to independently identify shortfalls and address them.
- A pilot was planned for the provider's training in their services in Suffolk. The training was being reviewed and tailor made to be specific to the individual people using the service. More staff were undertaking train the trainer courses in subjects including moving and handling, to provide on the spot training where required.
- The registered manager had developed an information sheet which provided staff with a quick and easy to follow guide in subjects including the Mental Capacity Act (MCA) 2005, safeguarding, duty of candour and Control of Substances Hazardous to Health (COSHH). This had been shared with the provider's other registered managers.
- People had received dementia friends training and they were all provided with dementia friends badges. This provided people with information about what others may be experiencing. The registered manager told us how this had made a positive impact on a person who talked about a relative who had lived with dementia, when they were previously reluctant to do so.

Working in partnership with others

- The registered manager told us about the positive relationships they maintained with other professionals involved in people's care.
- The service continued to develop links within the community. This included holding dementia friends coffee mornings, with a range of speakers invited and people from the community.
- Ongoing work was being done to further develop links, this included an invitation to a local Scout group, people were collecting plastic for a local school and there were plans for them to come into the home to read with people, a local garden centre had agreed to donate plants for the garden, and the registered manager had contacted a local school to ask if they could use their swimming pool.
- A notice in the service asked people to share their views if they wanted to participate in a local carnival.

- People had visited another of the provider's homes, which they had enjoyed and asked to go again. This was being arranged.