

Valorum Care Limited

Oaklands - Care Home with Nursing Physical Disabilities

Inspection report

Dimples Lane
Barnacre
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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 well-led? | Good ● |

Summary of findings

Overall summary

Oaklands – Care Home with Nursing Physical Disabilities (Oaklands) is a care home providing personal and nursing care for up to 30 older and younger people with a range of complex nursing and physical needs. At the time of this inspection the home was fully occupied. Accommodation is provided over 2 floors with several communal areas including an activities room on the ground floor.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

People told us they were very happy with the care they received. We found improvements had been made since our last inspection to the assessing and monitoring of risks and to the oversight of the quality and safety of the service.

Some staff employed had not had all the required checks completed for working with vulnerable people before they began their employment. There were enough staff available to provide care and support to people as they needed it and in the event of an emergency.

We have made a recommendation that the recruitment processes used include all of the required checks of suitability to work with vulnerable people.

Risk assessments were in place to monitor and minimise the potential risk of avoidable harm to people. Systems were in place to record accidents and incidents. These were consistently monitored to identify any lessons learned, themes or trends. Safeguarding incidents were identified and shared with relevant authorities.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's care and support had been planned in partnership with them and their relatives where possible.

People told us they felt the staff were well trained to meet their needs. Records demonstrated appropriate and relevant training was completed. Referrals were made to other healthcare services where necessary.

People told us the staff treated them with respect and dignity and were kind and caring towards them. Care plans demonstrated a person-centred approach. People's individual needs were responded to well and

people were extremely satisfied with the service. Concerns and complaints were promptly responded to.

There was a positive culture in the home, people spoke very highly about the staff who cared for them and all the staff we spoke to told us they really enjoyed their jobs. There were improved, communications, systems and processes used to ensure regular oversight of the safety and quality of the service. The registered manager and staff had worked hard to improve people's experiences and to address shortfalls found at the last inspection driving improvements at the home.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 03 December 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider ensured a good level of cleanliness throughout the home and improved storage space for large pieces of unused equipment. Care files needed more detailed to show the support people preferred. The recording of staff supervision and training needed to be more accurately recorded and people's privacy and dignity to be promoted at all times

At this inspection we found the provider had acted on all of the recommendations and we saw where improvements had been made.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective, caring and well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oaklands – Care Home with Nursing Physical Disabilities on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation that the recruitment processes used include all of the required checks of suitability to work with vulnerable people.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Oaklands - Care Home with Nursing Physical Disabilities

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors 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.

Service and service type

Oaklands is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Oaklands is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 2 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, an operations manager, the maintenance person, the cook and 3 care workers. We reviewed a range of records. These included 5 people's care records including medication records. We looked at information in relation to the recruitment and supervision of staff. A variety of records relating to the management of the service, including some policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection in October 2021 the provider did not have systems in place that were robust enough to demonstrate safety was being effectively managed. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks relating to people's needs and their environment had been identified, assessed and appropriate plans were in place informing staff on how to manage those risks.
- The provider had improved systems to monitor and manage the safety of the environment and equipment. Maintenance management had been effective in improving the safety in the home.
- The registered manager consistently monitored accidents and incidents to identify lessons learned, themes or trends and shared any learning with the staff team. Action had been taken to appropriately deal with them.

Staffing and recruitment

- Safe recruitment procedures were not always completed. On occasions, checks into an applicant's background had not been thorough enough. For example, required checks with previous employers in health and social care had not always been made. There was no evidence anyone had been harmed because of this.
- Other checks of suitability such as those into identity, right to work and criminal records had been completed.
- The registered manager and operations manager assured us they would implement further checks after to ensure the whole staff team were safe to work with vulnerable people.

We recommend the provider reviews its recruitment processes to ensure they are compliant with legislation and best practice.

- The provider ensured staffing levels remained consistent with the use of regular agency staff. One person told us, "There are always enough staff around to look after me."
- The registered manager continually assessed staffing levels to ensure there were enough staff available to support people.

Using medicines safely

- People received their medicines safely and as they had been prescribed. One person told us, "I get my medications when I need them."
- People who required timely medicines records showed these were administered appropriately.
- Some people were prescribed medicines on an as and when required basis, often known as PRN. We saw protocols were in place to guide staff about when these medicines were required.
- Staff told us they received training in the safe administration of medicines and their competencies were assessed regularly.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained to identify and report abuse and to provide people's care in a safe way.
- People and their relatives told us they felt the service was safe. One person said, "I feel very safe here. The staff understand all my needs and look after me well."
- Staff told us they were comfortable raising any concerns with the registered manager.
- The registered manager reported any concerns to the local authority safeguarding team in line with their guidance.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People could visit the home freely as and when they wished unless the home had been advised to restrict visiting due to an infection outbreak.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant 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

- People's needs were assessed before agreeing to provide their care.
- People were involved in developing their care and support plans. One person told us, "I was asked when I came in as to what I need and now they [care workers] don't need to ask as they know me."
- The registered manager referred to current legislation, standards and best practice to achieve effective outcomes.

Staff support: induction, training, skills and experience

- The registered manager had improved systems to ensure staff were regularly supported through supervision in doing their roles.
- Staff told us and records seen showed they completed a range of training to give them the skills and knowledge to provide people's support.
- People told us they thought staff were adequately trained. One person told us, "The staff here are excellent they are well skilled to do the jobs they do." Another person said of the staff, "The staff understand my needs and they have the skills to look after me."

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

- People's nutritional and hydration needs were being met. One person told us, "I'm a fussy eater but they do give me a choice each meal time."
- Staff provided the level of support to people who needed it to eat. A relative said, "My relative takes a long time to eat with support so they use a special dish with hot water in that keeps their food warm for longer."
- People had been referred to other services where concerns with eating had been noted.

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

- The home was well equipped with adequate space to support people with moving, transferring and the use of their specialist equipment.
- People had personalised their rooms as they wished. One person told us, "I have personalised my room. It has been decorated for me and they have put shelves up for my things."

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

- Staff supported people in managing their health and wellbeing needs by making appropriate referrals to

external services such as occupational health and physiotherapy.

- Staff worked effectively with healthcare professionals to ensure people's healthcare needs were met. One person told us, "They [care workers] call the doctor if they are concerned about anyone. The nurse in the home is good at making sure everyone stays well."

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 MCA 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. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager had made DoLS applications when required and where relevant independent advocacy could be arranged.
- We saw people and their relatives had been involved, consulted with and had agreed with the level of care and treatment provided. One person said, "The staff ask for consent to do things for me, but I try to do everything myself."
- The staff knew people well and gave people the time they needed to make decisions about their care.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant 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; Respecting and promoting people's privacy, dignity and independence

- 100% of people spoke highly of the staff and told us staff are kind, caring and respected their privacy and dignity.
- Staff treated people with respect and were kind and caring towards them. People were very complimentary about the staff who supported them. One person said, "The staff are very helpful and kind. They treat us all with respect."
- The staff respected people's privacy and promoted their dignity and independence. One person told us, "I can be as independent as I want to be. The staff allow you to do as much as you can." Another person said, "They [care staff] do respect me as they let me make my own choices."

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

- People could express their views and raise any concerns or queries and we saw these were dealt with promptly. A relative told us, "The staff keep me always informed about my relative. If I phone up to enquire about them, they are very informative."
- People and their relatives were regularly asked for their opinions about the service. One person told us, "I have a care plan and staff discuss it with me once a month. I am fully involved in making decisions about my care."

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection in October 2021 the quality monitoring systems were not always effective and shortfalls in the service were not being recognised and addressed in a timely manner. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider and registered manager had made improvements to processes used in the home to ensure compliance.
- Various audits to monitor the oversight of the safety and quality of the service had been undertaken and these were effective in identifying any concerns.
- Staff told us they had recognised improvements in the service which included training and supervision. One care worker told us, "There have been improvements especially in communication."
- The registered manager told us since the last inspection she and the home had received more support from the new structure of senior managers for the provider.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People using the service and their relatives felt their contributions were respected. One person said, "They treat us with respect and listen to what we want providing."
- Feedback from people and staff was very positive about the leadership and management. One person told us, "The manager is very supportive. She goes above and beyond to help people."
- Staff told us they were confident they could make suggestions to the registered manager and felt listened to.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider had systems in place to gather the views of people and relatives. Including regular meetings for residents and relatives. One person told us, "There are frequent meetings where we can discuss issues we want to raise."

- The volunteer coordinator and activities team matched volunteers with individuals or groups of people based on individual specific interests to ensure people led a meaningful and sociable life.
- The registered manager and provider took action following our last inspection to implement changes to improve the safety and quality of the care provided.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff understood their responsibilities in sharing information with relevant parties, when appropriate.
- People's relatives and or relevant others including, us and the local authority safeguarding team had been informed of any significant events.

Working in partnership with others

- The staff continuously monitored people's clinical needs and where relevant engaged with the support of external professionals.
- The registered manager and staff had established relationships with other services involved in people's care and support. The service liaised regularly with community health and social care professionals to ensure people's needs were met.