

Mr John Hall

# Oaklands Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Oaklands is a residential care home providing accommodation and personal care to 22 people in one adapted building at the time of the inspection. The service can support up to 25 people.

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

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.

The service provided safe care to people. A person commented, "I feel really safe here, the staff look after me." A relative commented, "Mum is definitely kept safe, I have no concerns." Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have.

People's individual risks were identified, and risk assessment reviews were carried out to identify ways to keep people safe. Medicines were managed as necessary. Effective infection control measures were in place. The principles of the Mental Capacity Act were adhered to when necessary. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

There were effective staff recruitment and selection processes in place. People confirmed that staffing arrangements met their needs. There were enough staff to support people and the staff worked well as a team.

Staff relationships with people were caring and supportive. Staff provided care that was kind and compassionate. People commented, "The staff are lovely. I am happy here" and "They (staff) are really kind and caring." Relatives commented, "The staff are super, they really are lovely. The staff are so patient. Mum is like a new woman since she moved to Oaklands, she is even walking again!" and "When we visited, a carer was gently stroking mums' hair, which she likes because she was feeling distressed. The staff are so attentive."

Staff spoke positively about communication and how the registered managers worked well with them and encouraged their professional development.

A number of methods were used to assess the quality and safety of the service people received. The service made continuous improvements in response to their findings.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was requires improvement (published 11 June 2021) and there were breaches of regulation. 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 the service follows best practice guidance in developing PRN protocols for individuals who may be prescribed PRN medicines. At this inspection, the provider had made improvements.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 27 November 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, fit and proper persons employed and good governance.

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 and Well-led which contain those requirements. We have also reported on the Key Question Caring.

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.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oaklands Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 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 Residential Care 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. 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 one inspector.

#### Service and service type

Oaklands Residential Care Home 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 without 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 on the first day and announced on the second day.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 6 people using the service and 7 members of staff, which included both registered managers.

We reviewed a range of records. We looked at a variety of records relating to the care and support provided. This included 4 care files and 3 staff files in relation to recruitment, and various audits/reports relating to the quality and safety of the service. We requested a variety of records were sent to us relating to the management of the service.

### After the inspection

After our visit we sought feedback from relatives and health and social care professionals to obtain their views of the service provided to people. We received feedback from 2 relatives, and 1 health and social care professional. We continued to seek clarification from the provider to validate evidence found.

# 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.

### Preventing and controlling infection

At our last inspection the service had failed to identify risks associated with infection control and use of the right personal protective equipment. This was a breach of Regulation 12 (Safe care and treatment) 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.

- 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.

### Visiting in care homes

The provider's approach to visiting was in line with government guidance. Staff ensured visitors followed the government's protocols to minimise the risk of infection and or spread of COVID-19.

### Staffing and recruitment

At our last inspection the service had failed to ensure all checks as per schedule 3 of regulation 19 were in

place. This placed people at potential risk. This was a breach of Regulation 19 (Fit and proper persons employed) 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 19.

- There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider and registered managers ensured there were sufficient numbers of staff deployed to meet the needs of the people at the service.
- The registered managers explained that staff skills were integral to enable people's care and support needs to be met. They added that people received support from a consistent staff team. This ensured people were able to build up trusting relationships with staff who knew their needs.
- We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. They explained that regular staff would fill in to cover the shortfall, so people's needs could be met by staff members who knew and understood them. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift.

### Using medicines safely

At our last inspection we recommended the service follows best practice guidance in developing PRN protocols for individuals who may be prescribed PRN medicines. The provider had made improvements.

- People's medicines were managed so they received them safely.
- Appropriate arrangements were in place for obtaining medicines. The home received people's medicines from a local pharmacy each month. When the home received the medicines, they were checked, and the amount of stock documented to ensure accuracy.
- Medicines were safely administered. Medicines administration records were appropriately signed by staff when administering a person's medicines. Audits were undertaken to ensure people were receiving their medicines as prescribed. The checks also ensured medicines remained in date.
- Where people had 'as required' medicines such as pain relief, protocols were in place for this.
- Staff received medicine training to ensure they were competent to carry out this task. Staff confirmed they were confident supporting people with their medicines.

### Systems and processes to safeguard people from the risk of abuse

- People said they felt safe with staff; staff practice showed they knew them well. People were at ease and looked comfortable in the company of staff. A person commented, "I feel really safe here, the staff look after me." A relative commented, "Mum is definitely kept safe, I have no concerns."
- Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and the Care Quality Commission (CQC).
- Staff had received safeguarding training, to ensure they had up to date information about the protection of vulnerable people.
- The registered managers demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant



health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed that they knew about the safeguarding adults' policy and procedure and where to locate it if needed.

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

- People's individual risks were identified, and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments had been carried out for moving and handling, falls and skin care.
- A professional commented, "One resident I visit regularly is always comfortable in bed, clean and repositioned regularly, carers report any skin concerns to us if they arise and listen to our advice. We have had a couple of incidents of pressure damage which were healed very quickly thanks to their care."
- Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. This included ensuring necessary equipment was available to increase a person's independence and ability to take informed risks.
- There were governance systems which ensured the environment and equipment were effectively maintained. Checks included, hot water temperatures, fire safety, window restrictors and equipment to aid people's independence.
- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments were updated to reflect any changes in people's needs or risks following an incident or accident. Where incidents had taken place, actions had been taken in line with the service's policies and procedures. The involvement of other health and social care professionals was requested where needed, to review people's plans of care and treatment.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

# 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 inspection in August 2018, we rated this key question outstanding. 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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. People commented, "The staff are lovely. I am happy here" and "They (staff) are really kind and caring."
- Relatives commented, "The staff are super, they really are lovely. The staff are so patient. Mum is like a new woman since she moved to Oaklands, she is even walking again!" and "When we visited, a carer was gently stroking mums' hair, which she likes because she was feeling distressed. The staff are so attentive."
- Staff saw people as their equal and created a warm and inclusive atmosphere.
- Staff spoke confidently about people's specific needs and how they liked to be supported. Through our conversations with staff it was clear they were very committed and kind and compassionate towards people they supported. They described how they observed people's moods and responded appropriately.
- Staff were patient and used appropriate styles of interaction with people.
- Staff were calm, focused and attentive to people's emotions and support needs such as sensory sensitivities.
- People felt valued by staff who showed genuine interest in their well-being and quality of life.
- Staff members showed warmth and respect when interacting with people.
- A professional commented, "Residents always look relaxed and comfortable in the lounge with the TV or radio on, some like to sit in the dining room and have a chat and a cuppa around the table."
- The service had received several written compliments. These included, 'Thank you for looking after [person's name] with such care and dignity', 'Thank you all for your kindness, care and support of [person] while she was with you' and '[Person] could not have been in a better place to spend her last couple of weeks. We can't thank you all enough.'

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

- Staff adopted a strong and visible personalised approach in how they worked with people. Staff spoke of the importance of empowering people to be involved in their day to day lives. They explained it was important people were at the heart of planning their care and support needs.
- People were given time to process information and respond to staff and other professionals.
- Staff supported people to express their views using their preferred method of communication.
- Staff took the time to understand people's individual communication styles and develop a rapport with them.
- People were enabled to make choices for themselves and staff ensured they had the information they

needed.

- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments
- Staff supported people to maintain links with those that are important to them.
- The service had started a 'Make a Wish' scheme which involved asking people "if you could have one wish, what would that wish be?" One person's wish was to go to her favourite fish and chip restaurant. A staff member organised this and the person's wish came true. Another person's wish was to go to a local pub for a drink as this was where he had his 50th wedding anniversary. This wish was granted, and the person told the staff member that they had made an "old man very happy."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect when helping them with daily living tasks. A person commented, "They (staff) are very good, respectful and trustworthy."
- Staff told us how they maintained people's privacy and dignity when assisting with personal care. For example, asking what support they required before providing care and explaining what needed to be done so that the person knew what was happening.
- Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care. For example, a person was struggling with a bereavement, they had been encouraged by staff to do some gardening which had a positive impact on their mental health. They have since become the home's 'gardening coordinator' which has further developed their independence, given them a sense of purpose, contributing to leading a rich and meaningful life.
- The home has become part of the 'Recondition the Nation' national program. The program aims to prevent deconditioning by encouraging all sectors in the health and social care settings to come up with innovative and fun ways to promote physical activity, and functional and emotional well-being. It is hoped that these will reduce deconditioning and associated harms; improve hospital discharges and improve patient outcomes.
- During our inspection, we saw people engaging in the challenge, with people being encouraged to do daily walks with support from staff. People were seen walking with music, dancing and really enjoying it and smiling, which showed how this activity was really good for their overall physical and mental health well-being.

# 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; 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; Continuous learning and improving care

At our last inspection the service had failed to identify key risks through their own quality assurance processes. This was a breach of Regulation 17 (Good governance) 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.

- Systems were in place to monitor the quality and safety of the service. Audits were completed on a regular basis as part of monitoring the service provided. These checks reviewed people's care plans and risk assessments, medicines, infection control, incidents, accidents, and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans and risk assessments updated and involvement of relevant health and social care professionals.
- The service was open, honest and transparent with people when things went wrong. The management team recognised their responsibilities under the duty of candour requirements and followed the service' policies.
- The service had notified CQC in full about any significant events at the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff spoke positively about communication and how the registered managers worked well with them, encouraged team working and an open person-centred culture.
- Staff confirmed they were kept up to date with things affecting the overall service via team meetings, memos and conversations on an on-going basis.
- The service sought feedback from people who use the service to identify areas for improvement. All comments were positive. This demonstrated the organisation recognised the importance of gathering

people's views to improve the quality and safety of the service and the care being provided.

- People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisation's philosophy was embedded in Oaklands Residential Care Home. For example, people were constantly encouraged to lead rich and meaningful lives to aid their physical and mental health well-being.

#### Working in partnership with others

- The service worked with other health and social care professionals in line with people's specific needs. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs and community nurses. Regular reviews took place to ensure people's current and changing needs were being met.
- A professional commented, "[Management team names] are management side of care but are still in the know when asked any questions about residents. All the way through the Covid times, they were both totally up to date with any changes to practice and these changed quite often."