

Gresham (Oaklands) Limited

Oaklands Residential Home

Inspection report

14 Pinfold Lane
Mickletown Methley
Leeds
West Yorkshire
LS26 9AB

Tel: 01977515451

Date of inspection visit:
12 December 2016

Date of publication:
03 January 2017

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

We inspected the service on 12 December 2016. The visit was unannounced.

Our last inspection took place on 27 July 2016 at that time we found the service was meeting the regulations.

Oaklands residential home provides accommodation and personal care for up to 21 older people. The home is spaced over two floors with bedrooms on each floor. Each bedroom has en-suite facilities and there is access to both floors via a lift. The home has a well maintained garden and also has car parking facilities.

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

People we spoke with told us they enjoyed living at Oaklands and were very complimentary about the staff who supported them. They told us they felt safe, enjoyed the food and received good support with their health needs.

People consented to care and had the freedom to make their own choices. People were relaxed in the company of staff. Staff interactions were friendly, respectful and caring. Visiting relatives were happy with the standard of care and told us the service was well led.

People's individual care plans included information about who was important to them, such as family and friends. We saw people had varied individual interests they engaged in and were supported to be involved in a lot of activities in the home.

Staffing levels were sufficient to ensure people were supported with all their care needs and activities. The home had a variety of activities which ensured that people had choices and could be stimulated and motivated to take part throughout their day if they wanted.

Staff understood how to safeguard people and knew the people they were supporting very well. Medicines were managed consistently and safely.

People lived in a safe environment. Rooms were decorated to individual taste and people could choose what items to keep there.

Information for people was displayed in the home and included leaflets about people's rights and standards people should expect.

Staff we spoke with told us they were well supported by their colleagues and management. We looked at four staff personnel files and saw the recruitment process in place ensured that staff were suitable and safe to work in the home. The staff received appropriate training, supervision and appraisals. This meant that staff had the right skills and knowledge for their role.

Everyone we spoke with was complimentary about the registered manager. Staff told us the home had made positive changes over the last year. People had the opportunity to comment on the service and influence service delivery.

There were effective systems in place to monitor the quality of the service.

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

Staff had a good understanding of safeguarding and how to appropriately report abuse.

The service had recruitment and selection procedures in place which were robust.

People told us they were happy with the service. They felt safe and well supported by staff.

Is the service effective?

Good ●

The service was effective.

People who used the service and their family members were involved in making decisions about their care in relation to the Mental Capacity Act (2005).

Healthcare and support needs were assessed and met through regular contact with health professionals.

Staff told us they received good training and support which helped them carry out their role properly.

Is the service caring?

Good ●

The service was caring.

Care was provided by staff who knew the people they were supporting and was delivered in a kind, friendly and respectful manner.

Staff were able to demonstrate the different ways in which they helped to protect people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs.

Staff were knowledgeable about people's needs, their interest and preferences which enabled them to provide a personalised service. People confirmed they were given choices by staff.

There was a clear complaints procedure and people who used the service knew how to make a complaint if they needed to.

Is the service well-led?

Good ●

The service was well-led.

Staff spoke positively about the registered manager and told us they were well supported.

There were quality management systems in place which helped to ensure continuous improvement of the service.

Satisfaction questionnaires helped to ensure the service was well-led.

Oaklands Residential Home

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 was planned to check 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 12 December 2016 and was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience with a background in care of older adults. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 20 people using the service. During our visit we spoke or spent time with four people who used the service and one relative. We spoke with three staff; the chef, activity coordinator and the registered manager. We spent time looking at documents and records related to people's care and the management of the service. We looked at four people's care plans and four people's medication records.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports and statutory notifications. Before the inspection, providers are asked 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 contacted the local authority and Healthwatch. We were not made aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

All the people we spoke with said they felt safe in the home. These were some of the comments people made, "I do feel safe, I know most of the staff and I feel there is enough staff to look after me." And "I feel comfortable living here. I wouldn't choose anywhere else to live." And "It was a bit strange at first but now I have settled in." And "People get on well with each other and we help each other if we can."

Most staff we spoke with said there was enough staff to meet people's needs. One staff member told us, "We have enough staff but if the senior is taken off duties we can end up being really busy." Another staff member told us, "Yes day to day, yes enough adequate staffing." We spoke to the registered manager who told us they would look at the senior members of staff been allocated time to complete paperwork.

Our observations and discussions with people who used the service as well as staff showed there were sufficient staff members on duty to meet people's needs and keep them safe. The registered manager reported the staffing levels were monitored and reviewed regularly to ensure people received the support they needed. This was confirmed by our observations during the inspection. We spoke with one person's relative who told us, "Yes, I've never known there being no staff around."

We observed staff supporting people during the day in various rooms. This involved movement and support to and from wheelchairs. During these observations it was noted that all support given was undertaken in a safe and appropriate manner, and clear explanations were given to the people.

We looked at the recruitment records for five staff members. We found recruitment practices were safe. Relevant checks had been completed before staff worked unsupervised at the home which included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

We spoke with staff about their understanding of protecting vulnerable adults. Staff had an understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with said they would report any concerns to the registered manager. Staff said they were confident the registered manager would respond appropriately.

We looked in people's care records and saw where risks had been identified, there were assessments in place to ensure these risks were managed. For example, care records showed assessments were carried out in relation to food, nutrition and medication.

We checked the systems in place regarding the management of medicines within the home for people. We found records were all accurate. However, one person had not received their medication for two days due to pharmacy error. It was clearly labelled what the service had done in relation to this and confirmation from the doctor to state this would not have any effect on the person was stated.

Four random medication administration records (MAR) sheets were checked, and administration was found to be accurate in terms of stock held. Each MAR had a photograph of the individual person for identification purposes and allergies were noted. Any incidents of non-administration or refusals were noted on the MAR sheets.

We looked at medication storage and saw the medication room was well-lit. The room had records of temperature which were checked and recorded daily. As and when required (PRN) drugs were in place at the home. It was noted that there were protocol sheets with the MAR records indicating the rationale as to when they could be given and why. This meant there was guidance in place for staff to follow.

Is the service effective?

Our findings

We spoke to a relative who told us they have every confidence in the care staff and said, "She [name of person] had double pneumonia and staff called for an ambulance straight away and then rang me to tell me what was happening." Everyone we spoke with told us they felt staff knew them well.

We looked at staff training records which showed staff had completed a range of training sessions, which included infection control, moving and handling, dementia awareness, health and safety, management of medicines and safeguarding adults. Staff we spoke with told us they had completed all mandatory training courses.

During our inspection we spoke with members of staff and looked at staff files to assess how they were supported to fulfil their roles and responsibilities. All the staff confirmed they received supervision every three months where they could discuss any issues on a one to one basis. We looked at four staff files and were able to see evidence that each member of staff had received supervision. We saw all staff had also received an annual appraisal in 2016. Staff told us if they needed to meet or discuss any issues with their manager they could do this more frequently.

Staff gave examples of how they promoted choice for persons in their daily routine which included offering people a variety of drinks and respecting people's wishes about where they want to sit.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had applied for DoLS for some people in the home.

We spoke to people about the meals at Oaklands. Overall we asked 16 people if they had enjoyed their lunch time meal and everyone told us that it was tasty and that they were full. People told us, "I enjoy the food, we get a good variety." And "The food is very good." And "They have two chefs and all of the food is fresh." And "The meals are not bad at all. We eat what we get, there are no choices." On the day of the inspection the cooker had just broken. The registered manager had the engineers at the service at the time of inspection to repair this. The meal was lamb stew which was in a slow cooker for people and we observed staff talking to people about the change in the menu for the day. We spoke to the chef who told us, "People always have at least two choices and we ask them the day before. If they do not want it we would offer an alternative choice." The registered manager was looking at an alternative supplier for sausages and fish due to some

feedback from people.

We observed lunch being served in the dining room. We noted that at 11.30 staff began to assist people out of the lounge and when asked we were told this enabled people to go to the bathroom before lunch if they chose. Some people were sitting at tables by 11.30 as they liked to be able to choose where to sit. The Chef started serving meals at 12.00 noon with assistance from three carers. We saw that no one required one to one assistance but several people were served small meals and given spoons rather than knives and forks. This showed that staff encouraged independence and were aware of people's needs.

Staff told us people had good support with their healthcare. This was evidenced throughout peoples care plans which showed opticians, dental and doctor visits.

Is the service caring?

Our findings

We spoke to people who said they are well cared for and felt comfortable with the staff. Comments included: "I get on well with all of the staff. Staff are always looking after people here." And "The staff are really nice and kind to all of us." And "Staff speak to me nicely, there is no friction." A relative said: "I can't praise the staff enough because if you are on a downer, they lift you back up. They look after families as well as residents."

Without exception all the interactions we saw between people and staff were undertaken in a kindly, caring but not over familiar manner. At no time did we see any interaction being limited to the carrying out of tasks but rather we saw staff took opportunities to connect with people and took the time to talk even when staff members were busy.

We spoke with the activities co-ordinator who told us how passionate she was about caring for the people who live at Oaklands. They told us they get to know people by observing them, which tells them which activities they enjoy; by talking to them and their family members and by working through the 'Story of my Life' resource book with them. This was evident from the observations on the day of inspection that staff knew people well.

People looked well presented in a clean, well-cared for way which evidenced that personal care had been attended to and individual needs respected. People were dressed with thought for their own individual needs and hair was nicely styled.

Staff we spoke with said people received really good care. Staff told us the staff team worked well together which they felt contributed to the good standard of care provided. One member of staff told us, "I see people here more than I see my family; I know they receive the best care."

Care plans we reviewed were seen to have been developed using a person-centred approach. For example in one care plan it clearly stated that one person preferred a female carer and this was adhered to. This person told us, "I like a female carer and that's what I get." The registered manager told us that people and their families had been involved in developing and reviewing care plans. We saw that care plans were dated and signed by the manager and the care workers.

Is the service responsive?

Our findings

Staff were knowledgeable about the preferences and interests of the people they supported.

The staff were also aware of any health and support needs people required to provide them with a professional and personalised service. One person who used the service told us they were really happy that their care workers were aware of their needs so well, which they said made them feel very safe with them. We were told that people could choose when to get up and go to bed. Comments included: "I can usually choose when I go to bed and get up in the morning. I am an early raiser so I get up and dress myself." And "I can get up when I want, staff don't make me." And "Staff wake me up in the morning but I choose when I want to go to bed, they don't push you into going."

We saw a lot of evidence of people's continued involvement in planning their care. People and their families had signed to indicate this, along with agreements about specific activities in the home. People and their families told us they were involved in the care plans. Personal and immediate information was easy to locate in the care plan including details of admission, reasons for admission and underlying health issues which were located in a pre-admission assessment.

The activity coordinator told us they did not have set hours to meet with people to do activities, as they would come in and support people as and when needed by staff so that people were always well supported and stimulated. Activities arranged included: bingo, games, quizzes, singing, dancing, nail painting and 1 to 1 interaction. We saw the activity coordinator took steps to ensure everyone was able to participate in some form of activity. The morning session consisted of a memory quiz and we saw that some people were keen to participate and enjoyed reminiscence. The coordinator tried to engage with everyone and encourage participation. The afternoon session consisted of updating the season's board in readiness for Christmas. We did note that as the activities were carried out in the lounge, which wasn't very large, it was noisy and crowded and this had a negative impact on some people who found it too much for them and left the room.

One person said: "When they do activities I think it is too loud, I prefer this quiet lounge as I don't like crowds." And "I enjoy the company here and we have people coming in to do exercises and singing with us."

People told us they would talk to staff or management if they had any concerns. One person told us, "I know where to go if I have a problem but I haven't any." One Relative we spoke with said they had no concerns about the service.

We saw from the provider's survey which was carried out in May 2016 that residents said they were satisfied or very satisfied with the range, choice and amount of activities at the home and were satisfied with the food.

We saw information about 'how to make a complaint' was displayed in the home. The registered manager told us people's comments and complaints were fully investigated and resolved where possible to their satisfaction. We saw previous complaints had been resolved and actioned in accordance with the provider's

complaints policy. Acknowledgement to the person was also completed in writing. The registered manager told us they had no on going complaints at the time of the inspection.

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager at the service. People told us the registered manager at the home was approachable. Staff told us they were happy in their work and dedicated to giving good care. They displayed genuine concern for those living in the home. We did not observe any tensions within the staff team. One staff member told us, "We are like a family."

Staff told us they regularly attended team meetings, and minutes we reviewed confirmed this. We saw they had recently discussed medication, healthcare, recording, risk assessments and surveys.

Staff received supervision and an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. These were evidenced in the staff files at the time of the inspection. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the registered manager or provider. One staff member told us, "If I had to complain I would do."

Resident and relative meetings were held in the home and took place six times a year. We looked at the minutes of the last two meetings, these included discussions about activities, meals and the overall service. People and their relatives stated they were happy with the service they were receiving. One relative told us, "I am really happy about the care my [name of person] receives."

We looked at the records of safety checks carried out in the home which showed they were monitoring the quality and safety of the service. These included maintenance records, fire records and water safety checks. There was evidence these were carried out regularly and that any actions identified were clearly documented to show they had been addressed. There were systems in place to monitor accidents and incidents and we saw that the service learnt from incidents to protect people from harm which indicated the registered manager was looking at improving practice in the home. Maintenance checks were in place as well as monthly fire drills undertaken with all staff.

We saw evidence the registered manager audited people's care plans and risk assessments on a monthly basis. All safeguarding referrals had been reported to the Care Quality Commission and there had been no whistle blowing concerns. We saw the management team also checked the staff training matrix on a weekly basis to make sure they provided accurate information and reflected up to date records.