

Mr Timothy Maloney

Oaklands Care Home

Inspection report

216 Stakes Hill Road
Waterlooville
Hampshire
PO7 5UJ

Tel: 02392266343

Website: www.oaklands-carehome.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 14 and 17 December 2015, at which a breach of legal requirements was found. This was because consent to care and treatment was not always sought in line with current legislation and guidance. Staff were not able to apply the principles and codes of conduct associated with the Mental Capacity Act 2005.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook a focused inspection on the 11 April 2017 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Oaklands Care Home' on our website at www.cqc.org.uk

Oaklands Care Home provides accommodation care and support for up to 31 older people, including those who are living with dementia.

The home had a registered manager. 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 and associated Regulations about how the service is run.

At our focused inspection on the 11 April 2017, we found that the provider had followed their plan which they had told us would be completed by the 31 March 2016 and legal requirements had been met.

The provider had taken action to ensure that consent to care and treatment was sought in line with current legislation and guidance. Staff were able to apply the principles and codes of conduct associated with the Mental Capacity Act 2005.

Staff continued to receive induction, training and professional development to support them to meet people's needs.

People received regular and on-going health checks and support to attend appointments. They were supported to eat and drink enough to meet their needs and could choose from a range of alternative meals.

The provider had an on-going plan in relation to developing the home environment to take into account people's changing needs including the needs of people living with dementia.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good ●

We found that action had been taken to improve the effectiveness of the service.

Staff had received further training in relation to The Mental Capacity Act 2005 (MCA) and demonstrated knowledge and understanding of the key principles of the MCA. An improved system of record keeping was in place for mental capacity assessments.

This meant that the provider was now meeting legal requirements.

We have changed our rating of the effectiveness of the service to good.

Oaklands Care 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 was 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.

We undertook a focused inspection of Oaklands Care Home on 11 April 2017. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection 14 and 17 December 2015 had been made. We inspected the service against one of the five questions we ask about services: is the service effective. This is because the service was not meeting legal requirements in relation to that question.

The inspection was undertaken by one inspector.

Before our inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they would take to meet legal requirements. We also checked other information that we held about the service and the service provider, including notifications we received from the service. A notification is information about important events which the provider is required to tell us about by law.

At the visit to the home we spoke with two relatives, the provider, deputy care manager, deputy manager, two members of the care staff and a chef. We looked at three people's care records and others relating to consent to care and treatment. We also looked at staff induction and training records.

Is the service effective?

Our findings

At our comprehensive inspection of Oaklands Care Home on 14 and 17 December 2015 we found that consent to care and treatment was not always sought in line with current legislation and guidance. Staff were not able to apply the principles and codes of conduct associated with the Mental Capacity Act 2005.

This was a breach of the Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection 11 April 2017 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 11 described above.

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.

The provider had arranged for staff to receive further training in relation to the MCA from an external training company during February and March 2016. Certificates of attendance were on file and a record was also kept on the home's computer. Staff we spoke with demonstrated knowledge and understanding of the key principles of the MCA. For example, always assuming at first that people can make their own decisions; and in cases where someone else makes a decision for them it is the least restrictive option. We observed that staff sought people's consent before providing care or support and gave them time to respond.

An improved system of record keeping was in place for mental capacity assessments and details were on file of people's relatives who had lasting power of attorney (LPA). Records showed that people's consent was sought in relation to the care and treatment they received. Where people lacked capacity, best interest decisions had been made and documented, following consultation with family members and other professionals.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had continued to make the appropriate DoLS applications for people where necessary.

Relatives we spoke with said they thought staff had the knowledge and skills to deliver effective care. Staff continued to receive induction, training and professional development to support them to meet people's needs. Records showed staff completed a range of other essential training that included safeguarding, dementia awareness, fire safety and moving & handling. Additional specialised training in dementia care had also been provided for a number of staff at the time of this inspection.

Nine care staff had commenced work at the home since the last inspection and had completed or were working through their induction training before working on their own. The induction incorporated the Care Certificate, which is designed for new and existing staff, setting out the learning outcomes, competencies and standards of care that are expected to be upheld. Staff were further supported through regular supervision and appraisal meetings. Supervision and appraisal are processes which offer support, assurances and learning to help staff development.

People were effectively supported to eat and drink enough to meet their needs. At lunch time the tables in the dining room were laid with tablecloths and flowers. People who required encouragement or assistance to eat were given this by staff, either in the dining room, lounge or in their own rooms if they preferred. Staff knew people's names and addressed them in a polite, friendly and caring manner. The menus showed a range of alternatives were available each day in addition to the main meals. The chef on duty showed us pictures of meals that were used to assist people with cognitive impairments to choose meals they liked.

Relatives told us they had been included in the assessment of the person's nutritional requirements and that "Staff got on board quickly" with these. They remarked that there was a "Good level of care staffing" in the communal areas and that staff were attentive to people's needs.

People's support plans included assessments of their dietary requirements and support needs. A risk assessment tool was used to help identify anyone who might be at risk of malnutrition and care plans were in place to minimise the risk. Food and fluid charts were used to monitor people's intakes during periods of potential risk, for example when they had a reduced appetite or a urinary infection. Staff demonstrated knowledge of which people required support or special diets.

People continued to have access to healthcare services and, where necessary, a range of healthcare professionals were involved in assessing and monitoring their care and support to ensure this was delivered effectively. This included GP and community nursing services, speech and language therapist, chiropody, occupational therapists, opticians and dentistry.

The provider had an on-going plan of maintenance, renewal and development to ensure the home environment continued to meet people's needs. Since the last inspection the lighting in the corridors had been improved and the signage on internal doors was clearer, which would support people living with dementia to recognise areas of the home, such as the bathrooms or their bedrooms. New flooring had been laid in the reception area and a number of bedrooms. Murals had been painted on walls in communal rooms and corridors to promote a more relaxed and stimulating environment for people to live in.