Care Quality Commission

Oatlands Care Ltd

Oatlands Care Limited

Inspection report

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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 responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 9 November 2015 and was unannounced. At our last inspection in July 2013 the provider met the regulations we inspected.

Oatlands Care Ltd is registered to provide residential care for up to 43 older people, many of whom are living with dementia. It is one of three registered locations at the same address owned by the provider.

The service is part of the Oatleigh building and is situated on the ground floor and the first floor also known as 'Aldgate' and 'Barbican'. Some services and facilities such as activities, kitchen and laundry arrangements are shared between the locations as a community. Oatlands has its own staff and operates independently, under the overall supervision and management control of the provider. There were 41 people using the service at the time of our inspection.

The home had a registered manager who was also one of the registered providers. 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.

Summary of findings

People and their relatives were positive about the care and support provided at Oatlands. Staff knew people well and care plans were person centred. We observed friendly and positive relationships between staff and people at the service during our inspection.

People said they felt safe and that staff treated them well. There were procedures in place to recognise and respond to abuse and staff had been trained in how to follow these. The provider's recruitment procedures also helped to ensure that people were protected from unsafe care.

People's needs were assessed and appropriate risk assessments developed. There were enough staff on duty to make sure people's needs were met in a safe and timely way. Staffing was managed flexibly so that people received their care when they needed and wanted it.

People received effective care and support because the staff were trained to meet their needs. Staff understood their roles and responsibilities and were supported to maintain and develop their knowledge and skills through regular management supervision.

Medicines were stored, administered, recorded and disposed of safely. Staff were trained in the safe administration of medicines and kept records that were accurate.

All areas of the home were kept clean and hygienic. Staff knew the procedures to follow to stop the risk of infection and keep people safe. Each person had a single room which was appropriately furnished and homely.

Care provision at Oatlands considered the needs of people living with dementia as the provider had implemented a Namaste care programme in March 2015. Namaste care is designed to improve the quality of life for people living with advanced dementia and included hand and foot massage and sensory stimulation. Namaste was available to people living in all three locations in the Oatleigh building including Oatlands. Other activities took place seven days a week in the ground floor Angel Lounge.

We found that some communal areas within Oatlands could be decorated and equipped more suitably for people with specialist dementia needs. The provider acknowledged this and agreed to look at ways to improve the environment to provide more engagement and stimulation for those people who chose not participate in the main activities.

The provider acted in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This provides a legal framework to help ensure people's rights are protected. Staff understood people's rights to make choices about their care and support and their responsibilities where people lacked capacity to consent or make decisions.

Arrangements were in place for people and relatives to share their views or raise complaints. The provider listened and acted upon their feedback. The provider obtained the views of people using the service and their relatives or representatives and there were systems to regularly monitor the quality of the service provided at Oatlands.

Summary of findings

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. People told us that they felt safe and well looked after. Staff had been trained to recognise and respond to abuse and they followed appropriate procedures.

Recruitment processes were robust and appropriate pre-employment checks had been completed to help ensure people's safety. The provider ensured there were enough staff on duty to meet the needs of people living at Oatlands.

People received their medicines as prescribed and medicines were stored and managed safely.

Is the service effective?

Good

The service was effective. Staff were provided with training and support that gave them the skills to care for people effectively.

People were protected from the risk of poor nutrition and hydration because their needs around eating and drinking were monitored and reviewed.

People received the support and care they needed to maintain their health and wellbeing. They had access to appropriate health care professionals when required.

Areas of the environment did not fully consider the needs of people living with dementia. The provider acknowledged this and agreed to make improvements.

Is the service caring?

Good

The service was caring. Staff treated people with dignity, respect and kindness. They knew people's needs, likes, interests and preferences.

People using the service and their relatives were happy with the care they received. People spoke positively about staff and said they were kind and caring.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed prior to admission and reviewed regularly so that they received the care they needed.

There was a variety of activities for people to get involved in if they so wished.

The provider had a suitable system for dealing with complaints. People and their relatives were confident to raise any concerns.

Is the service well-led?

Good

The service was well-led.

The quality of care was regularly monitored by the provider and timely action was taken to make improvements when necessary.

People, their relatives and staff were encouraged to put forward ideas for making improvements to the day-to-day running of the service.

Oatlands Care Limited

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.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

This inspection took place on 9 November 2015 and was unannounced.

The inspection was carried out by two inspectors and a specialist advisor with expertise in care for older people.

We spoke with seven people who used the service and five visitors. Due to their needs, some people living at Oatlands were unable to share their views. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with the registered providers, a deputy manager and seven members of care staff. We observed care and support in communal areas, spoke with people in private and looked at the care records for 13 people. We reviewed how medicines were managed and the records relating to this. We checked four staff recruitment files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including quality assurance audits, action plans and health and safety records.

After our inspection visit the provider sent us additional information including the most recent quality assurance report, a copy of a recent newsletter and details of meetings undertaken at the service.

Good

Is the service safe?

Our findings

People told us they felt safe and well cared for living at Oatlands. One person said, "I've got no complaints, they look after me quite well really." Relatives told us, "[My relative] is safe, very much so" , "[My relative] feels settled, they feel safe here" , "For me its piece of mind, [my relative] is 100% safe, I can walk away and know [my relative] is ok" and "Overall It's a godsend for us, we know [our relative] is comfortable, safe and well looked after."

Staff had a good understanding of how they kept people safe within the service. They knew about the different types of abuse they might encounter, situations where people's safety may be at risk and how to report any concerns. One staff member told us, "I would talk to the deputy manager if there were any issues." The staff understood the roles of other authorities in protecting people and their duty to respond to allegations of abuse. Another staff member told us they had recently been involved in raising a concern that had been reported to the local authority. Information for staff about reporting abuse and whistleblowing was clearly displayed in the office.

Risk assessments formed part of the person's agreed care plan and covered risks that staff needed to be aware of to help keep people safe such as nutrition, pressure area care, mobility, continence and behaviour that may challenge. Staff showed an understanding of the risks people faced. For example, one staff member told us that some people were at risk of pressure ulcers and explained the importance of looking at people's skin integrity during personal care. They told us, "any issues or skin discolouration we report it to the district nurse or GP immediately."

Staff were attentive to people when they needed assistance with mobilising; they made sure individuals walked with their frames and that communal areas were free of obstacles.

There were arrangements in place to deal with foreseeable emergencies and staff told us on call support was always available through the manager or senior staff. Staff were trained in first aid to deal with medical emergencies and appropriate arrangements were in place for fire safety. People had personal emergency evacuation plans (PEEPs) and fire alarm systems and equipment were regularly serviced.

Recruitment checks were carried out before people could work in the home. Each staff file had a checklist to show that the necessary identity and recruitment checks had been completed. These included proof of identification, references, qualifications, employment history and criminal records checks.

Relatives told us they thought there were enough staff to meet people's needs. One relative told us, "I would say there are enough staff, I know staff by name and see regular faces." Throughout our visit people received support when they requested or needed it. We observed that staff were present in communal areas at all times. Staff allocation records showed that people received appropriate staff support and this was planned flexibly. Staff felt that these levels were sufficient and told us staffing was increased or adjusted appropriately according to people's needs. The provider employed separate domestic, kitchen, laundry and maintenance staff.

Staff followed individualised profiles which explained how people needed to be assisted with their medicines. Care plans included protocols for when and how emergency medicines should be given or those to be administered on an as required or PRN basis. Where people were prescribed such medicines, there was clear information for staff about the circumstances when these medicines were to be used. We noted that guidance contained in people's care plans for as required medicine was not combined with their medicine administration records (MARs). When as required medicine was given this was recorded on the reverse of the MAR. However more detailed information about the administration of PRN in medicine records would provide support and guidance for staff and reduce the risk of PRN being administered incorrectly. We spoke to the deputy manager and the manager who agreed to transfer relevant information to sit alongside people's medicine records and enable staff to have easy access to the information available.

We checked peoples MARs on both floors to confirm people were receiving their medicines as prescribed. The records were up to date and there were no gaps in the signatures for administration. Allergy information was clearly recorded. Where people were prescribed medicines covertly, an appropriate mental capacity assessment had been carried out and authorised by the GP.

Records confirmed staff had received training in the safe handling of medicines and we saw refresher training had

Good

Is the service safe?

been booked for some staff later in the same week of our inspection. Staff confirmed that only team leaders or senior carers who had received training would administer people's medicines. Medicines, including those requiring refrigeration were securely and appropriately stored in a designated locked room. Relevant temperatures were monitored and recorded daily to make sure that medicines were stored at the correct temperature.

There was a system for checking all prescribed medicines and records for their receipt and disposal. A designated member of staff had responsibility for the auditing of medicines every month. This helped ensure there was accountability for any errors and that records could be audited by the provider to determine whether people received their medicines as prescribed. The supplying pharmacist had also completed a full medicines audit and the manager had addressed their recommendations.

People were kept safe in a well maintained environment that was clean and decorated to comfortable standards. Dedicated staff were employed to clean the communal areas, bedrooms and bathrooms. The provider also employed their own maintenance staff to carry out any required work or repairs. Health and safety checks were routinely carried out at the premises. The equipment was regularly checked for safety and essential servicing was undertaken at the frequencies required.

People and their relatives told us the service was kept clean and hygienic. One relative said, "I've got nothing bad to say about the place it is spotlessly clean…they always have sanitizer gel…its immaculate." During our observations dedicated cleaning staff were cleaning people's rooms and communal areas. The service looked clean and was odour free. The en-suite rooms and communal bathrooms we viewed were clean and well maintained. Hand washing and drying facilities were available in people's rooms and communal bathrooms and toilets, soap dispensers and hand towel were full and sanitizer gel was available. Staff had access to personal protective equipment such as aprons and gloves. We looked at the infection control procedures and how the service responded to and managed outbreaks of infection. We were told of an example where an infection had been identified and the action taken to contain any spread and treat the people involved. This included notifying healthcare professionals and relatives and working with GP and staff to reduce the risk to other people.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills they needed to carry out their role. One relative told us, "The staff are very good, they are on the ball" and another said, "Staff know what they are doing…they cope with [my relative] really well."

Staff told us they had received enough training to care for people and meet their needs. One staff member told us, "The training is good." Another staff member said, "We have training from Bromley council or a trainer comes here…I am always updating my training, last year I had dementia training, it was a big help for us."

The provider had a training and development programme that included a structured induction and mandatory learning for all new staff. One staff member described their induction as "very good" and told us they shadowed a senior staff member for two weeks before working on their own. We saw evidence that the provider had implemented the Care Certificate as part of their induction training. This is a set of standards that have been developed for support workers to demonstrate that they have gained the knowledge, skills and attitudes needed to provide high quality and compassionate care and support. It covers 15 topics that are common to all health and social care settings and became effective from 1 April 2015.

An electronic training and development plan was used to monitor training provision for the staff team and identify any gaps. This was up to date and all staff had completed refresher training in key areas. Staff shared examples of recent training courses relevant to their roles and the needs of people they supported. For example, one member of staff told us about their recent training in manual handling, health and safety and food hygiene. Other courses included Namaste care and dementia awareness. Another staff member commented, "We can attend training as we need." They told us that management sent timely reminders when they needed to refresh their training.

Staff confirmed they were supported by their line managers through monthly staff meetings, one to one supervision meetings and annual appraisals. We saw records to support this.

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 when this is in their best interests and legally authorised under the MCA. The application 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.

Related assessments and decisions had been properly taken. For example, when people were unable to give consent this was detailed in people's care records together with what actions were needed to protect and maintain their rights. Relatives and representatives were involved in the decision making processes when individuals lacked capacity. Records showed these decisions were reviewed regularly. When applications for DoLs had been made these were recorded in people's care records and when authorised we saw the provider was complying with the conditions applied to the authorisation. There was also a record available to staff to show which people had DoLS authorised and where applications were in process for others.

The provider had trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general, and the specific requirements of the DoLS. Staff told us about recent MCA and DoLS training they had undertaken. They said they had learnt about the process to follow if a person could not make decisions about their care and treatment. This included involving people close to the person as well as other professionals such as the GP.

People using the service told us they enjoyed the food provided to them and were supported to have sufficient amounts to eat and drink. One person told us, "The food is OK, they feed me well here." Another person said, "The food is very nice" and "We get a choice."

We observed staff offering people drinks throughout the day. During lunchtime staff were kind and attentive and supported people when they needed assistance. The atmosphere was relaxed although quiet. Written and

Good

Is the service effective?

pictorial menus were on display and people told us they were given a choice of meals. There was a choice of two cooked meals with alternatives available such as omelette and sandwiches. Pureed meals were served to some people using the service with each food item served individually on the plate. Staff helped people make choices by showing them the pictorial menu and made sure they could also choose the vegetables served with each dish.

Individual unhurried support was provided by staff where people required assistance. We spoke with one person and their relative about the choice available. They told us, "[My relative] can't eat fish so they offer an omelette on Fridays." Staff explained that, if a person changed their mind, they could phone the kitchen or tell the cook and alternatives would always be provided. While we were there the cook came to the dining room to make sure everyone was happy with their meals. Staff also asked people if they preferred to eat in the dining room or remain in the lounge for lunch. In the lounge on one floor, we noted that two people ate their meal from a side coffee table which did not provide a comfortable eating position. We brought this to the attention of the manager who explained that adjustable tables were available for people and they would ensure these were provided in future for people if they wanted them.

People with special dietary requirements were catered for and when people were experiencing weight loss they had their meals fortified with higher calorific food. One relative explained their relatives appetite was poor they said "Staff are good, they give [my relative] Fortisip and try to offer them various food and soup… they tell us what she is eating and drinking."

Care records included nutritional assessments and individual care plans were in place to help make sure of people's nutritional wellbeing. We saw that individual food and fluid intake was being monitored where necessary.

People were supported to keep well and had access to the health care services they needed. Relatives told us about the healthcare services available comments included, "The chiropodist and GP comes if there are any problems" and "[The staff] got in touch with the GP to help with [my relatives] pain." Details of visits from healthcare professionals including the GP and the district nurse were recorded so staff had access to the information. Other professionals such as mental health teams were involved in people's care if this met an identified need. There were hospital transfer information records to make sure that all professionals were aware of people's individual needs in the event of an admission. Discussions with staff showed they recognised when people became unwell and took appropriate action such as requesting a visit from the GP or making a referral to other healthcare professionals involved in the person's care.

Although other areas of the Oatleigh building were well designed to meet the needs of people living with dementia we found the communal area on one floor of Oatlands was sparsely decorated and the décor looked clinical. There were few pictures, furnishings or other items in the environment to provide stimulation and interest for people with memory loss. For example, objects to help support people to reminisce such as old pictures, signs and household items which can be very helpful in assisting people to access past memories. We brought this to the attention of the provider who explained that Oatlands was the oldest part of the Oatleigh building and was due to be redesigned as part of their ongoing improvement program with people's needs taken into consideration. They also agreed that in the meantime they would look at ways to make the environment more stimulating and interesting for people.

Good

Is the service caring?

Our findings

Relatives told us, "The staff are wonderful…everyone is so friendly", "The staff are lovely, kind and caring", "Staff are friendly and caring" and "I have always found the staff to be caring." One relative complimented the service for its "calm atmosphere."

Staff spoke about people in a caring way, they told us, "People who use the service always come first", "The best thing is looking after people, talking to them about their lives" and "I treat people as I would treat my own grandmother." We saw staff using touch to reassure and comfort people and they always spoke to people at eye level by sitting or kneeling beside them.

A questionnaire was used to capture background and life story information when someone first came to stay at Oatlands. This information was used to inform individual life stories and person centred profiles made available in people's rooms that staff could use to engage positively with people. We saw the information included early life experiences, jobs, family and significant events in more recent years. Relatives told us of their involvement in this process, one person's relative said, "When [my relative] first started they gave us a questionnaire, it was eight pages long and covered food likes, dislikes how often [my relative] wanted a bath, religion, life history…they asked us for photos so they could put one outside [my relatives] room."

People's care records included information about how people preferred to be supported with their personal care. For example, what time people preferred to get up in the morning and go to bed at night and whether they preferred a shower or a bath. Staff knew people well and were able to tell us about people's individual needs, preferences and personalities. One member of staff told us how they reassured one person when they became confused. We observed staff used clear speech and explained to individuals what was happening. One person became disorientated and staff promptly responded by saying, "It will be ok" and "Shall we go for a walk?" This had a positive impact for the person who smiled and went with the staff member. We heard how people liked to spend their time, what they liked to talk about and what they liked to eat. People's care records were person centred. They contained details of people's history; people that were important to them, now and in the past; details about their working lives; and likes and dislikes. Likes and dislikes included preferences and choices for things like food, activities and clothing. We noted these details were also in each person's room and easily accessible.

Some people who used the service had Do Not Attempt Resuscitation (DNAR) agreements in place. These are decisions made in relation to whether people who are very ill and unwell would want to be resuscitated or would benefit from being resuscitated, if they stopped breathing. Staff were aware of who these people were and care files were easily identifiable for individuals with active DNARS. The forms had been completed correctly in consultation with the person, doctors, and family, where appropriate. This ensured that people's wishes would be carried out as requested.

Staff respected people's privacy and dignity and described the ways in which they did this. Relatives told us, "The other day we came and [my relative] was having a bath, staff had the door shut so it was private, we could hear [my relative] talking to staff and the splashing of the water", "Staff have always treated [my relative] with respect" and "Staff have been really good and give [my relative] dignity and respect." Staff told us they would knock on doors before entering, cover people appropriately when giving personal care and ensure doors, windows or curtains were closed if necessary. Staff explained how people chose what they wanted to eat or wanted to wear and if they wanted to take part in any activities, and respected the choice people made. We saw examples where staff respected people's choices, for example, to have their meals in their own room.

People were encouraged to bring items into the home to personalise their rooms. We found most bedrooms were decorated and furnished as they liked with items of personal value on display, such as photographs, memorabilia and other possessions that were important to them. We noticed one person's room was particularly bare and clinical, staff explained they had tried to contact relatives but had been unable to and were now involving other professionals to help gain some of the person's belongings to help them feel more at home.

Good

Is the service responsive?

Our findings

Relatives we spoke with told us they felt involved in the care of their family member. One relative explained how they were included in the original assessment of care and others told us of their ongoing involvement. Comments included, "We went over [my relative's] care plan just a couple of weeks ago and they call if anything is wrong…if they don't call I know everything is fine" , "Two or three months ago [my relative] had a fall, they let us know and looked for bruises…they said they were keeping an eye on her" , "They phone me straight away if there is a problem" and "If [staff] need to speak to us they will discuss it…they let us know what they are doing."

Before people moved into the home they had an assessment of their needs completed with relatives and health professionals supporting the process where possible. The assessments identified a range of needs relating to physical health and care and activities of daily living. The assessment was used to develop a support care plan that was based on people's individual needs. One relative told us the admission process was well managed. They had the opportunity to view Oatlands before their relative moved in and were asked all about their relative's needs and preferences.

The support plan was personal to the individual and provided staff with accurate information about their needs, how they liked their care to be given and their background history. Records showed that individual life histories were sought as much as possible to help develop personal profiles, care plans and enable staff to understand people's needs. Life history profiles were kept in people's rooms to ensure that staff had the information to hand. Staff spoke knowledgeably about how people liked to be supported and we observed the care given was mainly person centred.

We noted some areas of care were partly task driven with staff responding to people's needs rather than taking a proactive approach. We found, when one person became distressed staff responded to the event rather than taking proactive measures to help identify the triggers before the person became upset. We also observed that staff interactions were sometimes brief and task orientated which could have a negative impact on people's wellbeing. For example, staff served tea and cake but did not always sit and chat with people. We spoke to managers about our observations. They agreed on ways to make improvements such as the introduction of a behavioural chart to identify any triggers to the person's mood changes and to speak to staff about how they could make their interactions with people more meaningful and person centred.

Records about people's care were held electronically and in paper format. We looked at the system and saw that the care plans were consistently reviewed on a monthly basis. The staff keyworker arrangements also supported this process and keyworkers monitored people's records every month. A copy of the electronic care plan was then printed for the person's file so that staff had up-to-date information on the care and support individuals required.

Daily handover meetings, shift planner records and a communication book were used to share and record any immediate changes to people's needs. Staff said this helped to ensure people received continuity of care, share information at each shift change to keep up to date with any changes concerning people's care and support. One staff member gave an example when one person had a fall and additional monitoring was required to keep that person safe. Another staff member explained how they had made a referral to the district nurse following their needs assessment for a person who had recently moved in.

People were encouraged to take part in activities at Oatlands. One person was looking at a photo of themselves on the notice board, they were enjoying a party. They smiled as they told us "Look at that, it's not a very good one of me is it?" Another person told us, "I have the freedom to move around, I am perfectly happy as I am." Relatives told us about the activities available although most said their loved ones rarely wanted to be involved. Comments included, "There is always something to do [my relative] used to come down to watch TV…The garden is lovely in the summer we all like to sit out there" , "Sometimes [my relative] joins in, sometimes she doesn't, during the summer it's all open to the garden, it's lovely…activities are in the main lounge, they show old films and had Halloween celebrations, the other day we came down to high tea [my relative] didn't like that" and "There are activities seven days a week but [my relative] doesn't do a lot, they get panicky if they come out of the lounge area…today we have been looking at pictures of the queen."

Activities took place seven days a week with sessions taking place in the Angel lounge on the ground floor including puzzles and games, conversation games and chair based

Good

Is the service responsive?

exercises. People living in Oatlands were able to access these sessions along with others living on other floors of the community. Namaste 'club' sessions were held as part of the activities schedule focusing on meeting the physical and social needs of people with advanced dementia by trying to engage people in meaningful daily activities. A computer was available for use with specialised software to help engage people living with dementia. Weekly term time classical music recitals by visiting students took place for people living in the community along with film shows, sing-alongs and birthday parties for people using the service.

Although activities were available including Namaste, some people chose not to leave the lounge areas of Oatlands. We saw some people engaging in activities such as looking at books or playing dominoes however, we observed that some people may have benefitted from more engagement and stimulation in the lounge environment due to their dementia needs. We spoke to the provider about ways to enhance people's surroundings for example, reminiscence style equipment such as memory boxes for people to investigate or dolls and soft toys or furnishings for them to touch and hold. The provider agreed to look at ways to engage with those people who preferred not to join in with the main activities and look at ways to further improve the quality of people's lives living with dementia.

People were able to maintain relationships with people that matter to them. One relative told us, "There are no visiting restrictions, staff are happy for me to come anytime." Another told us how they would try to take their relative home sometimes for a change and that staff supported them to do this.

A complaints procedure was made available in each person's room. People using the service and their relatives told us that they felt able to raise any concerns or complaints but had not needed to. One person told us, "I've got no complaints." Relatives told us, "I have never had to make a complaint but if anything were wrong I would go straight to management and tell them. They would sort it out straight away" , "I would complain if I needed to" and "I would complain if I needed to, my family are always coming in so I would complain if I saw something but there hasn't been anything …we have no concerns [our relative is happy here." A relative told us there had once been an issue regarding their family member's clothing but this was dealt with quickly and appropriately they told us "I told staff and they put it right."

Good

Is the service well-led?

Our findings

The atmosphere in the home was open and welcoming. The registered manager had a detailed knowledge of the people using the service and knew them well. During our visit, senior managers engaged with people, visitors and staff throughout the day. Their regular presence and availability was confirmed by comments from people using the service and their relatives.

Relatives told us, "The manager is very approachable…I would recommend this place", "The managers are here all the time and the reception staff are really good, if I ring with a question they will deal with it straight away", "We speak to the manager all the time, any problems they sort it out. " Another relative explained how happy they were with the service as a whole and that they were glad their relative was living there, they said, "I really can't fault them, I can't believe my luck." Another relative, who was new to the service, described management as "very nice" and told us they had been kept informed of anything significant.

Staff had clear lines of accountability for their role and responsibilities and the service had a clear management structure. In addition, there were management arrangements in place for other departments within the home such as administration, kitchen and domestic staff. There was always a senior member of staff on duty to ensure people received the care and support they needed and staff were able to seek advice and guidance.

Staff were positive about the management of Oatlands. They told us they felt supported and could go to them if they had any problems. Comments included, "The manager is great they encourage and support us", "I feel supported by the managers" and "If there are any problems or we have any ideas we go the [the managers] they listen." Staff consistently told us they worked well as a team. One staff member told us, "We work well as a team, we are adaptable and staff are open." Another staff said, "Teamwork is good" and "communication is transparent."

Staff told us there were regular handover meetings at shift change overs and they had monthly meetings with management. Staff said they found these meetings useful in keeping them up to date with information about people's needs and how to care for people. Similarly, regular meetings kept them informed about organisational issues and developments. At the most recent meeting, topics included health and safety, housekeeping, laundry, teamwork and an update on policy and procedure. There were also separate meetings held for team leaders, night staff and kitchen staff.

People were encouraged to express their views and opinions of the service by taking part in surveys, regular meetings and through daily discussions with staff and management. Relatives confirmed they were given questionnaires to comment and they also received a monthly newsletter to keep them informed about activities and developments in the service. The most recent newsletter for October 2015 covered information about past and future events, articles on nutrition and details of the provider's nomination for the 'Lifetime achievement' category in this year's National Care Awards.

The provider had achieved accreditation from external agencies. This included investors in people award for people management in 2014.

All accidents and incidents which occurred in the home were recorded and analysed. This enabled the service to identify any patterns or trends in accidents. It also gave an indication of where people's general health and mobility was improving or deteriorating.

Registered persons are required by law to notify CQC of certain changes, events or incidents at the service. Our records showed that since our last inspection the registered provider had notified us appropriately of any reportable events. We noted that there had been a delay in submitting information concerning DoLS authorisations and following the inspection the provider wrote to us to confirm that this action had been completed.

The provider conducted a quality assurance report which was used to assess how well the service was running. The report covered audits undertaken in the service including people's care plans, staffing, safeguarding, complaints, accidents and incidents and health and safety. The audits enabled the provider to have an overview of the service and identify any themes or trends. The staff team had designated duties to carry out other in-house audits on medicines and health and safety practice such as fire safety, food storage and infection control. We saw checks were consistently completed and within the required timescales.