HC-One Limited

Oaklands (Nottingham)

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Oaklands (Nottingham) is a two-storey 40-bedded care home with nursing for older people who are living with dementia, and people who are living with mental health issues. It is situated in the north Nottinghamshire village of Whaley Thorns. All bedrooms are single and some have ensuite facilities. There are lounges and dining rooms on both floors and gardens surrounding the building.

At our last inspection of this home on 16 April 2013 the provider was compliant with the regulations we assessed.

This inspection was unannounced. The home has a registered manager. This 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 told us they felt safe living at the home and staff knew what to do if they had any concerns about their welfare. Records showed staff had thought about people's safety and how to reduce risk. They also knew how to protect people under the Mental Capacity Act Deprivation of Liberty Safeguards (MCA DoLS). There were enough staff on duty to meet people's needs and people who needed assistance did not have to wait long.

Summary of findings

However people who used service were not always protected against the risks associated with the unsafe use and management of medicines. This is a breach of a Regulation. You can see what action we told the provider to take at the back of the full version of the report.

Staff knew how to meet people's needs. Records showed they had a thorough induction and ongoing training to help ensure they had the skills and knowledge they needed to provide effective care. The food was home-cooked and prepared in the way people wanted it. People had a choice of dishes at every meal and hot and cold drinks were served throughout the day.

People's preferences were central to how their care was provided. They had access to health care professionals when they needed it. Staff took prompt action if there were any concerns about a person's health.

The staff were caring and communicated with people in a kind and sensitive way. They were respectful and protected people's privacy. People took part in group or one-to-one activities depending on their preferences. Records showed they were involved in making decisions about their care, treatment and support.

People's care records were personalised and identified their individual needs and how they liked support to be provided. Staff knew people's personal histories, likes, dislikes, and preferences. The people who used the service and relatives knew what to do if they had any concerns about the home.

The manager was friendly and approachable and the people who used the service and relatives got on well with her. The quality of the service was monitored and the people who used the service, relatives, and staff were central to that process. Best practice was implemented in the home through staff training and the input of health and social care professionals from the wider community.

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?

Requires Improvement

The service was mostly safe. People were not always protected against the risks associated with the unsafe use and management of medicines.

The majority of the people we spoke with told us they felt safe in the home and comfortable with the staff. People's care records included appropriate risk assessments.

Staff knew how to recognise and respond to abuse and what to do if they had concerns about the well-being of any of the people they supported.

Is the service effective?

Good

The service was effective. Staff were trained to support the people who used the service and had a good understanding of their needs and preferences.

People chose what they ate and staff assisted those who needed help with their meals.

People's health care needs were met and they had access to a wide range of health and social care professionals.

Is the service caring?

Good

The service was caring. People got on well with the staff who were kind, patient, and interested in the people they supported.

The staff were respectful and protected people's privacy. We observed polite interactions between staff and the people who used the service.

People were actively involved in making decisions about their care, treatment and support.

Is the service responsive?

Good

The service was responsive. People's individual needs were identified in their plans of care and people said these were met.

Staff got on well with the people who used the service and were able to spend time talking and socialising with them.

Concerns and complaints were welcomed and staff used these to bring about improvements to the service.

Is the service well-led?

Good

The service was well-led. The manager was experienced, approachable, and supportive. The people who used the service and relatives got on well with her.

The home used audits to check people were getting good support and to make sure records were in place to demonstrate this.

Summary of findings

The home improved its practice through staff training and the input of health and social care professionals in the wider community.	

Oaklands (Nottingham)

Detailed findings

Background to this inspection

This inspection was carried out by an inspector, a pharmacy inspector, and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience for this inspection had experience of services providing care for older people living with dementia.

Prior to the inspection we reviewed the provider's information return. This is information we have asked the provider to send us about how they are meeting the requirements of the five key questions. We also reviewed the home's statement of purpose and the notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the home. We spoke with ten people living there, six relatives, three care workers, one nurse, the registered manager, and the area manager.

We observed staff providing support and people taking part in one-to-one activities. We checked the provider's records relating to all aspects of the service including care, staffing, and quality assurance. We also looked in detail at the records and care of four people living at the home.

Requires Improvement

Is the service safe?

Our findings

The service was mostly safe although people were not always protected against the risks associated with the unsafe use and management of medicine.

During our visit, we looked at the storage of medicines, three people's medicine administration records (MAR) charts in detail, including their care plans and some other additional MAR charts and documents.

We found medicines were not always kept safe. We saw the keys were left in the lock of the medicine trolley and the trolley left unattended in the nursing section on one occasion when the nursing staff was with a visiting GP. We also saw medicines were left unattended on top of the medicine trolley. We found a total of 19 creams, dressings and appliances in a person's room which were left open and accessible to other people living in the service. This meant we were not assured that medicines were kept safe.

We found medicines were not always handled appropriately. A nursing staff said "I thought once lunch time is over it's too late [to administer medicines]". They failed to to folllow up and recognise the significance of these missed doses because the person living in the service was asleep. We found that where medicines were prescribed to be given only 'when needed', we found that staff had failed to consistently ask a person living in the service about a cream to relieve their back ache. This meant that we were not assured that people were given their medicines when they needed it.

Appropriate arrangements were not in place for the recording of medicines. During the medicines round we saw staff entering hand written details of some medicines received three days ago onto the MAR charts. We found quantities of some medicines were not carried forward and we found several discrepancies in the quantity of medication in stock. We saw MAR charts for prescribed creams, and application charts, were not always completed by staff. We found staff were unaware of the instructions left by the Tissue Viability Nurse. This meant that we were not assured that people were given their medicines as prescribed.

We found that two people living in the service has similar names with the same initials. This was not clearly alerted on their MAR chart. One member of staff said "to be honest I think they do get mixed up. We often find medicines in the wrong tubs" This meant that there was an risk of wrongly administering medicines to another person living in the service.

We found that some people needed to have medication crushed or mixed with food. We found some evidence that this had been discussed with their GP, but not fully documented with all interested parties, including the supplying pharmacist. We were therefore not assured that the suitability of giving medication in this way was in people's best interests and would safeguard them from harm.

Staff had comprehensive medication training and had put processes in place to implement safe procedures, including weekly and monthly audits. However, the training and audits did not always reflect what we found in practice.

These are breaches of Regulation 13 (Management of medicines) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Medication is not always being managed safely in the home.

Following our visit the manager and area manager informed us they were addressing these issues. They submitted an action plan to us to show the steps they were taking to ensure people's medications were managed safely.

People told us they felt safe living at the home. One person said "I know I can't go out of the building without someone helping you, and that's alright, it feels safe like that." Another person said, "I'm happy living here. It's my home."

People were relaxed and comfortable in the company of staff. One staff member told us they had never seen anything that was a concern regarding safeguarding but if they did they would report it to the manager straight away.

Staff were trained in safeguarding and understood the signs of abuse and how to report any concerns they might have. We talked with staff about safeguarding. All understood their responsibilities and knew what to do if they had concerns about the welfare of any of the people who used the service.

Records showed that when a safeguarding incident occurred the home took appropriate and swift action. Referrals were made to the local authority, ourselves, and

Requires Improvement

Is the service safe?

other relevant agencies. This meant that health, social care, and other professionals outside the home were alerted if there were safeguarding concerns and the home did not deal with them on their own.

Staff managed people's behaviour by following people's plans of care. During our visit we observed care workers dealing sensitively with people who were anxious or distressed. For example, when one person was distressed staff invited them to go to one of the lounges where they did an activity with them. This calmed the situation and met the person's needs.

People's care records included appropriate risk assessments. These were reviewed regularly and covered areas of activity both inside the home and out in the wider community. The advice and guidance in risk assessments was being followed. For example, people who needed bed rails had these in place and staff had been trained to assemble and maintain these safely.

Staff understood their responsibilities under the Mental Capacity Act Deprivation of Liberty Safeguards (MCA DoLS) and the home's training records showed they had attended courses on this. DoLS applications were made for people who might, for example, try and leave the home when it was not safe for them to do so. These were in place, where necessary, and reviewed by the local DoLS team to ensure they were still in people's best interests. This helped to ensure that people, who on occasions could not make safe decisions for themselves, were protected.

People told us there were enough staff on duty to meet their needs and we observed sufficient staffing levels during out visit. We observed that people who needed assistance did not have to wait long. The manager told us staffing levels were determined by the needs of the people accommodated at the home at any one time. Consequently they were flexible, with more staff rostered on if, for example, people were ill or in need of extra support for any other reason.

Good

Is the service effective?

Our findings

The people who used the service and relatives told us the staff were trained to meet their needs or their family member's needs. One person who used the service said, “They seem to know what they’re doing. I think they do get training.” A relative told us how staff had been trained to assist their family member, who had swallowing difficulties, to eat safely.

Staff told us they were satisfied with the training they received and could request further course if they needed to. One care worker said, “The training is fine – very comprehensive.” Staff said they were able to discuss what they had leant, and any outstanding training needs they might have, at the monthly staff meetings and during their individual supervision sessions. Another care worker said, “If we need training for something specific we get it.”

Records showed staff had a thorough induction and ongoing training. They undertook a wide range of courses in general care and health and safety, and those specific to the service, for example dementia and mental health care. Refresher training was provided as necessary to help ensure staff kept their skills up to date.

We observed a lunchtime meal being served to people on the first floor of the home. Staff assisted people with their meals, where necessary, sitting with them and socialising. Records showed each person had eating and drinking plans setting out their likes and dislikes, and weight charts, and risk assessments concerning their nutrition and hydration. Food and fluid charts were in place for people who needed their intake closely monitored. When specialist advice was needed staff referred people to dieticians. Meals were prepared and served in the way people wanted it, for example if they were on a soft diet their food was the right consistency for them.

People at the home came from a variety of cultural backgrounds and if they wanted food traditional to them records showed these were provided. Staff went to specialist shops to get the ingredients necessary to prepare appropriate meals for them.

People told us their health care needs were met. One person said, “If I need the doctor they call the doctor. They’re very good like that.” Another person commented, “They are always checking me out to see if I am OK and if I’m not OK I go and see the doctor.”

We looked at the health records of four people who used the service. Their health needs were recorded and there were instructions for staff about how to meet those needs. Records showed staff responded quickly to changes in people’s needs and referred them to health care professional where necessary.

People had access to a wide range of health and social care professionals in the wider community. These included GPs, dentists, CPNs (community psychiatric nurses), chiropodists, physiotherapists, consultants, and social workers. All interactions with health and social care professionals were noted in people’s files and plans of care adjusted as necessary. This meant staff kept up to date with people’s changing health care needs.

Good

Is the service caring?

Our findings

People told us the staff were caring. One person said, "The staff here are all very good and you're looked after well." Another person commented, "I think they're very kind. I appreciate their kindness and I'm grateful that they are always polite." A relative told us "I think the standard of care here is very good. [Person's name] wouldn't be here if it wasn't."

All the staff we observed were kind and patient. We saw one care worker supporting a person with sensory impairments. The person's facial expression showed recognition and affection when the care worker spoke with them. Another care worker calmed a person who was distressed by talking with them gently and holding their hand. Staff encouraged people to go at their own pace when eating, taking part in activities, and moving about the home.

One care worker told us how they were building a relationship of trust with one of the people who used the service. They said, "When I support them and talk to them I let them chose the pace. Gradually they are opening up to me which is fantastic."

Some people told us they liked the activities the home provided. They said they had been to Scarborough, to the theatre, and to a garden centre. Photos of the Scarborough trip were displayed in the home's entrance hall. Staff told us people took it in turns to choose where they went out to, and one of the people who used the service confirmed this.

Individual activities were provided for people who preferred these to group activities. When we visited one person was having a manicure and a chat with a care worker. Records showed other people had been encouraged to pursue their hobbies, for example music and knitting.

One person said they could recall being involved in their plan of care when they came to live at the home. They told us this was a good experience. They said, "We talked things through and we seemed to come up with a plan." A relative said they had recently attended a care review for their family member, which they thought was thorough and helped to address their family member's changing needs. A few people said they didn't want to be involved in their plans of care or reviews. They said they could if they wanted to but would rather not. One person said, "The staff do that – I'm not interested and I'll soon tell them if they're doing something wrong."

This showed that people had the opportunity to be involved in making decision about their care, treatment and support. Records also showed they, or their relatives where appropriate, were involved in plans of care and reviews.

People told us the staff were respectful and protected their privacy. One person said, "They always knock on my door and ask if they can come in. That's respect, I think." We observed polite interactions between staff and the people who used the service including when challenging situations occurred. One relative said, "The staff are all very friendly, but they're also very courteous to everyone." Another relative said, "I always have a laugh with the staff when I come. And I know [person's name] likes them, even though [person's name] can't tell you."

Good

Is the service responsive?

Our findings

People said the care was right for them and met their needs. One person told us, "I don't really have to worry living her because the staff know how to help me." Another commented, "I prefer to stay in my room and the staff respect that, although I do come out for meals and I enjoy the company then."

We looked in detail at the support provided to four people who used the service. Their care records were personalised and provided information about their background, family, work, and important life events. This helped to ensure staff got to know them as individuals. One care worker told us, "When I started working with [person's name] I knew they had had an interesting life and now I am learning so much from them."

People's plans set out how they wanted their care provided, for example preferred getting up and going to bed times and whether they liked a bath or a shower. This helped staff to provide care in the way people wanted it. People's social and psychological needs were also documented and met. For example one person had told staff when they came into the home that they 'liked chatting' on a one-to-one basis. Records showed staff socialised with them in their room and we observed staff doing this during our visit.

The manager said compromises were sometimes necessary if people's wishes could not be met in their entirety. One person had a particular way they wanted their room and records showed staff had had to negotiate with them on this and meet them half-way for safety reasons. This showed staff were willing to be flexible while at the same time minimising risk.

We talked to care workers about how they responded to people's needs. One care worker told us, What people seem to want most is our time. I love to be able to sit down and talk to the residents and luckily we do get the opportunity to do that here." Another care worker told us about the particular needs of one person they were supporting. What they told us matched what was in the person's plan of care. The care worker showed insight into how to support this person when they were distressed and were understanding and tactful in their interaction with them.

None of the people we spoke with had made a complaint about their care, but they told us if they had a problem they would speak to a member of staff or the manager.

We noted that the dates of residents and relatives' meetings were advertised in the reception area. When we inspected records showed food and activities had been identified in 2013 as areas for action and these were being discussed at residents and relatives meetings to see if people wanted any changes or improvements.

There was information about how to make a complaint in the home's statement of purpose and service user guide. All the people who used the service and their relatives had been given a copy of this. The manager told us complaints and comments about the home were welcomed and they helped staff improve the service.

Good

Is the service well-led?

Our findings

People told us they got on well with the manager and felt they could approach her with any problems they had. One person said, "The manager's great, she's a lovely person and she puts up with a lot from us and never gets cross." Relatives said the manager was approachable and had a good rapport with people and understood their needs. One relative said, "Her door is always open and we often seen her doing her rounds. She's easy to find if you need her."

The manager told us, "Every morning the first thing I do is go on unit and see everybody and find out how they're getting on. People can also come and see me in private. At the moment I have appointments with six people (who used the service) a day who like a regular one-to-one chat, it's not always easy to fit that in but it's my job and it's what people want."

Staff said the home had a positive atmosphere and was a good place to work. One care worker told us, 'I can't imagine doing anything else – I love working here. We've got some amazing staff with a passion for the job. We're a good team and when we need to we pull together really well." Another said, "Yes I'm happy here. We are well-supported. Everyone puts the residents first and that brings us all together."

There were arrangements in place to regularly assess and monitor the quality of the service. The provider carried out detailed 'quality and compliance' assessments. These covered every aspect of the service and centred on the experiences of the people who used the service and their relatives. A report and action plan was produced after each assessment which identified the improvements needed and who was responsible for carrying them out. Records showed these were followed.

The manager told us that in order to get a personalised view of the service one person was chosen each day to have their care reviewed. This meant their plans of care and other records were checked and updated as necessary. Staff spent time getting their views on the service and if people wanted to do anything special they could. For example, one person had chosen to have a pamper session and a visit to the hairdresser.

The manager was from a 'Dementia Care Mapping' background. This meant she was trained to evaluate the quality of care from the perspective of a person living with dementia or other mental health issues. She told us she was using these skills to enhance the care at the home.

The manager also told us that best practice was implemented in the home through staff training and working closely with health and social care professionals from the wider community. Records showed staff sought advice, where necessary, from experts and consultants in the field of dementia and mental health to help them improve the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People who used service were not protected against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity.