

Friend4Friend Limited Oaklands Care Home

Inspection report

27 Severn Road
Weston Super Mare
BS23 1DP
Tel: 01934 616344
Website: www.oaklandswsm.co.uk

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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

We inspected Oaklands Care Home on 22 April 2015. One Inspector carried out this inspection and it was unannounced. The last inspection took place on 15 July 2013 during which we found there were no breaches in regulations.

The service is located near to the centre of Weston Super Mare. It provides accommodation for up to 10 younger adults who have support needs associated with their mental health. At the time of our inspection there were nine people living at the service.

There was a registered manager in post. 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's rights were protected by staff who understood the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards, and followed the correct procedures. The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS

Summary of findings

are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect themselves. At the time of our inspection no-one who lived at the home had their freedom restricted.

People were supported to maintain their privacy and dignity. Staff had a good understanding of people's needs and they were kind and respectful to people when they provided support. The registered manager and staff promoted an open and inclusive culture within the home. People had the opportunity to share their views and opinions. They were involved in planning and reviewing their care. People understood how to raise any complaints or issues they had and were confident the right actions would be taken to resolve issues.

We found people's health care needs were assessed, and met. People had access to social and healthcare professionals such as community psychiatric nurses and social workers when they needed them.

People were given choices about what they wanted to eat, when and where they had their meals. They were supported to eat and drink enough to keep them healthy. People had their special dietary requirements provided.

Staff were recruited, trained and supported to meet people's needs appropriately. There were enough staff on each shift to meet people's needs. Staff had a good understanding of how to manage risks and protect people from avoidable harm. They also knew how to raise any concerns they may have and report them appropriately.

The registered manager ensured there were clear arrangements in place for ordering, storing, administering and disposing of medicines.

People had been consulted about the development of the service. The manager carried out extensive audits of the service provision on a weekly, monthly, and yearly basis. Quality assurance questionnaires were provided to people who used the service and their relatives to gather feedback on the quality of the service.

We found the service followed a person centred approach ensuring that the delivery of care was tailored to the needs of the individual and personalised.

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

Risks associated with each person's support were assessed and measures put in place to ensure people's safety.

There were enough staff with the appropriate skills and experience to support people safely and according to their needs.

Medicines were stored and administered safely and securely, as prescribed.

People were safeguarded from the risk of abuse. Staff knew what to do if they had concerns about a person's safety.

Is the service effective?

Good



The service was effective

People were supported by staff that had the knowledge and skills to undertake their roles and responsibilities.

Staff had received appropriate training to ensure they had the skills and knowledge to care for people.

Care plans were up to date and staff closely monitored the physical and health needs of people.

People were provided with adequate amounts of food and drink to maintain a balanced diet.

People were supported by staff to maintain good health and to access healthcare services when required.

Is the service caring?

Good



The service was caring.

Staff understood people's communication needs and ensured they made informed decisions about their care and support.

Staff were caring, kind and compassionate.

Is the service responsive?

Good



The service was responsive.

People's needs were documented comprehensively, detailed guidelines were in place to ensure that staff could ensure people's needs were being met.

People contributed to their care plans and were encouraged to express their views relating to the care they received and changes were made according to people's choices.

People were supported to share their concerns with staff and the home manager operated an open door policy, which meant that people were protected against abuse.

Complaints were documented and where required action plans were implemented.

Summary of findings

Monthly meetings were held by staff, whereby people could share their ideas and where possible these were implemented.

People took part in activities of their choice and accessed community amenities and facilities.

Is the service well-led?

Good



The service was well led.

There were effective auditing systems in place to monitor the quality of the service. The outcomes were regularly reviewed by the manager and where necessary action was taken.

People we spoke with including their relatives spoke well of the manager and stated that they would have no problems approaching them should the need arise.

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 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 22 April 2015 and was unannounced. The inspection was carried out by one inspector. Before the inspection we reviewed the information we held about this service. This included previous inspection reports, statutory notifications (these are issues providers are legally required to notify us about), other enquiries from and about the provider and the

Provider's Information Return (PIR). The PIR is a form completed by providers giving key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people who used the service, one care worker, the deputy manager who was a registered nurse), the registered manager, and the Director of the Service. We reviewed the care and support records for three people and looked at staff personnel files for six care workers. We also reviewed records relating to the management of the service such as emergency plans and records, policies and procedures, records of checks and audits undertaken, medicines records, staff and "resident meeting" minutes and equipment and premises maintenance records. We also observed the care and support people received from staff throughout the day. After the inspection we spoke with one person's relative and the Care Manager for two people who lived there

Is the service safe?

Our findings

People told us they felt safe living at Oaklands. One person told us, “The staff help me to look after myself as I can’t be safe on my own.” Another person said, “The staff help me to work out my problems.”

Staff were aware of procedures to safeguard people from abuse and told us how they would respond if they were concerned a person had been abused. One staff member said, “I would make sure the service user was safe and okay first. Then I would inform the manager or the senior person in charge straight away, and report it to the Local Authority and then to the Care Quality Commission” so it was attended to.” Records showed that all staff had been trained in recognising the signs of abuse and safeguarding adults procedures. Information about reporting abuse was displayed on noticeboards in the staff office and in the manager’s office.

At times, some of the people who lived at the service displayed behaviours that may pose a risk to themselves, other people or property. A comprehensive risk assessment and behaviour support plan was in place for each of these people. All with clear guidance for staff on how to, support the person safely through each stage of an occurrence of such behaviours. Staff had been trained in strategies to support people to manage these behaviours and in how to respond safely when they occurred. Each incident was recorded in detail. These records showed that calling the police was only used as a last resort to ensure people’s safety when other calming and de-escalation techniques were unsuccessful. Relatives told us that they were always kept informed when incidents had happened and what happened afterwards.

Other risks associated with people’s support were also assessed. Risk assessments contained guidelines for staff on how to mitigate those risks. For example, one person enjoyed bike riding and their risk assessment outlined ways the staff supporting them ensured their safety while bike riding. Staff supported another person to improve their cooking skills and there were measures in place to ensure their safety while doing so.

Staff told us that they had “ received full training on the administration and storage of medicines and this was reviewed regularly” Medicines were stored and administered according to guidelines. Medicines were

stored in a locked cabinet. Each person’s medicines were clearly marked and stored in a separate part of the cabinet to reduce the risk of errors. Medicines administration records (MAR) included a page about their allergies and specific considerations for taking their medicines. Two people self administered their medicines and one person kept their medicine in their room, there were risk assessments for both these clearly signed by the person and staff. Staff also told us that they checked daily that they were using his medication correctly.

One person who required their medicines to be administered covertly when they were ill . A member of staff told us “ that the person knew the medicine was hidden in her food but they had asked the GP for guidelines to follow when they did this”. This was clearly documented in their records. Some medicines were prescribed to be taken as needed (known as PRN medicines) and there were clear guidelines for staff on the circumstances in which these should be administered. Records showed that these were not used outside these guidelines and sedative and calming medicines were not over-used to control people’s behaviour.

The registered manager told us that the provider “had a system in place to check staff were of good character to work with people who need support”. Each of the staff personnel records we checked contained references from previous employers, a criminal record check and checks to ensure the staff member had the legal right to work in the United Kingdom.

One person told us, “There is always enough staff. They take me to the doctor or out to the café whenever I want to.” Staff rotas showed there were enough staff on duty to ensure people’s safety. There was flexibility in the rota to ensure that staff were available to support people outside of the home when they needed it Staff told us that they thought there were enough staff to cover all the activities people wanted to do. The registered manager told us they had regular agency staff they used to provide cover if a permanent member of staff was sick, on training or on leave. She told us this ensured continuity of staff which was important for the safety of staff and people who use the service.

The staff we spoke to told us that each person had a personal emergency evacuation plan which outlined their specific needs in the event of an emergency evacuation. These included their physical needs as well as behavioural

Is the service safe?

and emotional considerations to ensure a smooth evacuation should that be necessary. Each person's records also contained a 'grab sheet' and there was a 'grab bag' in the staff office

Is the service effective?

Our findings

One person said, "Staff are really good." Another person commented, "The staff are good. They are not controlling, you have freedom." People were supported by staff who had the knowledge and skills they needed to carry out their role. People felt comfortable with the support staff provided

There was a low staff turnover which provided continuity of care for people. Staff completed training on a regular basis that was relevant to the service including areas such as first aid, mental capacity, health and safety and medicines administration. Staff said they had completed induction training and an assessment period when they first started work. One member of staff commented, "It was really useful." Staff were able to state what training they had completed and expand on specific topics when asked questions. They were able to explain topics such as mental capacity, safeguarding, challenging behaviour and side effects of psychotic medicines.

Staff training records were maintained centrally and recorded training that had taken place and scheduled training dates. Staff commented positively about the training they received and records confirmed that they received appropriate training on a regular basis. Staff told us the provider was supportive with additional training requests. One member of staff was in the process of completing the Qualifications and Credit Framework (QCF) Level 5 in Health and Social Care to aid their development and two other staff members were beginning the Qualifications and Credit Framework (QCF) Level 5 in Health and Social Care. Records also showed that staff were supported with supervision meetings with their line manager and an annual appraisal. Staff confirmed that this was the case.

One person told us "I helped write my care records" Care records showed that people consented to their care and support. They also recorded when people disagreed with something recorded in their care records. At the time of the inspection the service had not made any applications for authorities under the Deprivation of Liberties Safeguards (DoLS). The manager understood the requirements of DoLS

which protected people from being looked after in a way that would inappropriately restrict their freedom. People at the service were free to leave the premises if there were no restrictions on their treatment orders, however staff asked people to sign out on a board when they went out.

People were able to decide what they were going to do each day. Staff told us they did not use restraint and with instances of challenging behaviour they were trained to avoid confrontation. The service had policies and procedures in place for mental capacity and the requirements of the MCA and DoLS. Up to date copies of the Codes of Practice for MCA and DoLS were available. Staff were knowledgeable about mental capacity and records showed they had completed appropriate training.

People had sufficient food to eat and liquids to drink and told us, "All the food is good here. There is a choice. There's tea and coffee whenever you want it. You can make a sandwich if you want." One person said, "The cook does good food." "Food is good." Other people said they enjoyed the food and one person commented about how good the spaghetti was. During the inspection people were observed using the 'skills kitchen' making drinks for themselves. Staff said that people could make sandwiches and hot or cold drinks at any time of the day. There was a menu for each day that provided a choice and people could request some other alternative. The menu was decided on a monthly basis in the 'residents meeting'

One person told us "I am happy here. They support you." People were supported with their healthcare needs care records showed the outcome of each health appointment was recorded and the person's care plan updated with details of any changes to their care or treatment. Staff regularly accompanied people to reviews in their home areas. Staff told us that "its important that we go with people for support and to clarify any issues", one person told us "I am glad they are coming with me as I am worried about what will be said".

A formal handover took place between each shift. The outgoing shift provided a briefing about the behaviour and well-being of each person and any incidents that may have taken place.

Is the service caring?

Our findings

All the people and their relatives said they thought the staff were caring. One person told us, “The staff are very kind to me; they always have time for a chat.” Another person told us, “The staff are very friendly and will do anything for you.” We saw that interactions between staff and people were caring and people were positive about how staff interacted with them. One person told us, “They care for me very well, we can have a laugh and they are all very friendly.”

One staff member told us, “When people talk, we listen, staff do care.” We saw staff communicated well with people. Staff used different ways of enhancing their communication with people, such as ensuring they were at eye level with those people who were seated. All people we spoke with felt they were listened to and had a say in how their care was provided. Relatives we spoke with told us that staff kept them up to date in relation to their relatives care needs.

We observed staff respected and supported people’s choices. We saw one person choosing where they wanted to eat their meal and what they wanted to eat and another person being supported with their choice of activity. People we spoke with told us they were involved in the development of their care plans and that their choices, preferences and wishes had been considered in the planning of their care and treatment.

People told us and we saw that people’s dignity, privacy and independence were promoted and respected by staff. One person told us, “Staff treat me with respect and observe my dignity by giving me privacy.” Another person told us, “Staff always knock on my door before entering and are polite to me.” We observed one person being transferred from their wheelchair to another chair the person was wearing a t shirt which was above their stomach. We saw the staff member cover the person’s stomach to protect their dignity. Staff we spoke with had good understanding of how to promote people’s dignity and respect their choices and why this is important. We observed another staff member talk discreetly and appropriately to people about their medicines.

People told us and records confirmed that people were supported to maintain their independence as much as possible and were involved in making decisions about their care and support. For example, we saw at mealtimes people had appropriate cutlery and aids to help promote their independence. People who lived in the home were encouraged to carry out small tasks throughout the day such as helping to look after the small outdoor space or tidying the smoking area. This helped people to retain their independence and self-esteem.

Is the service responsive?

Our findings

A person told us “I tell them if I am unhappy”. People told us the staff were approachable and they would tell them and/or their family if they had a complaint. They were confident concerns would be addressed appropriately. We heard staff asking people how they were and people interacted with staff including the registered manager in a relaxed and friendly manner. We saw a complaint from a person using the service had been recorded and appropriately addressed. Daily records showed people had one-to-one time with staff when they had the opportunity to raise any concerns.

People’s care records showed they had been involved in assessment and regular review of their needs. These assessments included comprehensive information about each person’s needs. Care plans were developed from the initial assessment and were individually personalised. Each care plan identified the person’s needs, preferences and the support and care the person needed and wanted from the service. For example one person needed to be prompted to with his personal care at present. Health and social care professionals were involved in the assessment and development of people’s care plans. They told us they were regularly contacted by staff to discuss people’s individual needs and progress.

Meetings took place to discuss and plan people’s care when needed. Health and social care professionals told us they attended reviews of people’s care and were confident people received the care they needed from the service.

Staff had access to people’s care records, which held all the relevant information that was needed to provide good effective care. They told us they were kept well informed of any changes and people’s needs were discussed during ‘handover’ meetings so they could provide people with the support they needed. Staff knew about each person’s background and current needs including supporting and managing people’s various behaviour needs. All the people we spoke with told us they spoke with staff about their care and felt they were listened to. People knew they had a care plan and other records that documented their needs. A person told us “I can talk with staff. They listen to me”.

During the inspection people spent time in the community. They went in and out of the home several times during our visit. One person went to the local shops. They told us they were very familiar with the local area and enjoyed spending time out and about. One person told us they often bought food items and other purchases at the local shops. People’s activity records showed people took part in activities which included listening to music and watching television. Staff told us they sometimes went out with people shopping and regularly tried to encourage people to participate in a variety of activities, including appropriate college courses but people were often reluctant to do so. People’s activity records confirmed this. A person told us that they liked to do what they wanted and this decision was respected by staff.

Is the service well-led?

Our findings

The registered manager encouraged an open and empowering culture within the home, this was echoed by staff and people who used the service. Observations during the inspection showed the registered manager interacting with the staff and people in a respectful and inclusive manner. Everyone had access to the manager and director in order to discuss their care or plans for moving forward.

The registered manager told us that they had an open door policy, which meant that people who used the service, staff and relatives could contact them at any time to discuss any concerns they had. One person who used the service told us, 'If I ever have a problem I can go to the manager and the staff'.

One staff told us "the aim is for people to move to more independent living and how we treat people here and involve them in the planning of the service prevents dependency on us". The registered manager showed us evidence of people who had moved on. One person told us "I don't want to move from here but I know that I am able to live more independently".

After the inspection we spoke with a relative who told us "I would have no hesitation in complaining to the manager if need be. If there is a problem the home always contact us". A monthly house meeting was held where all people who used the service were encouraged to attend and share their thoughts. The meeting was also attended by staff, the information and requests from the house meeting was then shared in a team meeting which took place the following

week. The team meeting covered the outcome of the house meeting so that all topics were discussed and where needed action taken. This meant that people's views/complaints were acted upon quickly.

The registered manager sought the views of the staff and people who use the service through team meetings and discussions to gather information on how to improve the service. The registered manager carried out audits of the home to ensure that the service was being delivered in line with company policy. A quality assurance questionnaire was sent to people who used the service and relatives to complete. Should they encounter a problem this was then raised with the registered manager. We saw that there were weekly checks, monthly, six monthly and yearly checks being carried out by staff and the manager, focusing on maintenance, health and safety, fire exits, heating and hot water, food storage, cleanliness and potential hazards. This meant the service monitored the quality of the service and care provided to ensure it meets people's needs.

The director carried out regular visits of the service, to meet with the manager and discuss any areas of concern. The manager informed us that they could contact the director at any time and raise any issues. We saw that care plans and risk assessments were reviewed regularly and where appropriate support from external professionals sought. This meant that the service was actively working in partnership with others. For example the registered manager was working with a local GP to look at the impact of medication on one person's mood and behaviour. The registered manager told us that "I hope this will help (name) to stabilise on the most suitable medication for her and stop having behaviour challenges".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.