

Parkcare Homes (No.2) Limited

Oaklands

Inspection report

87 Burton Road
Derby
Derbyshire
DE1 1TJ

Tel: 01332242770
Website: www.craegmoor.co.uk

Date of inspection visit:
14 November 2016

Date of publication:
28 November 2016

Ratings

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

Summary of findings

Overall summary

This inspection took place on 14 November 2016 and was unannounced.

Oaklands is registered to provide residential care and support for eight people with mental health needs. At the time of our inspection there were eight people using the service. The service is located within a residential area, which provides accommodation over three floors.

Oaklands had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found there to be an open and collaborative approach between those using the service and staff. People's safety and well-being was promoted through the pro-active management of risk. This was achieved through the sharing of information and agreed strategies for promoting people's choices and independence in their day to day lives. And through the employment of sufficient staff to provide the support people require; both within the home and the wider community.

People's medicine was managed safely, which included where people managed their own medicine, as assessments of risk were undertaken and discussed with the person involved. Audits were undertaken on a range of topics, which included medicines and maintenance of the environment to ensure people's safety was promoted and maintained.

People told us that staff had had a positive impact on their lives due to the care and support they received. Staff told us that they undertook training which enabled them to provide good quality care. Staff received continued support through supervision and appraisal, providing an opportunity to discuss their professional development.

The registered manager and staff were clear about their responsibilities around the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and were dedicated in their approach to supporting people to make informed decisions about their care. Assessments to determine people's capacity to make informed decisions about their care had been undertaken.

The open and inclusive approach to people's care meant all decisions actively involved the person themselves and their views were recorded and acted upon. People's independence was supported in all aspects of their daily lives. This included supporting people to manage their own medicine. Where staff had responsibility for the administration of people's medicine this was managed safely.

People developed menus with staff support. People's needs with regards to their diet were respected and supported, which included dietary requirements to support individual cultural beliefs and health needs.

People were supported to shop for groceries, and with the support of staff to prepare and cook meals both individually and collectively.

People were supported by staff that had developed positive and professional working relationships with them, this gave people who used the service the confidence to speak with staff and talk about issues affecting them. People were relaxed in the company of staff and were able to talk about their lifestyle choices and the impact their decisions had on their well-being and future plans. People considered Oaklands to be their home and took pride in the environment in which they lived, sharing household chores. People's views were sought and their comments were listened to and acted upon, which meant people knew their views would bring about change.

The registered manager and staff were committed to meeting the needs of people and improving their sense of well-being by encouraging people's independence through the achievement of their goals and aspirations. Encouragement and ideas from staff to pursue hobbies and interests had a positive impact on people's mental and physical health.

The provider had quality assurance systems that were robust. The proactive approach to good governance meant information gathered through quality audits was used to continually develop the service and looked for ways in which people using the service could achieve their goals and aspirations.

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.

The registered manager and staff demonstrated an inclusive and open approach to the promotion of people's safety and well-being.

Risk assessments were in place for people that balanced risks associated with needs and decisions made against their right to make choices in pursuit of their independence.

People were supported and cared for by sufficient numbers of staff to ensure their individual needs were met as detailed within their records.

There were safe systems in place for the management of people's medicines.

Is the service effective?

Good ●

The service was effective.

People received support and care from a staff team who were trained to meet their needs. We found staff were encouraged to develop their knowledge and skills and were supported through on-going supervision and appraisal.

Staff were aware of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The open and inclusive approach of the service meant people were involved in making decisions about all aspects of their care and support.

People were actively involved in the planning, shopping, preparation and cooking of meals. Tailored diets to meet people's individual requirements and needs were met.

People's physical and mental health needs were monitored. People were supported to attend appointments with health care professionals.

Is the service caring?

Good ●

The service was caring.

People and staff had developed positive professional working relationships, which were both inclusive and supportive.

Staff encouraged people to make decisions about their lifestyle choices and supported people to recognise and exercise their rights and choices.

Staff recognised and upheld people's equality and diversity.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed prior to them moving into the home and they were involved in the on-going review and development of their care.

People told us that the staff team were approachable. People had the opportunity to influence and comment on the service and that their views were listened to and acted upon.

Is the service well-led?

Good ●

The service was well-led.

The registered manager and staff had a clear view as to the service they wished to provide which focused on promoting people's rights and choices within an inclusive and empowering environment.

A registered manager was in post that was committed to providing a good quality service and had the support available to support the staff team and drive improvement.

The provider and registered manager undertook audits to check the quality of the service provided and used the findings of audits to continually develop the service.

Oaklands

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 14 November 2016 and was unannounced.

The inspection was carried out by one inspector.

We contacted commissioners for social care responsible for funding some of the people that live at the service. We also contacted health and social care professionals who provided support to people and asked them for their views about the service. We reviewed the information that the provider had sent to us which included notifications of significant events that affect the health and safety of people who used the service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was completed and returned to us.

We spoke with four people who used the service. We spoke with the registered manager and two members of care staff. We looked at the records of two people, which included their plans of care, risk assessments and medicine records. We also looked at the recruitment files of two members of staff, maintenance records of equipment and the building, quality assurance audits and the minutes of meetings.

Is the service safe?

Our findings

We asked people who used the service for their views about their safety at Oaklands. They told us, "It's friendly here. The staff listen to you, for me it's a safe environment in which to talk about things." "Here is a place where I know my welfare is considered."

We found the registered manager and staff continually provided information for people using the service about safeguarding to promote their safety within the home. Support was provided through resident meetings which were used as a forum for promoting safety. A person spoke to us about the use of 'safeguarding cards', each card provided a different scenario for discussion and those attending the meeting talked about what they would do if the situation was to present itself. This was an innovative way of 'bringing to life' safeguarding for people and provided an opportunity for people to understand what is meant by safeguarding and what action they should take.

Information about safeguarding and advocacy services was provided to people who use the service in the service user guide, upon admission to the home. Information about safeguarding and advocacy was also displayed on a notice board for all to access, people were aware of the information when we spoke with them.

Staff were trained in safeguarding as part of their induction so they knew how to protect people. When we spoke with them about the safeguarding procedure they were knowledgeable about their role and responsibilities in raising concerns with the management team and the role of external agencies. This meant people using the service could be confident that the welfare and safety of people was understood by staff.

The registered manager and staff referred safeguarding concerns to the relevant agencies and notified CQC, which they are required to do to meet their legal obligations. Referrals and notifications were made in a timely manner and records showed people were supported through the process. This included where social services and police personnel were involved. This showed that people's safety and rights were supported and promoted as staff had an open and transparent approach and followed the safeguarding procedures effectively.

There were systems in place to reduce risks to people using the service. Assessments of any potential risks had been carried out and guidelines put in place so that any risks could be minimised, whilst recognising the rights of people to make decisions about their day to day lives.

In some instances assessments had identified people were at risk from financial exploitation. This had been discussed with the person involved and a decision reached, for some this meant they had requested that some items were kept within the safe, to which there was restricted access. Throughout our inspection visit where people requested access this was granted in accordance with their wishes as detailed within their records. This showed people's safety, valuables and wishes were respected.

Policies and procedures were in place where the provider had involvement with people's finances. Records

were kept as to people's individual expenditure which included the receipts for items purchased and financial records signed. The provider had a system for auditing people's monies which produced a report; this practice supported people from the potential of financial abuse.

Records for each person contained a personal emergency evacuation plan (PEEP). This provided clear guidance for staff and emergency services personnel should the home have to be evacuated. This information identified potential risks and how these risks were to be minimised to promote people's safety.

We found there to be a culture of learning from mistakes and an open approach to sharing information with those using the service and external agencies. The provider had a system whereby all incident and accidents were reported. The registered manager was required to analyse the information and identify any lessons learnt. The registered manager showed us how the system operated. We saw information had been entered following an incident involving two people who used the service, the action taken to support each person and how the information had been used to review people's care records to ensure their continued care and support continued to promote their safety.

Staff recruited by the provider underwent a robust recruitment and interview process to minimise risks to people's safety and welfare. Prior to being employed, all new staff had an enhanced Disclosure and Barring Service (DBS) check, at least two valid references and health screening. (A DBS is carried out on an individual to find out if they have a criminal record which may affect their working with people and impact on the safety of those using the service).

We found the premises and equipment were well maintained and audits were regularly carried out to ensure health and safety obligations were met at the home. The audits were carried out by external contractors with specific areas of expertise as well as audits carried out by the registered manager and staff on the cleanliness and maintenance of the home. Any issues that were identified were reported and the necessary work undertaken by the maintenance department.

Our observations showed there were sufficient staff on duty to provide care and meaningful activities and support for those living at Oaklands which was consistent with the information detailed within people's records as to the care and support they required. The information in the provider return stated that the staffing rota was planned to meet the needs of people using the service, which included 24 hour support through the 'on call' system, giving staff access to guidance should it be required to promote people's support and safety.

We found people living at Oaklands had a good understanding of the medicine they were prescribed. People worked in partnership with staff in the management of their medicine. A person told us about their medicine; the name of the medicine, the dosage and why it has been prescribed. They told us about their PRN medicine (medicine which is taken as and when required), which they rarely took, however if they needed it they would ask staff. This was reflective of the inclusive approach by staff at the home to involve people in all aspects of their care.

People's medicine was kept safe within a lockable facility within their bedroom and included their medicine administration record, which was signed by staff when a person's medicine was administered. People's records provided information about the medicines they were prescribed and the role of them and staff in its administration. In some instances people had identified the management of their medicines as a goal they were working towards as part of gaining independence and autonomy. In these circumstances a risk assessment had been undertaken and the person was supported to manage their own medicine safely. This showed people's rights and choice with regards to their medicines were supported whilst consideration was

given to manage potential risks.

Medicine audits were undertaken to ensure medicine was stored safely and that it had been administered as per the prescriber's instructions. Staff had undertaken training in medicine management and told us their competency to administer medicine was assessed. This meant people could be confident that they were being supported by staff that were knowledgeable and had the appropriate skills to support people with their medicines.

Is the service effective?

Our findings

People we spoke with shared with us their views about the service with regards to their care and support provided by staff and its impact on their quality of life. Their comments included, "It's given me back my confidence. I now go out independently, for me that's such a change, it's given me a new look on life" and "The staff have supported me all the way; they are good at listening and encourage me, reminding me of the goals I have set myself."

Staff spoke enthusiastically about the training they received stating it had enabled them to provide effective care to people as the knowledge gained was used to support people well. A member of staff told us how receiving training on diabetes had enabled them to have a greater understanding as to the impact of a person's diet had on the management of their health. They told us this meant they were able to support and advise the person in making good choices about the food they ate. This showed how training enabled staff to provide effective care.

The service was committed to staff development and training, and had in place 'the academy', which enabled staff to access on-line training. Records showed staff had received training in a range of topics to support the health, safety and well-being of people, which included attaining qualifications in health and social care.

Newly appointed staff completed an induction programme upon their initial appointment. Staff were also required to read the services policies and procedures. Newly appointed staff worked towards attaining The Care Certificate, which is a set of standards for staff that upon completion should provide staff with the necessary skills, knowledge and behaviours to provide good quality care and support. This confirmed the information recorded within the provider information return.

The regular supervision and appraisal of staff provided opportunities for the registered manager and staff to reflect on their work and the impact they had on the care and support of those using the service. Supervisions were used by staff with key working responsibilities to discuss and consider how people's care and support was progressing. (A keyworker has a social interest in the person, developing opportunities and activities and taking part in care plan development with them.)

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 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. We found no one was required to have a DoLS authorisation in place. We found people's competency to make informed decisions about key aspects of their day to day care and support had been undertaken, consistent with the MCA and were regularly reviewed. This ensured people's human and legal rights were respected.

Staff had undertaken training on the MCA and DoLS and fully understood their role to uphold the MCA and the need to act in a person's best interests if the person had difficulty making a decision for example about their care, which included where the ability to make a decision was temporarily impaired. For example, as a result of an accident.

The open and inclusive approach of the registered manager and staff to those using the service meant there was full consultation with people on all aspects of their day to day lives. Staff were passionate about the promotion of people's rights and choices. Staff recognised this to be a key aspect of people's long term goals, which for many was to live independently within the wider community.

One person shared their views about the food, saying "good food." People told us that at the weekly resident meeting they planned the menu for the forthcoming week. People had shared responsibilities for the preparation and cooking of meals with staffs' support. In addition people had days for individual support from staff, which provided opportunities for people to shop for ingredients, prepare and cook their own meal.

People's needs and preferences with regards to nutrition were documented, which included supporting people with diets reflective of their culture and beliefs. This was fully understood and supported by staff. For example staff supported people to shop for 'halal meat'. People's dietary needs were also considered where their health required this, for example where people had diabetes. A person we spoke with, whilst they made a cup of tea for themselves and us, told us they had returned from shopping to buy jam suitable for diabetics.

Information within people's care plans identified those at risk of malnutrition or poor appetite, which for some was an indication of deterioration in their mental health. Staff were aware that this needed to be monitored and shared with the relevant health care professional, to ensure people's care and support remained effective.

Records showed people accessed a range of health care services in relation to their physical and mental health. Staff accompanied people to appointments with their consent and were actively involved in supporting people to maintain and improve all aspects of their health. Health action plans were used to promote people's health and their views and recorded the outcome of, and decisions made, following a review of their health.

Is the service caring?

Our findings

The open and inclusive approach to people's care and support, meant those using the service had an allocated keyworker. The keyworker worked alongside the person, supporting them in all aspects of their lives. People shared their views about the staff. "They're [staff] great, always listen and encourage me." "They [staff] are not judgemental; they get it, understand why each day can be different for me and know what I need."

We found people were confident to approach staff and spend time with them, we observed positive professional relationships, with everyone speaking openly about things that were important to them. Throughout the day staff supported people to access the wider community, which included shopping. One person, who returned having bought some clothing, 'modelled' their outfit, which they were proud of. This showed how the relationships between people using the service and staff were important to people's well-being.

The registered manager and staff spoke with enthusiasm about their role in supporting and caring for people and understood how their involvement had a direct impact on a person's mental health. People were involved in deciding which staff were their keyworker that promoted the development of positive professional relationships. The relationships developed between people using the service and staff, meant people shared with staff personal information about their lives. Staff, with people's involvement, used this information and understanding to encourage people to identify personal goals.

People's care plans were reflective of their culture, gender and spiritual needs and we found staff supported people appropriately. One person spoke of the importance of their beliefs and said whilst there was a temple [place of worship] close by; they chose to practice their beliefs within the home. They showed us the prayer books in their bedroom. They told us how their belief and faith had a positive impact on understanding their mental health and how the act of kindness and sharing with others had improved their well-being.

The provider information return referred to the 'birthday wall'. We found people who use the service and staff had a picture of a candle on a birthday cake detailing the month and date of their birthday. People we spoke with told us they celebrated birthdays collectively which supported the positive relationships developed between staff and those using the service. One person told us about their birthday party, which had involved a birthday cake and a party at the home with those they lived with and staff.

A person we spoke with told us about the budgerigars at the home, they said they belonged to people who lived at the home, and they told us they cared for them with the support of staff. This reflected the commitment by staff to promote people's well-being by recognising what was important to them.

Staff understood the importance of confidentiality and that trusting relationships were dependent upon people's confidence that information about them was secure. We observed that staff closed doors when discussing issues about individuals at the home and that people's personal records were kept secure within offices that could be locked. People had been informed that records may, in some instances would need to

be shared, this had been discussed with people and they had signed their consent for records to be shared, for example with regulators and with health and social care professionals. People had also recorded if they wished relatives or next of kin to have access to their records and in what circumstances these were to be made available.

People's privacy and dignity was respected and promoted. People told us that they had contact with family and friends, which for some people meant visiting relatives at their home. One person told us they regularly visited relatives for the weekend and spoke with other relatives on the telephone. We saw that people had keys to their bedroom door and we saw that staff did not access people's rooms without their consent always knocking and seeking permission before entering a person's room.

People spoke to us about the 'dignity tree', which was displayed on a wall within the home. The quote to support the 'dignity tree' reflected the approach of people living at the home and staff. 'What makes us happy at the roots and what we would like our choices to blossom into.' Our discussions and observations showed how this was implemented on a daily basis and ethos of the home.

Oaklands also had displayed on a wall 'hot gossip board'. This had information and news about people living at the home and staff. For example it reflected people's achievements and included photographs of things which were important to them. This demonstrated the open and inclusive approach to people living at the home and staff because it recognised each other's individuality and celebrated people's lives.

Staff records and information provided within the provider return demonstrated that staff had received training in topics that were related to the promotion of people's privacy and dignity. These included equality, diversity and human rights, dignity; as well as training in respect and person centred care. We saw how staff implemented these throughout our inspection.

Is the service responsive?

Our findings

People we spoke with told us they had visited Oaklands to help them to decide whether the home was appropriate for them. In a majority of instances people were moving from a hospital setting and the assessment as to their needs was undertaken by personnel in their current placement. People's discharge from hospital was planned with the person, representative from their current placement and the registered manager of Oaklands to ensure a smooth a transition as possible so that the appropriate support and care was in place.

People told us why they had chosen Oaklands. One person said, "It was the right size for me, not too big or small." "I got a positive feeling when I visited." "I am really grateful, for them letting me stay here for so long."

People spoke about their care plans with us and confirmed that these were regularly reviewed with themselves and their keyworker. We saw records of meetings involving people and their keyworkers, which recorded the issues raised and the outcome of discussions, which prompted where necessary the updating of people's care plans and the evaluating of people's short, medium and long term goals.

People shared with us the positive impact the staff approach had on their physical and mental health. One person told how staff had listened to what they wanted to achieve and made suggestions as to how this could be done. They told us with the encouragement of staff they had lost weight and had developed interests in activities outside of the home. They told us they regularly attended a martial arts class and regularly went swimming and took part in walking groups. Whilst someone else spoke of how they now had the confidence to go out independently and the affect this had on their lives, which had enabled them to take part in activities. They told us how they attended college to learn new skills and attended appointments independently.

People shared with us their involvement within the wider community through volunteering, this included working in shops and gardening at an allotment. An additional example of people working towards their goals was for one person having driving lessons which they hoped would increase their opportunity to seek work.

People were involved in all aspects of the day to day running of their home, which included household chores. People we spoke with told us that whilst they did not always enjoy taking part in these, they recognised it was a key part of their mental health and wellbeing in being motivated to maintain a clean and tidy home. When we arrived at the home, the door was opened by a resident of the home, who invited us in and asked us to sign in the visitor's book. We saw that they were involved in mopping the hallway floor; they spoke to us the mopping of the floor. They asked us if we knew where we needed to go, having explained this was the first time of visiting the home; they told us they would show us to the office. This showed a confidence and assurance that people viewed Oaklands as their home.

Weekly meetings involving those using the service take place, which were attended by the registered manager or a member of staff. These provided a formal system for people to comment upon the day to day

running of the home and discuss issues which affect them both individually and collectively. We found issues raised had been acted upon by the registered manager or staff. For example it had been raised that people wanted new furnishings. Subsequent meetings recorded that furniture for bedrooms and communal rooms had been purchased. A second issue raised by people was for a holiday, which all could access. A holiday was arranged to the Isle of Wight and photographs showed the range of activities people had engaged in. One issue remained outstanding from a recent meeting and that was for the provision of a smoking shelter outside of the home, to protect people who smoke from the weather. The registered manager told us this was currently under discussion.

Positive relationships had developed between people living at the home, one person told us they went out for drinks, meals and played pool at a local public house. People also spoke of planned holidays and day trips, which had included a holiday to the Isle of Wight, day trips to museums and other places of interest. People's ideas about activities and events were discussed at resident meetings and acted upon.

The registered manager had an 'open door' policy and encouraged people to come and speak with them if they had any concerns or wished to talk about anything that affected them. Throughout the day we saw people going to the office and speaking with the registered manager, sometimes to talk and on other occasions just to spend time with them.

The service had a complaints procedure and people we spoke with were aware of this and showed us that information as to how to raise concerns was displayed within the home. No complaints had been received by the provider.

Is the service well-led?

Our findings

We found that the provider, registered manager and staff promoted a positive and open culture which provided a range of opportunities for people to comment upon and influence the service they receive. In addition to meetings, in which people took part, their views were sought through an annual questionnaire. The information gathered from questionnaires was shared with those using the service and identified any areas for improvement. The most recent report supported a high level of satisfaction with those living at Oaklands with the service they received.

People were involved in the recruitment of staff. One person told us, "I enjoy being part of the interview process; it gives me a chance to ask questions." The registered manager told us that candidates were invited for an interview, with themselves and other staff employed by the provider. Following the initial interview two representatives from the home asked questions of the candidate. As part of the recruitment process the candidate spent time with people at the home. People's views as to the candidates responses to questions and feedback from people where the candidate had time spent within the home was used in the decision making process as to the candidates suitability to be offered employment.

We asked staff what communications systems were in place to enable them to work well. We were told that individual supervisions (one to one meetings) took place, where staff had the opportunity to discuss the needs of people using the service, their personal training and development and suggestions as to the development of the service. Staff also told us daily 'handovers' of information between members of the staff team promoted consistency of support to people by ensuring all staff were informed about events within the home.

The registered manager had in place records which supported the five key questions asked by CQC when inspecting services. This showed that the registered manager kept their knowledge up to date with their legal obligations and had also considered the significance of the key questions in relation to Oaklands. Records of meetings showed that staff had been made aware of the five key questions and used to discuss the development of the service.

We spoke with the registered manager to find out how they assured themselves of the quality of the service they provided. They shared with us the audits they had undertaken, which reflected a range of topics, which included health and safety, medicines, housekeeping and the auditing of people's records.

The regional manager regularly visited and completed their own audit and compiled a report which was shared with the provider and registered manager and highlighted where improvements were needed and the person responsible. We found these audits were acted upon by the registered manager and the actions identified were achieved. This showed a commitment by the registered manager to provide good quality care.

As part of the provider's commitment to ensuring the quality care it carried internal inspections of the home by a representative of the provider. The internal inspections were reflective of the CQC approach and

followed the five key questions, which CQC asks, is the service safe, effective, caring, responsive and well-led. A report had been generated from an internal inspection carried out and an action plan put into place where improvements were needed. We found improvements made had had a positive impact on people. These included mental capacity assessments being carried out on people's ability to make informed decisions, improvement to the timescales of internal meetings to support people using the service and a reviewing of policies and procedures. All of which ensure people using the service are supported by a service which is well-led and is committed to providing good quality care.

External agencies responsible for the commissioning care for some of the people using the service, along with health and safety audits had recently been carried out. Their reports showed that the service was meeting their expectations.