

# Equilibrium Healthcare Limited

# Oakland House Nursing Home

## Inspection report

290-292 Dickenson Road  
Longsight  
Manchester  
Greater Manchester  
M13 0YL

Tel: 01612572395

Date of inspection visit:  
04 April 2019  
08 April 2019

Date of publication:  
09 July 2019

## Ratings

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

# Summary of findings

## Overall summary

About the service:

Oakland House is a nursing home that was providing personal and nursing care to 36 people aged 18 and over at the time of the inspection. The service can support up to 38 people, with accommodation provided across three floors, each of which has separate adapted facilities.

People's experience of using this service:

There was a truly open and welcoming atmosphere on entering the premises. The registered manager, staff and people who used the service were enthusiastic about the inspection visit and were eager to share experiences.

The service's ethos, vision and values promoted people's rights to make choices and live fulfilled and valued lives. This was well reflected in the outstanding care and support people received from a committed, passionate and caring group of staff.

Staff demonstrated kindness, patience and respect and people were given time to express themselves fully. Staff knew people well and interactions were relaxed. People who used the service spoke with great fondness and affection about the staff.

The open, inclusive and supportive nature of the service meant that promoting equality and diversity and respecting people's human rights was fundamental to every aspect of the service.

People were well supported when transitioning between services. This included support provided before a person moved into the service and throughout their placement.

The registered manager and the wider senior leadership team were committed to providing support which met the highest of standards. They continually strived for excellence through collaboration, they were passionate and dedicated.

Managers led with a dynamic approach and continually reflected on how to improve the service further. They demonstrated a strong and supportive leadership style, seeking feedback in order to further improve what was offered. The culture of the service was open, transparent and progressive. All the staff were committed to continuous improvement of the service.

People were actively encouraged to share their views and raise concerns or complaints. Feedback was consistently acted upon.

A comprehensive induction and training programme was in place for new staff and a framework for continuous professional development was embedded for established staff. All new employees were required to complete the Care Certificate.

Rating at last inspection:

At the last inspection the service was rated requires improvement (published 18 April 2018). This was because we found breaches of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment, person-centred care and good governance. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection we found significant improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Oakland House Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was completed by an inspector from the Care Quality Commission (CQC) 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.

#### Service and service type:

Oakland House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The first day was unannounced which meant the service did not know we were coming. The second day was announced.

#### What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We sought feedback from the local authority and other external agencies who work with the service. No serious concerns had been shared with us.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection:

We spoke with 12 people who used the service about their experience of the care provided. We spoke with 10 members of staff including the registered manager, provider, clinical lead, support workers, registered nurses, the resident involvement lead and assistant psychologist. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's support records and associated documentation. We looked at three staff files in relation to recruitment and three to review staff supervision records. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were reviewed during and after the inspection.

#### After the inspection:

We received supplementary written evidence from the human resources manager, occupational therapist and occupational therapy assistant. We also continued to seek clarification from the provider to corroborate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- All the staff we spoke with understood their responsibilities to keep people safe and to protect them from harm. When safeguarding concerns were identified, the registered manager informed the relevant agencies.
- There was an open and transparent culture that encouraged people to raise any safeguarding concerns.
- Policies and procedures for safeguarding and whistleblowing were up-to-date and operated effectively.
- People who used the service told us they felt safe. Comments included, "I'm able to go out during the day but sometimes I can be a bit late getting back. The staff always phone me to check I'm on my way home which I think is great.", "The staff keep me safe and I don't have any issues." and "Sometimes people might kick off with staff but they are really good and always sort things out quickly. I definitely feel safe, yes."

Assessing risk, safety monitoring and management; learning lessons when things go wrong:

- People were supported to have as much freedom of choice in their lives as possible. Staff within the service knew people well and were skilled in identify risk. Known and newly emerging risks to people had been assessed and actions had been taken to reduce the identified risks. Where appropriate, this included a comprehensive Vulnerability Risk Assessment completed by the in-house psychology team in collaboration with the person who used the service and others involved in their care.
- Accidents, incidents and untoward events were closely monitored within the service and regular audits were undertaken to capture re-occurring themes. Staff completed an incident form when an incident occurred which was reviewed by the registered manager. Risk assessments within people's support plans were also updated in response to a particular event.
- Lessons learnt, and outcomes were also disseminated throughout the team via staff meetings and handovers to promote shared learning. Enhanced analysis of events was also completed by the in-house psychology team.
- The service had effective systems in place to ensure the premises and equipment were safe and fit for purpose. Maintenance and testing of equipment had been kept up-to-date including those to ensure the safety of gas appliances, electrics, fire safety systems and passenger lift.

Staffing and recruitment:

- The service had sufficient numbers of staff to meet people's needs.
- When required, the staffing compliment was used flexibly and utilised to support people when there was an unexpected change.
- Feedback from people, relatives and staff confirmed there were appropriate numbers of staff on duty to meet people's needs promptly.
- Safe recruitment practices had been followed. This included a range of pre-employment checks and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment

decisions and prevent unsuitable people from working with vulnerable people.

Using medicines safely:

- Systems for the safe management of medicines were operated effectively, including for controlled drugs. Medicines were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection:

- The service was visibly clean throughout. Staff understood their individual and collective responsibilities towards infection prevention and control. This was underpinned by policies, procedures and completion of regular audits.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- Before a person was accepted to move into Oakland House, a comprehensive pre-admission assessment was carried out. As part of the assessment process, a multidisciplinary panel would meet to ensure the service could meet the person's needs. Where a referral was accepted, the panel would set initial short-term goals and objectives that would support the person's transition into the service.
- Support was planned and delivered in line with best practice guidance. For example, national guidance for oral health was contained within several support plans.

Staff support: induction, training, skills and experience:

- Staff had the required knowledge, experience and skills to meet people's needs. Staff received a range of appropriate training applicable to their role.
- Staff were effective in their roles and sought the best outcomes for the people they supported. The provider had a range of in-house expertise which meant a responsive level of training and development could be delivered in line with the needs of people and developments in best practice.
- There was an operational structure in place to support delivery of supervision. Supervision meetings provided staff with the opportunity to discuss with senior staff any worries or concerns they may have and any training and development they may wish to undertake. Staff also participated in an annual performance appraisal.

Supporting people to eat and drink enough to maintain a balanced diet:

- People's dietary needs were clearly detailed in their support plans and all the staff we spoke with demonstrated a good working knowledge of the dietary needs of the people they supported.
- The mealtime experience was positive. Throughout the morning period people were offered breakfast as-and-when they got up. Lunch time service was a relaxed and sociable experience. People could choose from a menu and alternative choices were provided if people did not like what was on offer that day.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care:

- The clinical lead had been instrumental in building an excellent partnership with a local GP who provided a service to the majority of people at Oakland House. This had a positive impact by enabling clinical issues to be dealt with in a more dynamic and responsive way.
- Oakland House had also signed up to the Nursing and Residential Home Triage Tool (NaRT). Led by the North West Ambulance Service, NaRT provided a framework to help prevent unnecessary hospital admissions and a more responsive level of urgent care from a range of local health providers.

- The in-house occupational therapist (OT) supported people with equipment needs to enable more independence. The OT had been involved in multidisciplinary meetings to feedback findings from OT assessments to support alternative accommodation if and when necessary or to advise about a graded programme of care. This multidisciplinary approach helped to ensure care and support was joined-up and responsive to people's individual needs.

Ensuring consent to care and treatment in line with law and guidance:

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff were aware of the principles underpinning the MCA. Staff had received relevant training and demonstrated a good working knowledge of capacity, what constituted a deprivation of a person's liberty and best interest process. The policies and systems in the service supported this practice.
- People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible.
- Some people who used the service were subject to conditional discharges from sections of the Mental Health Act and Community Treatment Orders (CTO). A CTO is part of the Mental Health Act; this allows people to leave hospital and be treated safely in the community rather than hospital. A CTO means that people have to keep to certain conditions in the community, for example being compliant with their medicines. Support plans of people with CTOs contained information relating to their recall conditions so that staff would know to inform managers when certain things happened.

Adapting service, design, decoration to meet people's needs:

- Since our last inspection of Oakland House, the provider had made a significant investment across its portfolio of services. At Oakland House, a refurbishment programme had been completed which included new bathrooms, toilets, communal kitchens, new furniture, decoration and improved outside space. The refurbishment had been planned in consultation with people who used the service and in line with national best practice guidelines for creating an environment that was suitable for this type of service. We saw feedback from people who used the service and external stakeholders had been very positive.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity:

- Since our last inspection of Oakland House, a member of the senior leadership team had taken lead responsibility to grow the equality, diversity and human rights (EDHR) approach to care, support and leadership across the organisation's portfolio of services. This had been transformational in embedding a culture that celebrated and promoted diversity amongst both people who used the service and staff. For example, a national equality and human rights charity had been commissioned to provide a bespoke learning and development package to staff.
- Promoting and celebrating equality and diversity and respecting people's human rights, was a golden thread that ran through every aspect of the service and organisation. This included support tailored to people who identified as lesbian, gay, bisexual or transgender (LGBT), people of non-white heritage, people who practised faith and those with none. For example, the resident involvement lead had worked with older LGBT people who historically had been marginalised and disengaged from the wider LGBT community. The resident involvement lead and wider staff team had demonstrated patience, sensitivity and respect in helping and supporting people to reintegrate, the outcome of which had a profound impact on wellbeing and self-worth. Comments from people included, "It's amazing, I now love going out and meeting like minded people." and "I feel part of a community now. I didn't before."
- Another significant piece of work had been developed centred around 'feelings matter.' This evidence-based project had helped to enhance the caring culture within the service that sought to eliminate task-based care. Led by a senior leader, a professional development session was delivered, which included a 'feelings matter' self-assessment, enabling staff to explore how feelings matter and to reflect on the language and actions required to ensure the culture within the service was truly caring. Comments from staff included, "The questioning of practice and development of new strategies around our culture and values has been fantastic. As a registered nurse, I want to do the very best by the people who live here, and this new approach makes me feel proud in that we're aspiring to get the best out of everyone." A support worker told us, "In the past, we've not always been great in encouraging people to be as independent as they could be. That's all changed now and its fantastic."

Supporting people to express their views and be involved in making decisions about their care; respecting and promoting people's privacy, dignity and independence:

- The service's ethos, vision and values promoted people's rights to make choices and live fulfilled and valued lives. The registered manager and resident involvement lead had been instrumental in supporting people by providing information and explanations and ensuring their voice was heard.
- The resident involvement lead facilitated one-to-one and group meetings with people who used the service in order to capture their views and feelings about their experiences in using the service. Following

feedback from people, the findings would be shared with managers and an action plan developed. We saw in communal areas a 'you said – we did' notice board displayed which evidenced some of the recent actions that had been taken as a result of feedback.

- Through talking to staff and looking at support records, we saw how the service had been exceptional in supporting people to express their views and be involved in decisions about their own health care. This included advocacy and support for people who were accessing acute hospital services due to physical health needs. For example, staff at the service had strongly advocated for one person to receive medical treatment that originally had not been considered appropriate by hospital health care professionals. Following input from staff at Oakland House, and in consultation with the person who used the service, the original medical decision was overturned and treatment was provided. This outcome enabled this person to lead a better and more fulfilled quality of life. On the second day of our inspection, staff were supporting this person to attend a support group associated with their long-term condition.
- Written feedback from a person who used the service provided an excellent summary of their individual experience. They had said, "Many thanks for all the help and support you have given myself and my family during my placement here. I have become a better person for it and the future is brighter by the day."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Since our last inspection of Oakland House, a new approach to supporting planning had been adopted. Entitled 'My Future Plan' support was tailored around a person's current situation, their future aspirations and next steps. This new approach was highly person-centred with the individual at the heart of the process.
- Each person who used the service was allocated a named nurse and a key worker. This helped to ensure continuity of care and support.
- Since March 2018, an occupational therapist (OT) worked full time across the organisations network of services, including Oakland House. More recently, the role and purpose of activity coordinators had changed to occupational therapy assistants. This meant there was a much more holistic focus in looking at an individual's rehabilitation potential and longer-term goals for their future. The OT team had met with each person who used the service to identify goals and aspirations, or simply to help people identify what they enjoyed doing. This was then incorporated into an individualised planner.
- Through an inclusive approach to support planning, key information about people's lives, their individual identity, culture and what was important to them was captured to good effect. This meant people from all backgrounds were given equality of opportunity to access a wide range of cultural, social, occupational and spiritual activities.
- The increase in time spent with people on a one-to-one basis had resulted in a number of early successes. For example, people who had previously been reluctant to get involved in any aspect of life at Oakland House, including a reluctance to physically leave the building, were now more active participants. This included focused shorter trips out into the local community and planned extended trips to the seaside and other attractions.
- For one person, the positive impact had been profound. Historically they had lived with poor mobility which meant they had been reluctant to walk which had a negative impact on their ability to participate. However, after a series of one-to-one sessions, this person had grown in confidence, they went out at least once a week, which in turn significantly improved their mobility.
- We asked people who used the service about these changes and feedback was wholly positive. Comments included, "I really enjoy the time I get to spend out and about. I've been on some lovely trips.", "I can choose to do nice things most weeks. I like that." and "I like getting out the home and just walking to the shops. I'd never really felt bothered about doing this before, but I like it now."
- The Accessible Information Standard (AIS) was introduced by the Government to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS. Through our review of people's support records and other associated documentation, we were satisfied should people require information in an accessible format, this would be quickly identified by the service and acted upon.

Improving care quality in response to complaints or concerns:

- Information relating to how to make a complaint was readily available throughout the service. The registered manager had an 'open door' policy and people were actively encouraged to provide feedback or raise concerns. Additionally, members of the senior leadership team regularly visited and were highly visible. We saw that many low-level issues had been dealt with proactively. Where a formal complaint had been made, appropriate records were maintained, and complaints were managed in an open and transparent way.

End of life care and support:

- The 'whole service' approach to holistic care and support was reflected in their approach to end of life care. Support planning documentation captured people's future wishes, including advanced decisions.
- When a person was nearing the end of life, the service strived to ensure their individual needs could be met to ensure they remained at 'home' within the service, to be cared for by people who knew them well. To enable this, timely referrals had been made to community health care professionals so plans could be put in place.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles; understanding quality performance, risks and regulatory requirements; continuous learning and improving care; and working in partnership with others:

- A highly dedicated and enthusiastic staff team was in place, led by a motivated registered manager and senior leadership team who placed 'people' at the heart of the service.
- Since our last inspection, the senior leadership team had commenced a transformational journey across the providers portfolio of services, including Oakland House. For example, senior leaders each took responsibility for one of the five key questions CQC asks of services, namely; are they safe, effective, caring, responsive and well-led. This not only provided a more robust framework for greater accountability, but also meant senior leaders played to their personal and professional strengths when driving improvements.
- High level analysis of events within the service had been completed by the in-house psychology team. This included analysis of medicines used 'when required' and analysis of accidents and incidents. Reports were generated to determine themes and trends throughout the review period to provide an evidence-based analysis so that lessons could be learnt and disseminated to the wider team and throughout the organisation.
- The lessons learnt were also utilised to reduce the likelihood of untoward events recurring through enhanced practice, environmental changes, and training/raising awareness amongst staff and people who used the service. Trend analysis reports also formed an integral part of Equilibrium Healthcare's 'Ward to Board' governance process as it provided an evidence base for continuous learning lessons across the company.
- Collaborative working was a key feature of the service. For example, the service was working positively with local NHS leaders in seeking to develop a new clinical leadership framework for registered nurses in the residential care sector.

Engaging and involving people using the service, the public and staff:

- Staff spoke positively and told us they felt valued, empowered and motivated to make a difference. Comments included, "[Registered Manager] has been incredibly supportive to me and enabled me to remain in work. I feel truly valued as an individual and employee", "The senior managers are highly visible and visit on a regular basis. They are really easy to talk too and actually get things done.", and, "I've worked for the organisation for a number of years now. The changes over the last year have been great and I can really see a difference in the quality of care."
- The clinical lead facilitated a regular 'culture and values' meeting with staff. This forum enabled staff to look at a specific culture and value in detail, and how this would translate into good quality care and support. Staff told us having an opportunity to share and discuss ideas through this forum, and in a safe space, had been invaluable in helping to shape and change the culture.

- The service continually sought to engage people in new and more creative ways. Involvement was not simply about surveys or residents' meetings but through a truly person-centred approach that captured people's views and opinions and translated them into actions. We saw evidence that an increasing number of people who used the service preferred to share their thoughts and feelings on a one-to-one basis and in small groups. For example, through the positive work being completed via the occupational therapy team and the resident involvement lead. Comments from people who used the service included, "I'm involved in my support and the staff always ask my opinion. ", "I like to attend coffee mornings and I get to speak with lots of people." and, "I don't like big meetings, I prefer to talk one-to-one, the staff talk to be regularly."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- There was an open, honest, caring and positive culture across the service. The registered manager and other leaders within the organisation led by example and instilled a high value base amongst staff. Quarterly 'Freedom to Speak Up' forums were held which provided a safe space for discussions around good practice and improvements and encouraging people to raise concerns, no matter how small, before they had opportunity to become an issue.
- At provider level, improvements had been made in the way potential new staff were recruited. The organisation had moved to a values-based approach to recruitment. This approach was designed to measure the extent to which an individual's approach, attitudes and motives aligned with the demands of the job, the values of the business and the culture of the working environment. This new approach also considered how attitudes, motives and values of applicants influence their behaviour and focused on 'how' and 'why' an applicant makes choices in work. We saw evidence of how this had made a difference in recruiting and retaining the right calibre of staff. For example, lower turnover and increased morale.
- Senior leaders and the local management team placed a great deal of emphasis on supporting the mental wellbeing of staff. At the time of this inspection a member of staff had been nominated to undertake a recognised two-day Mental Health First Aid Course. The purpose of this was to ensure the organisation had a designated person whose role would be to listen and respond to any individuals experiencing difficulty and be able to point them towards sources of support.
- Weekly clinical governance meetings were well-established for nursing staff to discuss with managers each person who used the service. These meetings were effective in ensuring every aspect of care and support was person-centred and responsive to people's individual needs. An NHS professional commented, "To date I have met with several members of the Equilibrium senior team and have been impressed by their honesty and openness in terms of their current position and their plans and aspirations going forward. I would have no hesitation in recommending this service to my colleagues."
- The registered manager had an excellent understanding of their role and responsibilities. All relevant statutory notifications were sent to CQC promptly. This ensured we could effectively monitor the service between our inspections. When needed, the registered manager provided information to CQC without delay to help with any further enquiries we had made. This further demonstrated the culture and ethos of the service in doing business in a transparent way.
- The rating from our last inspection was correctly displayed at the providers business premises and the rating and full inspection report was also displayed on the provider website.