

Gresham (Oaklands) Limited

# Oaklands Residential Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



### Overall summary

We inspected the service on 27 July 2015. The visit was unannounced.

Our last inspection took place on 23 July 2014, at that time we found the service was meeting the regulations.

Oakland's residential home provides accommodation and personal care for up to 21 older people. The home is spaced over two floors with bedrooms on each floor. Each bedroom has en-suite facilities and there is access to both floors via a lift. The home has a well maintained garden and also has car parking facilities.

At the time of our inspection there was a new registered manager in the home. '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.'

During our visit we saw people looked well cared for. People had their hair brushed and also some people had

# Summary of findings

their own jewellery and make up on. We observed staff speaking in a caring and respectful manner to people who lived in the home. Staff demonstrated that they knew people's individual characters, likes and dislikes.

We found the service was meeting the legal requirements relating to Deprivation of Liberty

Safeguards (DoLS).

The service was meeting the requirements of the Mental Capacity Act 2005. We felt staff understood how to help people make day-to-day decisions and were aware of their responsibilities under the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS).

Medicines were administered to people by trained staff and people received their prescribed medication when they needed it. Appropriate arrangements were in place for the ordering and disposal of medicines however, we found there were issues relating to the storage of medication.

We spoke with staff who told us about the action they would take if they suspected someone was at risk of abuse. We found that this was consistent with the guidance within the safeguarding policy and procedure in place at the home.

People told us the food at the home was good and that they had enough to eat and drink. We observed lunch being served to people and saw that people were given sufficient amounts of food to meet their nutritional needs.

We saw the home had activities in place for people to participate in, however on the day of our inspection there were no activities happening within the home. The registered manager said that he had arranged a meeting in July 2015 to meet with people in the home, families and staff to look at new activities. This meeting was evidenced on the day of our inspection as the meeting dates were up on the notice board.

We looked at three staff personnel files and saw the recruitment process in place ensured that staff were suitable and safe to work in the home. Staff we spoke with told us they received supervisions every three months and had annual appraisals carried out by the registered manager. We saw minutes from staff meetings which showed they had taken place.

There were effective systems in place to monitor the quality of the service.

We found that staff had training throughout their induction and also received annual refresher training in areas such as care plan assessment, Mental Capacity Act 2005, DoLS, safeguarding, health and safety, fire safety, challenging behaviour, first aid and infection control. This meant people living at the home could be assured that staff caring for them had up to date skills they required for their role.

# 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?

The service was not always safe

Staff we spoke with were aware of how to recognise and report signs of abuse and were confident that action would be taken to make sure people were safe.

We looked at the storage of peoples medicines and found the temperature where the medication was stored was not being recorded.

There were sufficient numbers of staff on duty to ensure people's safety.

**Requires improvement**



### Is the service effective?

The service was effective.

The service met the requirements relating to the Mental Capacity Act 2005.

Staff training provided staff with the knowledge and skills to support people safely.

People were supported to have enough suitable food and drink when and how they wanted it and staff understood people's nutritional needs

**Good**



### Is the service caring?

The service was caring

Staff had developed good relationships with the people living at the home and there was a happy, relaxed atmosphere. People told us they were happy with the care they received and their needs had been met.

We saw people's privacy and dignity was respected by staff.

Relatives felt they had being supported to be involved in the care for their family. Relatives told us that they felt their family member were cared for.

**Good**



### Is the service responsive?

The service was not always responsive.

People received support as and when they needed it and in line with their care plans.

People who used the service were not always supported to take part in recreational activities in the home and the community.

People who lived at the home told us they felt comfortable raising concerns and complaints.

**Requires improvement**



### Is the service well-led?

The service was well-led.

There was a registered manager in post at the time of our inspection.

**Good**



## Summary of findings

Staff and residents meetings took place which meant people were involved in the service.

There were procedures in place to monitor the quality of the service

# Oaklands Residential 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 23 July 2015 and was unannounced. The inspection team consisted of two adult social care inspectors a specialist advisor with a background in nutritional needs and an expert by experience with a background in care of older adults. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we spoke with the local authority contracts team about their views of the service no concerns were raised.

At the time of our inspection there were 18 people using the service. During our visit we spoke with six people who used the service and two relatives/visitors to the home. We also spoke with three members of staff, the registered manager and deputy manager. We spent some time looking at documents and records that related to people's care and the management of the service. We looked at four people's care records. We also spent time observing care in both lounge areas and in the dining room on the ground floor to help us understand the experience of people living at the home. We looked at all areas of the home including people's bedrooms and communal bathrooms.

Before the inspection we reviewed all the information held about the home. The provider had not been asked to provide a provider information return (PIR). This is a document that provides relevant up to date information about the home that is provided by the registered manager or owner of the home to the Care Quality Commission.

# Is the service safe?

## Our findings

All the people we spoke with said they felt safe in the home. These were some of the comments people made, One person said “Safe? I do, I’ve been more relaxed here than ever.” Another person said that at night, “I know someone comes in and has a look to see if I’m alright.” We spoke with one person’s relative who told us “Yes she is, she’s a lot safer here than she would be at home. We found she is getting out of bed a lot she is confused about the time. She was getting up and walking about so they moved her downstairs where she’s safe”. We spoke with one person’s relative who told us, “I have never seen anything to concern me about my mum’s safety I have never had to complain.”

Our observations and discussions with people and staff showed there were sufficient staff on duty to meet people’s needs and keep them safe. The provider said the staffing levels were monitored and reviewed regularly to ensure people received the support they needed. Staff we spoke with told us the staffing levels enabled them to support people well and to ensure their care needs were met safely. This was confirmed by our observations during the inspection. We spoke with one person’s relative who told us, “Mum rings the bell and they come straight away; if she rings the bell, they will come.” One person said, “We just ring or tell the staff and there’s always someone around.” Another person said “They are more or less here straight away.”

However some staff said that they had to prepare meals on an evening as there was no cook, this limited their time with people in the home. We spoke to the registered manager about this and he said that he was already looking into having a cook in the home to prepare the evening meals.

We looked at the recruitment records for three staff members. We found recruitment practices were safe. Relevant checks had been completed before staff worked unsupervised at the home which included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

We spoke with staff about their understanding of protecting vulnerable adults. One staff member told us safeguarding was about when people had bruises, falls or illness.

Another staff member we spoke with said they were able to report safeguarding incidents directly to the deputy or registered manager. We also saw a safeguarding flow chart was pinned to the notice board in the reception area of the home for anyone to read. All the staff we spoke with told us they had received safeguarding training. Staff said the training had provided them with enough information to understand the safeguarding processes that were relevant to them. Staff records confirmed that all staff had received safeguarding training. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

We looked in people’s care records and saw where risks had been identified for the person, there were risks assessments in place to ensure these risks were managed. For example, care records showed assessments were carried out for mobility, food and fluids and medication. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm.

Records showed an up to date fire risk assessment was in place. Fire safety equipment was tested and fire evacuation procedures were practiced weekly and also at unannounced intervals. The home had care plans in place for each person who used the service which provided staff with guidance on how to support people to move in the event of an emergency.

People received their medicines safely and when they needed them. A standard monitored dose blister pack system was in place in the home. This was supplied directly from a pharmacy. We checked the stock levels for three people against their medicine administration record (MAR) and found they were correct. We looked at three MAR charts and saw there were no gaps where staff were required to sign to say they had given people their medicines. We saw on the reverse of the MAR there were notes made to evidence decisions to omit medication and where people had received ‘as required’ medication. We saw each person had a medication care plan and identity record in place. This held information regarding people’s GP and known allergies.

We inspected medication storage and saw that the medication and controlled drugs cupboard provided storage for the amount and type of items in use, however at the time of inspection it was noted that monitoring of the temperature of the room where medicines were stored was

## Is the service safe?

not being undertaken. We spoke with the registered and deputy manager about this who told us that this would be put into place that day. This demonstrated to us that appropriate arrangements were not in place in relation to the storage of medicines. Medicines need to be stored at the temperature as per manufacturer's instructions to maintain their effectiveness.

We saw ordering systems ensured people did not run out of their medicines. We observed staff administering people's medication. We also saw staff stayed with people while they took their medication. They used this as an

opportunity to engage with the person and asked how they were feeling. We spoke with one person who told us, "I understand my medication and I get them on time." We saw the person's care records reflected this.

During our look around the premises we saw the home was clean and tidy and free from malodours. We looked at various areas of the home including the communal lounges, dining room and bathrooms. We also with people's agreement looked at some people's bedrooms which were clean, tidy and personalised. We found the home was maintained well and looked in a good state of repair. We looked at maintenance records and saw all necessary checks had been carried out within timescales recommended in the homes guidance and policies.

# Is the service effective?

## Our findings

People had access to healthcare services when they needed them. We saw evidence in three people's care records which showed they regularly visited other healthcare professionals such as dieticians and their local doctor. This showed people using the service received additional support when required for meeting their care and treatment needs.

We looked at staff training records which showed staff had completed a range of training sessions, which included moving and handling, dementia awareness, health and safety, management of medicines, infection control, safeguarding adults and meeting nutritional needs. The deputy manager said they had a mechanism for monitoring training and what training had been completed and what still needed to be completed by members of staff. Staff we spoke with told us they had completed training courses and these included medication, nutrition and hydration, care planning and one person told us they were in the process of completing a national diploma level three in health and social care. One staff member told us they had completed moving and handling training and was due to attend care planning training in the next two weeks.

During our inspection we spoke with members of staff and looked at staff files to assess how they were supported to fulfil their roles and responsibilities. Three members of staff confirmed they received supervisions every three months where they could discuss any issues on a one to one basis. We looked at four staff files and we were able to see evidence that each member of staff had received supervision in 2015. We saw staff had also received an annual appraisal in 2015.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We asked the registered manager about DoLS. We were told by the registered manager that the home is currently reviewing several people in relation to DoLS, one person

with dementia has had an application submitted and all staff were in the process of receiving training about DoLS. The records for this training were seen on the day of our inspection

The Mental Capacity Act (2005) applies to people who cannot make some or all decisions for themselves. The ability to understand and make a decision when it needs to be made is called 'mental capacity'. We spoke with staff about their understanding of the Mental Capacity Act (2005). One staff member said, "It is when someone cannot make a decision for themselves." Another staff member said, "If I noticed a change in someone's behaviour I would speak to my manager straight away." We looked at staff training records and saw that staff had completed the training. The manager and staff confirmed further refresher training was booked for 2015 and this was evidenced in the training records. This helps ensure all staff have the knowledge and understanding of the Mental Capacity Act (2005).

We saw drinks and treats were offered to people throughout the day. People we spoke with said they enjoyed the meals and always had plenty to eat and drink. People told us they had a choice of meals. They said "We get enough to eat and drink, they find out what you like. If you want to know what's on you just look by the side of the door." [menu board]. One person said "The food is fine. I have a dieting problem and they cope very well with that. I have these drinks." We asked one person's relative and they said "A choice of food? Yes they do. The cook comes round the day before or sometimes a couple of days before. There have always been alternatives if diet doesn't allow things. I come every day and evening and I see they come and ask what they want for tea. And at residents' meetings they are asked if there's anything they like which they are not being given as a choice." This meant people were given the opportunity to discuss meal options.

We observed the lunch time meal and saw all the tables were set with tablecloths, condiments, placemats, jugs of juice and water and napkins. We saw the staff brought people into the dining room and were respectful and kind throughout offering people assistance. We saw that not all of the people using the service ate in the communal dining room; some ate in their rooms. This helped demonstrate some freedom of choice. The lunch was served from a trolley and it was pork, chips and peas or fish fingers, chips and peas which was as displayed on the menu. We saw in

## Is the service effective?

care records that people's dietary needs were recorded in care plans and people's weights were monitored monthly and records showed they remained stable with some weight gains for some people who the dietician was involved with.

# Is the service caring?

## Our findings

People we spoke with said they liked the staff and described them as 'really good'. One person said of the home and staff "I like it, it's friendly, the food's good and the staff are good. They have got good hearts, hearts of gold. They'll do anything for you. "They said staff knew them well and were kind and caring. People also told us, "I wouldn't change a thing; it's perfect I'm happy here; I have my own things in my room." "The staff are wonderful, I couldn't fault one person. Another person said "No, I wouldn't change anything, everything is lovely. "One person said, "I had a bad night and couldn't sleep so I got up and had a Horlicks in the lounge with staff."

One staff member told us they believed all of the staff at the home really cared about the people they supported. They said, "Care is better than anywhere they have being before. Care is really; really good I would have my own mum living here."

We saw people looked well dressed. For example, we saw people were wearing jewellery and had their hair nicely styled. This indicated that staff had taken the time to support people with their personal care in a way which would promote their dignity.

People also said staff supported and encouraged them to do things for themselves and we saw this happen throughout the inspection. They also described ways in which they felt the staff treated them as individuals and knew their preferences. For example, one person said, "They ask me if I want a shower or a bath and they help me to get dressed." Another person said, "They talk to me while helping me get ready."

We also received feedback from people's relatives who told us, "I think it's a lovely place; people are well looked after, I genuinely think that" and "Staff are helpful and friendly." Mum is very happy here and she is well liked by all the staff. They make a fuss of her; they do it for everyone [on their birthdays] "Everything is nice, it's a lovely home. The staff are lovely and are very helpful; they also knock on my mum's door before they enter so we can always have privacy when we visit her."

We spent time with people in the communal areas and observed interactions between care and domestic staff with people in the home which were friendly and professional in approach. In several cases the conversation of people between themselves and staff was humorous. This helped in giving a general relaxed feel to the home. We saw staff were skilled in communicating with people and discussing choices with them.

We looked at the care records of four people and found evidence which showed the involvement of the person concerned. We saw that where documents required signing by the person this had been done. The registered manager of the home said that as and when care plans needed to be reviewed they always asked family to attend. People we spoke with told us they knew they had records which the home kept about their care. We also spoke with one person's relatives who told us, "They ask us to come in when they have meetings." This meant that people, or where appropriate their relatives, had been involved in their care.

# Is the service responsive?

## Our findings

People had their needs assessed before they moved into the home. This ensured the home was able to meet the needs of people they were planning to admit. Records we looked at showed how people who used the service, their families and other professionals had been involved in the assessment. Staff said introductory visits and meetings were carried out where possible to make sure all people who used the service were compatible and to give opportunity for people to get to know each other.

People were encouraged to maintain and develop relationships and to visit their family members and to keep in touch. One person we spoke with told us their family member who visited them on a regular basis was always made to feel welcome by staff. The relative of one person told us, "Yes, we can visit when we want and the home encourages us to come."

People received care which was personalised and responsive to their needs. People were allocated a member of staff, known as a keyworker, who worked with them to help ensure their preferences and wishes were identified and their involvement in the support planning process was continuous. They also liaised with family members and other professionals when required. We looked at the care plans for four people who currently used the service. The care plans were written in an individual way, which included people's preferences, likes and dislikes. Staff were provided with clear guidance on how to support people as they wished, for example, with personal care. Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person.

We did not see any activities in the home on the day of our inspection. Staff said that they offered and encouraged activities based on the person's known likes and dislikes. People told us they enjoyed the activities on offer. They told us, "I like jigsaws and listening to music. They have bingo which I sometimes play" And "You can go out and sit in the garden. I can go out any time." The relative of one person told us, "They play bingo, have their nails painted and also do exercises." The registered manager had a weekly and monthly activity board in place at the home which included people's interests. We spoke to the registered manager on the day of the inspection and he told us that he had a member of staff coming in on a

Wednesday, Thursday and Friday on a daily basis to do activities in the home. The registered manager was looking into new activities for the people in the home and had a meeting scheduled for July 2015 to meet with people in the home, their families and the staff to discuss this. This meant to home was responsive to looking into people's social needs.

At the time of our inspection the hairdresser was present in the home. The deputy manager said "The hairdresser comes every Monday and they all look forward to seeing her." In the communal area there were four people with the television on actively watching a John Wayne film. Some people were sat in their rooms talking with family. Records were available which showed people who used the service were involved in activities. One staff member said, "We do activities like, trips out, singing, painting and bowling but sometimes we are really busy with preparing meals, the registered manager and the deputy are looking into this so we can spend more time with people. Staff told us what people enjoyed doing and that people liked going outside and also petting the home's cat.

We saw the complaints policy was available in the home and were told this was given to people who used the service and their relatives when they first began to use the service. Staff said people were given support if they needed to raise any concerns. Staff knew how to respond to complaints and understood the complaints procedure. They said they would always try to resolve matters verbally with people who raised concerns and speak to the manager. However, they were aware of people's rights to make formal complaints and the importance of recording this and responding in an appropriate and timely manner. We spoke to one visitor who said "If I had any issues I would speak to the deputy or registered manager."

We looked at records of complaints and concerns received. There had been no written complaints received this year. The registered manager said that people had come to him with "niggles" but these were not documented in a complaints book and did not feel these were complaints, the registered manager said that he had dealt with them straight away. We spoke to the registered manager on the day of our inspection who said they would put a complaints book in place in the home. The registered

## Is the service responsive?

manager said any learning from complaints would be discussed with the staff team once any investigation had concluded. We saw complaints/compliments were on the agenda in staff meetings.

# Is the service well-led?

## Our findings

There was a new registered manager in post at the time of our inspection. We spoke with people's relatives who told us that they thought the registered manager was approachable. One relative said, "I don't have much contact with him but he does say hello, seems friendly and he tells me what's going on". Another relative said, "We have no problems, but if we did we'd go and see the registered manager or the deputy manager." We also spoke with staff and asked if they felt supported by the registered manager of the home. One staff member said, "It's hard to talk to the registered manager sometimes as he is so busy." Another staff member told us they felt "Well supported by the registered manager, he is very approachable, you can go to him if you have any problems, but I don't have any really at the moment, he has arranged a meeting for us to discuss any issue we have."

Our discussions with people who lived at the home and our observations during our inspection showed there was a positive culture and atmosphere in the home between all the staff. One staff member said, "The new registered manager did not seem approachable at first, but I still felt that I could discuss any issues with him and I do." Another staff member thought the registered manager and the deputy manager was very good and showed determination and said that the future was positive with the new staff team.

Joint staff and residents meetings took place within the home. We looked at one meeting which had been completed at the beginning of 2015. We saw that people were happy with the service. People in the home said that they liked all the staff and that they were well looked after. One person said that they would recommend the home to other people and that they are well cared for. Another person said that the food was very nice. This meant there were systems in place to look at people's views about their home.

We asked people who used the service and their relatives for their views about the care and support the home offered. One person said, "All-round support: all care satisfactory: I partake in activities when I am able." Another person said "lovely place- no smells and clean." The provider sent out customer satisfaction surveys for people who used the service and their relatives. We looked at 2014 surveys. They showed a high degree of satisfaction with the service. People said that the meals were nice and that there were good choices, another person said 'I wouldn't change anything about the home.' This meant that people were happy with the service that they received.

Staff received supervision and an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the registered manager and the provider.

We saw the provider had a quality assurance system in place which consisted of audits which required completion on a monthly basis by the registered manager. This included audit of accidents, falls, weight loss action plan, medication, infection control, care plans, satisfaction surveys, CQC/safeguarding notifications and the dependency tool. The registered manager was in the process of updating all paperwork in the home and reviewing all care plans with family and the people who live in the home. This showed there were systems in place to assess and monitor the service provision and ensure improvements in the service

We looked at the way accidents and incidents were monitored by the service. Any accidents and incidents were monitored by staff and the registered manager. The registered manager confirmed there were no identifiable trends or patterns in the last 12 months.