Oaklands Care Services Limited

Oaklands Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was carried out on 7 September 2016 and was unannounced.

Oaklands Nursing Home provides accommodation and nursing and personal care for up to 39 people. At the time of our inspection there were 36 people living at the home.

The manager had applied for registration as a registered manager with CQC. This meant that at the time of inspection there was not a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

People received person centred care that maintained their health and wellbeing. People had support to maintain their hobbies and interests.

People were treated with dignity and respect. People had good relationships with staff.

Staff had good support and training to enable them to meet the need of the people living at the home. There were sufficient numbers of experienced and well trained staff to ensure people were supported safely and people's health needs responded to quickly. Medicines were managed safely and people received their medicines in line with their prescription.

The service responded effectively to people's needs and preferences. People were supported by staff that knew the needs of the people they supported. The service was responsive and well managed. People knew the manager and the provider. People were actively involved in the running of the home through regular meetings. They felt that if they had any concerns they were able to speak with the manager or provider. The provider welcomed people's views and opinions and acted upon them.

People felt safe and knew how to raise concerns. Staff felt comfortable to raise any concerns about people's safety and understood about how to keep people safe. People were supported to take positive risks. Where risks had been identified the risk had been assessed and action taken to reduce any risk.

People enjoyed the food and had the support they needed to enjoy their food and drinks safely. People were able to make choices about the food and drink they wanted. There was a choice of freshly prepared nutritious food.

People's health needs were monitored and changes were made to people's care in response to any changes in their needs. People had access to other health professionals and were referred to them by the manager if there were any concerns about their health needs.

There were a range of audits and checks to make sure that good standards of care and support were maintained. Feedback from the people and relatives was gathered on a regular basis and where any actions were identified these were actioned quickly.

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.

People were supported by staff who knew how to keep them safe. Staff knew what abuse was and how to respond if they suspected abuse.

There were enough staff to meet people's health needs and keep people safe.

People received their medicines safely and medicines were stored securely.

Is the service effective?

Good

The service was effective.

People were supported by staff that had the knowledge and skills to meet people's needs effectively. People had support and access to health professionals when needed.

People had the support they with eating and drinking.

Staff understood the principles of the Mental Capacity Act and the importance of ensuring people were able to make choices and consent to their care.

Is the service caring?

Good

The service was caring.

People were treated them with dignity and respect by staff that were kind and caring.

People's views and input into their care was promoted and supported. People felt they could make suggestions about their care at any time with the staff, the registered manager or the provider.

Is the service responsive?

Good

The service was responsive.

People had care and support that responded to their needs effectively. If staff had any concerns about people's health needs other health professionals became involved quickly.

People knew how to complain and felt any concerns they had would be listened and responded to.

Is the service well-led?

Good

The service was well led.

People and staff felt that the manager and the provider were approachable and supportive. People said they could talk to the manager at any time and they would be listened to.

The manager monitored the quality of the service by a variety of methods including audits and feedback from people and their families and used the information to make improvements.

Oaklands Nursing 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 unannounced inspection took place on 7 September 2016 and was conducted by one Inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had knowledge and experience of care for older people.

We reviewed the notifications we had received. A notification is information about important events which the provider is required to tell us about in law. We also asked the local authority for any concerns or information relating to Oaklands Nursing Home. We did not receive any information of concern.

During the visit we spoke with ten people who lived at the home, seven members of staff who consisted of three care assistants, a clinical lead, registered nurse, cook and the manager and we also spoke with the provider. . We observed staff supporting people throughout the home. We also 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 looked at a care plan for pressure area care, epilepsy and a falls risk assessment.

We reviewed records relating to the management of the service, this included the quality checks made by the provider and the manager.

Good

Is the service safe?

Our findings

People told us that staff provided care and support in a way that made them feel safe. We saw that people's safety had been routinely assessed, managed and reviewed. One person told us how they took themselves to the local pub on a Wednesday lunchtime. They said they did this because they did not like the smell of the hairdressing products. They told us that staff had helped them identify any risks and how to keep safe. One of the actions was to put important numbers in their phone and made sure they could access these quickly if they needed help. They told us that this made them feel safe. Another person told us how staff helped with their mobility. They said about how they had been involved in discussing the best way of positioning their wheelchair to make sure they were safe with transferring from their wheelchair. They told us how staff had sat with them and looked at the risks and identified with them what support they needed from staff to move about safely.

People felt that they could raise any concerns about their own or other people's safety and they would be listened to and action taken. Staff knew what they would do if they suspected abuse and showed us that they had a good understanding of the different types of abuse. The registered manager and the provider both told us about how important it was to have robust safeguarding systems in place. The registered manger told us, "Poor practice or abusive practice has absolutely no place here." This was a view echoed by the other staff that we spoke with.

People had individual risk assessments which included falls risk assessments, nutrition, moving and handling and pressure area management. Where risks were identified plans were in place to identify how risks would be managed. For example, there were some people who were at risk of skin damage due to their health conditions. Individual risk assessments had identified the actions to be taken by staff to reduce the risk which included the use of specific dressings which had shown an improvement in healing of any broken areas of skin. There was also repositioning guidance and the use of pressure relieving equipment. The staff we spoke knew the people who were at risk and what action they needed to take to reduce the risk of skin breakdown. The provider told us that there were currently no people with pressure area concerns.

People told us that there were enough staff to give them the support they needed. One person told us, "They [staff] are always around to help." We saw examples where people that asked for support were given the support they needed straight away. Staff told us that they felt that the number of staff in the home allowed them to focus on individuals' needs and to be able to respond promptly to people. We saw that call bells were answered promptly and staff were quick to respond and offer support. People in their rooms were able to ask for support when they wanted as they all had easy access to call bells in their rooms. The manager and the provider told us that staff worked as a team to cover unexpected staff absence to ensure consistent support for people.

Staff told us that checks were made to make sure they were suitable to work with people before they started to work at the home. These included references, and a satisfactory Disclosure and Barring Service (DBS) check. DBS helps employers make safer recruitment decisions by preventing unsuitable people from working in care.

People told us that they had the support they needed to take their medicines safely. We saw that some people just needed time and prompting to take their medicines and the staff member was patient and made sure the person took it safely. Other people needed more support and we saw that this was given safely. Medicines were only administered by staff that had received training in the safe management of medicines. We observed how medicines were administered and found staff to be organised and focused on giving the right medicines at the right time to the right person and accurate records of medicines were kept. We found this to be carried out safely and effectively. Medicines were stored safely and appropriate systems were in place for their ordering and disposal.

Good

Is the service effective?

Our findings

People told us that staff were skilled and knew how to meet their needs. One person told us, "Staff are great. They know me well." A relative told us that they were confident in the knowledge of the staff. Staff told us that they were able to have plenty of training that was relevant to their roles. However some of the nursing staff told us that at times they had to pay for additional training for skills relevant to their roles. For example one nurse said that they had to source and pay for their own training on tube feeding that would enable them to work with people whose swallowing had deteriorated. We spoke with the providers about this and they told us that they would review the training situation with the registered nurses. The staff we spoke with demonstrated that they had good knowledge of people's needs, and what we saw showed they had the skills to meet those needs. Staff told us they undertook a structured induction programme, including shadowing experienced staff members, until they were confident and able to carry out their roles effectively.

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 told us that could make choices and that all staff respected their wishes. We saw examples where people were involved in day to day decision making where they chose what they wanted to eat and drink and when they wanted it. People were able to say what they wanted to do and staff provided the support people needed to enable them to do it. For example one person told us how staff helped them to get stationery and paper so that they could continue to write poetry. Another person showed us their part of the garden where they were growing flowers and vegetables. They told us that staff supported them to go out and buy seeds and gardening tools when they needed them. We discussed with staff what needed to happen if people could not make certain decisions for themselves. What they told us demonstrated that they had knowledge of the principles of the MCA. All staff told us that they had received training about the MCA and were confident in their knowledge of its principles and use.

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 and hospitals 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 that people's mental capacity to make decisions had been assessed and appropriate DoLS applications had been made. The service had invited appropriate people for example social workers and family members to be involved with best interest meetings. These had been documented and confirmed the person themselves had been involved in this process. At the time of inspection two DoL applications had been granted.

People told us that the food and drink they were offered was very good and they were given choice over what they wanted to eat and drink. There was a choice of hot and cold food and a varied nutritious menu. Where people needed extra support with their meals this was offered. We saw that mealtimes were relaxed and there was lots of laughter and chatter between people and staff. If people had specific food requirements this was freshly prepared by the cook. For example for people who had diabetes. Where there were concerns about people's weight the food and drink they had was monitored and where needed referrals had been made to speech and language therapy for further assessment. People had access to snacks and drinks throughout the day and we saw that staff were quick to respond if anyone asked for this.

People saw other health professionals when needed. One person said, "When I am ill they get a doctor for me." A relative told us their family member had become unwell and the manager had arranged for regular meetings with the doctor to discuss treatment options. They told us that through the staff following the doctor's instructions they had avoided an admission to hospital. They said that the person had now started to recover and they felt staff were very quick to respond to the changes in their health. The clinical lead told us about how they supported the nurses to make decisions about how to respond to changes in people's health. They said that there were a lot of skills that the nurses had that meant that they were able to respond to changes in people's health needs. The nurse we spoke with felt that with that support of the manager and clinical lead they were able to meet people's health needs effectively.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring in the care and support they gave. The environment was relaxed and we saw staff throughout the day take time to sit and chat with people. We saw that people had good relationships with the staff. One relative said, "The staff are very caring and friendly. Staff were motivated and spoke fondly of the people that they supported.

People said that they were treated with dignity and respect. We saw that people's privacy and dignity was respected by staff. Staff knocked on people's doors before going into their room and they addressed people by their preferred name. Where care was given this was done in a way that ensured the person's privacy was respected. For example we saw where people requested help with personal care staff were discreet and maintained people's dignity and privacy. The manager told us that there was always a strong emphasis on ensuring that people were always treated with dignity and respect. Staff told us they felt their approach always treated people with dignity and respect. An example they gave us was how they maintained conversation throughout any care tasks making sure that the person was happy with the support they were getting. They also said that dignity and respect was a regular agenda item for discussion at team meetings and also in the meetings for the people that lived there.

People were given time by staff to express their wishes and choices that they made were respected by staff. A visiting hairdresser was cutting and styling people's hair. We saw that one person did not want their hair doing on that day and asked to go to another area of the home. Staff respected this and supported the person to the area they wished to go. People told us that they could ask for anything and staff would make sure that their wishes were met. All of the staff we spoke with told us that they would not carry out any care or support without the agreement of the person first.

People told us they felt able to give their views and were involved in shaping the care and support that they received. Each person had a key worker. A key worker is a named member of staff who has a central role in the care of a person. They took the lead in monitoring and reviewing the care and support with the person and became a point of contact for relatives and other professionals. People told us that they felt included and listened to.

People told us that they maintained contact with their families and friends. They told us that they could have visitors at any time and that staff were always welcoming to people, and respected people's relationships and privacy. Staff told us that it was important for people to maintain contact and maintain relationships with people that are important to them.

Good

Is the service responsive?

Our findings

People told us that staff knew their health needs. Staff we spoke with demonstrated this and were able to tell us about people's specific health needs and how these were responded to. For example staff told us about a person's epilepsy, how this had changed and what new approaches to treatment and medicines were being tried. Staff told us about the additional monitoring that this involved. Staff could tell us about this and what they needed to monitor regarding the changes. Staff were able to discuss people's needs and demonstrated knowledge of the approaches used to support people with those needs.

People told us that staff knew what to look out for that may show that they were unwell. One relative told us how their family member had started to make vocal noises that were known to indicate that they were unhappy. The relative said that they found staff picked up on this straight away and took time to sit with them until they became relaxed. Staff felt that if people's needs changed they were quick to involve other professionals. This was reflected by what people told us. We heard examples from people where the doctor had been called following them saying that they felt unwell. We could see where additional reviews with other health professionals had happened as a result of changes in people's health. We observed that there were detailed handovers between shifts. Staff told us that they found that these provided important details about how people had been and any changes to people's health or support needs.

People told us that they knew how to complain. One person said, "I would tell the manager." Relatives told us that they knew about the complaints policy and were confident that the registered manager would listen to and deal with any concerns or complaints. There had not been any recent complaints but we could see that there was a system in place to investigate and respond to any concerns appropriately.

People were also supported to have their own hobbies and interests. People told us that they had a choice of what they would like to do, and where they would like to spend their time. We saw examples where some people were being supported with craft activities while other people were having their hair done by a visiting hairdresser. Staff told us that they supported people fully with what they wanted to do, and that they paid attention to what people wanted to do and any ideas from people were encouraged.

Good

Is the service well-led?

Our findings

People told us that the manager was approachable and that the home was well run. This was a view shared by the relatives and staff that we spoke with. Staff told us that it was an open culture where they could approach the manager with any ideas or concerns and they would be listened to. Staff said that they did not know of any staff concerns at present but knew that if they did the manager would be supportive and listen.

The manager told us that the vision of the home was, "To empower and give people the life that they deserve." This was a view shared by the staff. Staff were motivated to do the best that they could and we found that staff had good morale and spoke positively about their experiences of working for the provider and the manager.

The manager told us how they had established links with a local primary school and the children came in regularly to sing to the people that lived there. They also told us that alongside the established links with health professionals that they already had, they were looking at ways of improving links with the local community.

We saw there were systems in place to check the quality of the care given by staff. This included regular checks and audits on areas such as medicines, staff training and any falls or incidents. We could see where actions had been taken as a result of the checks and audits. For example we could see where changes to the medicines system and medicines training had been made following an audit of the medicines. This had reduced the amount of medicines errors in the home. Feedback was gathered on a regular basis from the people that lived there, relatives and also from staff. We could see that there was a system for capturing comments and concerns and identifying relevant actions to be taken to improve the quality of the service.

People and the staff told us that the manager was visible in the home spending time through the day with the people that lived there and with staff. Staff told us that this gave them confidence that the manager knew what was going on.

All staff told us about the whistle blowing policy and said that they would feel comfortable to whistle blow if they felt that this was needed to ensure people's safety. One staff member said, "I would report any concerns straight away."

We spoke with staff about the support they had to do their job. Staff told us that the manager was supportive and approachable. Staff told us that they had access to regular supervision, training and staff meetings. They all felt that the manager listened and took action when necessary. The manager told us that they felt well supported by the provider and had a clear management structure to support them with their role.

The provider had, when appropriate, submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or concerns.