Regal Healthcare Properties Limited

Oaklands

Inspection report

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Date of inspection visit:
07 December 2016
08 December 2016

Date of publication:
27 January 2017

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 7 and 8 December 2016 and was unannounced. Oaklands is a care home providing personal care for up to 53 people, some of whom live with dementia. On the day of our visit 48 people were living at the home.

The home has had the current registered manager in post since March 2015. A new manager had been appointed as the current registered manager was due to leave the position in the near future. 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.

Staff were aware of safeguarding people from the risk of abuse and they knew how to report concerns to the relevant agencies. They assessed individual risks to people and took action to reduce or remove them. There was adequate servicing and maintenance checks to fire equipment and systems in the home to ensure people's safety.

People felt safe living at the home and staff supported them in a way that they preferred. There were enough staff available to meet people's needs and the registered manager took action to obtain additional staff when there were sudden shortages. Recruitment checks for new staff members had been made before new staff members started work to make sure they were safe to work within care.

People received their medicines when they needed them, and staff members who administered medicines had been trained to do this safely. Staff members received other training, which provided them with the skills and knowledge to carry out their roles. Staff received adequate support from the registered manager and senior staff, which they found helpful.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The home was meeting the requirements of DoLS. The registered manager had acted on the requirements of the safeguards to ensure that people were protected. Where someone lacked capacity to make their own decisions, the staff were making these for them in their best interests.

People enjoyed their meals and were able to choose what they ate and drank. They received enough food and drink to meet their needs. Staff members contacted health professionals to make sure people received advice and treatment quickly if needed.

Staff were caring, kind, respectful and courteous. Staff members knew people well, what they liked and how they wanted to be treated. They responded to people's needs well and support was always available. Care plans contained enough information to support individual people with their needs. People were happy

living at the home and staff supported them to be as independent as possible.

A complaints procedure was available and people knew how to and who to go to, to make a complaint. The registered manager was supportive and approachable, and people or other staff members could speak with them at any time.

Good leadership was in place and the registered manager and provider monitored care and other records to assess the risks to people and ensure that these were reduced as much as possible and to improve the quality of the care provided.

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.

Staff assessed risks and acted to protect people from harm. People felt safe and staff knew what actions to take if they had concerns about people's safety.

There were enough staff available to meet people's care needs. Checks for new staff members were obtained before they started work to ensure they were appropriate to work within care.

Medicines were safely administered to people when they needed them.

Is the service effective?

Good

The service was effective.

Staff members received enough training to provide people with the care they required.

Mental capacity assessments and best interests decisions had been completed for decisions that people could not make for themselves.
Staff contacted health care professionals to ensure people's health care needs were met.

People were given a choice about what they ate and drinks were readily available to maintain people's hydration.

Is the service caring?

Good

The service was caring.

Staff members developed good relationships with people living at the home, which ensured people received the care they wanted in the way they preferred.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People had their individual care needs properly planned for and staff were knowledgeable about the care people required to meet all aspects of their needs.

People had information if they wished to complain and there were procedures to investigate and respond to these.

Is the service well-led?

Good

The service was well led.

Staff members and the registered manager worked well with each other, people's relatives and people living at the home to ensure it was run in the way people wanted.

Good leadership was in place and the quality and safety of the care provided was regularly monitored to drive improvement.

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 7 and 8 December 2016 and was unannounced. This inspection was undertaken 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.

Before the inspection, the provider completed a Provider Information Return. 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. We reviewed this and other information available to us about the service, such as the notifications they should sent us. A notification is information about important events, which the provider is required to send us by law.

We spoke with three people using the service and with 13 visitors. We also spoke with the registered manager, a mixed group of 20 staff members comprising of care, housekeeping and kitchen staff, the provider's compliance manager and the regional manager during our visit.

We spent time observing the interaction between staff and people living at the home. 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 looked at the care records for six people, and we also looked at the medicine management process. We reviewed the records maintained by the home in relation to staff training and how the provider monitored the safety and quality of the service.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the home. One person said, "That's why I came here, there's always someone about." Another person told us, "I've always felt safe living here."

The provider had taken appropriate steps to reduce the risk of people experiencing abuse. Staff members demonstrated a good understanding of the different types of abuse and provided clear explanations of the actions they would take if they thought abuse had occurred. They knew where to find information on how to report any concerns to the local authority, who lead on any safeguarding concerns, if they needed to report an incident of concern. Staff confirmed that they had received training in safeguarding people and records we saw confirmed this.

Staff members had a good understanding of how to respond to people if they became upset or distressed. They were able to describe to us how people became upset, the possible reasons for this and the actions they needed to take to reduce the person's distress. We observed that staff approached people quickly if they needed to and this reduced situations where people became upset. Care records for two people showed that there was clear information for staff regarding how they should approach the person and actions they should take if this occurred. We saw that staff put this guidance into practice. The registered manager told us of incidents that occurred and the actions that were taken to reduce the impact where there was upset between people.

People received care in a way that had been assessed for them to do so as safely as possible. Staff members assessed risks to people's safety and documented these in each person's care records. These were individual to each person and described how to minimise any risks they faced during their daily routines. These included any risks with their mobility, the risk of falling and reducing the likelihood of any damage to their skin, which could develop into a pressure ulcer. Staff members were aware of these assessments and our conversations with them showed that they followed the guidance that was in place that told them how to reduce any risks.

The equipment people used was well maintained. This had been serviced to ensure it was in good working order. We found that the fire alarm system was properly maintained and the required checks and tests were completed to ensure this was in good working order. Personal emergency evacuation plans (PEEPs) were available to guide staff or emergency services what support people required in the event of an emergency, such as a fire. Staff members explained the actions they would take in the event of a fire and we saw that they practiced fire drills. We concluded that individual and environmental risks had been appropriately assessed and reduced as much as possible.

People told us there were enough staff available. One person said, "They come in at set times during the night, if I call I sometimes have to wait but not usually for very long." Another person also told us that they only had to wait for a short time if they called for help.

Staff members said that they thought there were enough staff available to meet the needs of the people

living at the home. They told us that new staff had recently been recruited. We saw that people received a prompt response when using their call bell to request assistance and that staff members were available in communal areas at all times.

There were dedicated kitchen and housekeeping staff, so that care staff were able to concentrate fully on their role. One member of the housekeeping staff also worked as a member of care staff when there were sudden shortages of staff. The registered manager used a dependency tool, which helped them to determine staffing requirements. Staff rotas showed that staffing levels were ten care staff on duty during the day and nine staff members in the evening.

The registered manager told us that staff members worked extra shifts to cover absences, which reduced the need for agency care staff. It also provided staff who knew people and their needs, for example, to cover the role of activities coordinator. We saw that one staff member was acting in this role during our visit and this provided dedicated support to people. Care staff helped this staff member but they were able to attend to people's care needs when required. We concluded that there were enough staff scheduled to be on duty and that the registered manager took action in the event of any drop in the planned staffing numbers.

People were supported by staff who had the required recruitment checks to prevent anyone who may be unsuitable to provide care and support. We checked staff files and found that recruitment checks and information was available, and had been obtained before the staff members had started work. These included obtaining Disclosure and Barring Service (DBS) checks. The DBS provides information about an individual's criminal record to assist employers in making safer recruitment decisions.

People were provided with the support they needed to take their medicines as required. People told us that they received their medicines when they were due and that these were never missed. One person said, "I'd forget, so it's very nice that the carers bring my pills at the right time." Staff members confirmed that they had received medicines training before they were able to administer medicines to people.

We observed that people received their medicines in a safe way and that medicines were kept securely while this was carried out. Arrangements were in place to record when medicines were received, given to people and disposed of. The records kept regarding the administration of medicines were in good order. They provided an account of medicines used and demonstrated that people were given their medicines as intended by the person who had prescribed them. Where people were prescribed their medicines on an 'as required' (PRN) basis, we found guidance for staff on the circumstances these medicines were to be used.

Good

Is the service effective?

Our findings

People's care needs were met by staff members who had been suitably trained and had the knowledge and skills required. People told us that they thought staff members had been well trained.

Staff members told us that they received enough training and this was what they needed to be able to carry out their roles. They confirmed that they received annual training in such areas as fire safety and that they were able to request additional training if they felt they needed this. They also said that they had the opportunity to complete national qualifications and that senior care staff were in the process of completing Diplomas in care.

Information provided through a national training organisation before this inspection showed that staff training for this home was slightly better than the average for other homes of a similar size. The registered manager kept a staff training matrix that showed when staff members had last undertaken training and when updates were due. We saw that staff kept up to date with training, which provided them with up to date knowledge and opportunities to develop their skills. We saw that one staff member was less skilled in caring for people with dementia in the way they spoke with people and acknowledged their distress. The registered manager confirmed that dementia awareness training had been arranged for the staff member to attend.

Staff members told us that they received support from the registered manager in a range of meetings, both individually and in groups. These meetings allowed them to raise issues, and discuss their work and development needs. Staff felt well supported to carry out their roles and any issues that arose were treated as a positive learning experience.

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.

We checked whether the service was working within the principles of the MCA. We found that staff completed mental capacity assessments where they had concerns that people may not be able to make their own decisions. These were only for decisions where staff had concerns and they recognised that they should support people to continue making their own decisions for as long as possible. Care records showed that staff had written guidance about how to help people to do this for their everyday lives and routine activities, such as which clothes to wear and how to choose what to eat at mealtimes.

We saw that staff helped people to make decisions by giving them options. Some people were given limited options, if this helped them to make a decision. However, we also saw that staff occasionally gave people too many options when they needed help. On one occasion a person was not able to make a decision in relation to an activity they were taking part in. They were not then able to take part in decorating the

Christmas tree along with other people. This meant they were not given the opportunity to be as involved as other people.

We saw that staff members told people what they were going to do before carrying out any tasks. They asked people specifically if they were happy for the staff member to continue when the staff member intended to carry out any personal care or physically assist the person. We observed one staff member try to engage the person in a range of social activities, which the person was reluctant to do. When the person got up from the table, the staff member asked if they wanted to go for a walk and would they mind if the staff member accompanied them. This gave people the opportunity to agree to or to decline the help, or to ask for it to be given in a different way.

People can only be deprived of their liberty so that they can 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).

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These require providers to submit applications to a 'supervisory body' for authority to lawfully deprive a person of their liberty. The registered manager had submitted applications to the local authority for some people living at the home. Staff provided explanations about their roles in this area and they were clear that people who were not subject to a DoLS were able to leave the home if they wished to do so.

People told us that the meals were nice and that they had plenty to eat. One person commented, "There's plenty to eat and they're always coming round with drinks, especially in the summer, it was almost too much." Another person told us, "There's always two choices and if I don't like either they will get me something else."

We saw that the midday meal in both dining rooms was a social time, and people sitting at the same table were served their meals together. There was a pleasant atmosphere where people were able to have conversations with each other, which encouraged them to eat well. Staff members helped people to eat when this was necessary. They asked people quietly if they needed or wanted help with their meal and supported them to eat as independently as possible. They sat with people to help them and described the meal before helping them to eat. We saw that staff helped people who ate in their own rooms and gave them the same support and time to eat and drink. People had a choice of drinks during their meal and staff described the meal choices that were available, before people made their decision.

Staff weighed people regularly to monitor them for any unplanned change in their weight. The staff took any necessary action if there were any concerns about unintended weight change. We found that staff completed people's nutritional assessments accurately, which meant that they monitored the risk of people not eating enough. People who required a special diet, such as soft or pureed food, received this and where necessary they had fortified meals with extra calories added. We saw that staff had enough information to make sure people drank enough each day. They kept records close to where people spent their day and recorded immediately when people had a drink. This meant that records were accurate and staff were able to continually assess if people had had enough to drink. If staff had concerns about anyone's nutritional intake they made a referral to an appropriate health care professional for support and guidance.

People told us that they saw healthcare professionals when they needed to and that staff arranged this quickly. One person said, "If you're feeling ill, they get a lady doctor to come and see you, she does visit the home anyway." Another person told us that they had also seen the optician since living at the home.

There was information within people's care records about their individual health needs and what staff needed to do to support people to maintain good health. Records showed that people received advice from a variety of professionals including their GP, district nurses, specialist nurses, community mental health nurses, and speech and language therapists. We concluded that staff helped people to access the advice and treatment of health care professionals.

Good

Is the service caring?

Our findings

People told us that they were happy living at Oaklands, they said that staff were caring and they were looked after well. One person told us, "I can do most things for myself so don't think I need that much help, they are very nice though." Another person said that staff were so caring that, "We've had people leave here, then come back."

We spent time watching how staff interacted with people and found that they were kind, gentle and considerate towards people. They spoke to them with affection and respect, and knew people's names. The atmosphere in the home was relaxed and we overheard laughter numerous times during our visit. Staff members' interactions with people were thoughtful and designed to put people at ease. They faced people, spoke directly with them and when people were sitting at a different level, staff lowered themselves so they were not standing above the person. In turn, we saw that people responded to this attention in a positive way. We observed one staff member sitting with two people, singing Christmas carols with them. One person was less involved until the staff member 'hammed' up their performance, which made them smile and visually engage with the other person.

We found that staff knew people well and that they were able to anticipate people's needs because of this. They knew what people would do, although they continued to make sure people were able to make their own decisions. We saw during lunch that people were able to sit where they wanted and they could spend time in any part of the home. There were several people who got up from their seats during the mealtime in one dining room. Staff members went with them for a short walk or helped them to sit at another table, which calmed people.

People told us that they were able to do what they wanted and that staff always gave them care and support in the way that they wanted. They said, "I like to stay up quite late watching the television, usually until 11 o'clock and it isn't a problem, I get to choose."

We saw people were encouraged to be as independent as possible and there was guidance in their care records about ways of encouraging their independence. There was information in relation to each person's life history, their likes and dislikes and any particular preferences they had. We overheard one staff member speaking with a person about food and they commented that the person liked a particular cereal product. The staff member then asked the person if they would like them to provide this. We observed that staff members explained to people what they were going to do. They did this in different ways, such as by telling people or showing them a limited choice. We also saw that staff watched for clues in the people's body language that might indicate when the person was not happy. One person's care records stated how staff should address the person before giving any care and provide explanations so that the person understood exactly what was to happen.

People told us that staff respected their privacy and dignity. However, one person commented, "It used to make me jump when I suddenly found there was someone in my room. I asked them to knock and it has improved." Staff members provided appropriate explanations of how they would maintain people's privacy.

They confirmed that they had received training in this area and new staff had this training scheduled. We saw that this usually happened in practice. We saw that most staff knocked on people's doors before entering rooms, although there were a couple of occasions when the staff member did not knock. During our visit we saw that personal care was given behind closed doors, people were dressed in clothing that was appropriate for the weather and staff were discrete when talking about personal subjects

Visitors told us that there were unrestricted visiting hours and they could see their relatives when they wanted. Other than when people had asked for their information to be shared, staff members maintained people's confidentiality by not discussing personal information, such as medical details, in public areas or with other people. People's care records and personal information was stored securely in a lockable room.

Good

Is the service responsive?

Our findings

People told us that they received care when they wanted it. One person told us how staff always attended to their continence needs when they rang their call bell. Another person told us, "I'm settled here, I've got a good view, I like a nice bath." Another person told us, "I am so lucky, everything I can do on my own, I do." They also us that they took part in activities and said, "I like going into the garden in good weather. I have done a little bit of gardening."

We spoke to staff members about several people and their care needs. They showed us that they had a good understanding of people's individual care needs and their preferences. They explained about people's physical care needs and how these were met, and about how people's emotional and mental health needs were met.

We spent time observing how staff interacted with people and found that staff frequently anticipated people's needs and were aware when people needed their attention more urgently. We saw that staff interacted with people in a positive way. We saw numerous other examples of staff supporting people in a non-intrusive way that showed they understood people's needs and abilities.

People's care records contained information about their lives, preferences, likes and dislikes and details about what they liked to do to keep themselves occupied. Care plans were in place to give staff guidance on how to support people with their identified needs such as personal care, nutrition and mobility needs. We saw that there was generally a good level of detail, with some plans describing the support people needed very clearly. This meant that overall staff members had enough guidance to care for people properly.

One person's care plan showed the specific care needed to care for the person's skin and hair as this required the use of different products. Another person's plan showed the actions staff should avoid to reduce the risk of upsetting the person. This person's care plan in particular presented a clear description of the person and how staff should care for them. Staff kept people's care plans under regular review and people were as involved as they wanted to be in planning how staff should meet any changes in their care. We spoke with the registered manager about a few care plans where additional information would support staff in fully meeting people's needs. They told us they were already aware of the need to made some improvements to care plans and would discuss this with people or their relatives and staff members and update the plans.

There was a vacant position for a staff member employed specifically to arrange activities and to spend time with people. Until the post was filled care staff were working in the role as an extra shift. On the day of our visit one staff member carried out this role although they were supported by other staff throughout the day. The staff were lively and encouraged people to take part, while respecting each person's decision. We saw that approximately a third of the people living at the home attended at any one time. There was a variety of entertainment, including carol singing and decorating the Christmas tree, in which people told the staff member where to put which colour tinsel. Other people made Christmas decorations and we watched a staff member help one person make a beautiful tree decoration that they were really pleased with. This

provided the person with such a positive experience that they carried the decoration with them for the rest of the afternoon.

Other staff members were also available to spend time with people and we saw that they took the time making ordinary activities, such as walking around the home, more pleasant. We saw that there were a number of communal areas where people were able to spend their time. In another lounge, several people listened to music from the 1950's, which some of them sang along to. In yet another lounge, other people watched the television.

People and visitors told us they would be able to speak with someone if they were not happy with something. They would approach the registered manager and they were confident that their concerns would be listened to.

A copy of the home's complaint procedure was available and provided appropriate guidance for people if they wanted to make a complaint. Records showed that the registered manager had acknowledged and responded to complaints, and they took appropriate action in response to the complaints to improve the quality of care provided.

Good

Is the service well-led?

Our findings

People told us that they were happy living at the home and they thought it was generally well run. One person said, "None of us can have everything we want but it's okay." Visitors gave us differing views about how the home was run, when we joined them at a relatives' meeting during our visit. However, two visitors said that, "Generally we are happy with the care my [relative] is getting but there is room for improvement. It isn't as bad as some people have made out."

Staff members told us that although they had different roles, they all worked as part of the same staff team and their goal was to care for people well. They said that working at the home was very teamwork orientated. They told us one of the housekeeping staff had also worked as member of the care staff, which meant that they were also aware of people's care needs and would help people if they were able to.

The registered manager has been registered with the Care Quality Commission since March 2015. They confirmed that they were supported by the provider organisation's operations manager and by the provider organisation in general in the running of the home. However, at the time of our visit they had resigned from the position and were spending a short period of time supporting the new manager. The new manager had submitted an application to register with us.

People told us that they knew who the registered manager was and that they saw them around the home to say 'hello' to. They knew the registered manager by name and told us they were approachable. Staff members told us that the registered manager was very approachable and that they could rely on them for support and advice.

The registered manager told us that the home had registered to take part in national research conducted by the University of East Anglia and NHS Research. They were taking part in a study looking at quality of life to determine training needs for staff members. The researcher told us that staff were always helpful and willing to speak with them. A senior staff member had also undertaken Stirling University's dementia care training and cascaded this to other staff. This demonstrated the registered manager looked for ways of improving the quality of care people received.

Staff told us that they had regular meetings, such as team meetings, to discuss changes around the home. They said they were able to raise concerns and that the provider organisation took action to resolve issues. A whistle blowing policy was available and copies were available so that staff were able to look at it in private if this was required.

The registered manager told us there had been no meetings for people living at the home since the activities coordinator had left, as this was part of their role. However, we noted during our visit that people's views were obtained in other ways. Staff involved them in planning their care and asked their views about this and other aspects of the home and living there. There were meetings for visitors and relatives, which we attended on one day of our visit. Visitors were able to air their feelings and views about the home and the changes they would like to see. The new manager, the provider's regional manager and compliance

manager attended the meeting and agreed to implement more regular meetings. We spoke with the manager about providing people who were able to make their views known, with the opportunity to share these. They told us that they were working towards providing a system that allowed this but was not reliant on one person to carry out.

The registered manager completed monthly audits of the home's systems to identify any areas that needed improvement. They told us that these audits fed into the provider's auditing system. We found that when issues had been identified, actions had been taken to address them.

The registered manager completed an analysis of any incidents and accidents, and complaints that had occurred which had not shown any trends or themes. However, after resolving one person's concerns, they took additional action to visit the person more frequently to provide support so that they were not kept waiting.