Healthcare Homes Group Limited

Oaklands House Residential Home

Inspection report

Oaklands House Residential Home
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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?	**Requires improvement**

Overall summary

Oaklands House Residential Home provides accommodation and personal care for up to 29 older people, some living with dementia.

There were 25 people living in the service when we inspected on 27 July 2015. This was an unannounced inspection.

There was 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 2008 and associated Regulations about how the service is run.

Summary of findings

Systems for ensuring there were enough staff were not robust enough. This led us to be concerned about the service's quality assurance processes because this issue had been identified as a shortfall at a previous inspection. People waited for long periods to have their call bells answered and staff were unable to tell us how people's differing needs and dependency effected the staff numbers and deployment throughout the day. We saw some poor practice in regard to staff behaviour for example talking to colleagues instead of answering a call.

There were procedures in place which safeguarded the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

There were procedures and processes in place to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how the risks to people were minimised.

There were appropriate arrangements in place to ensure people's medicines were obtained, stored and administered safely.

Staff were trained and supported to meet the needs of the people who used the service. However, improvements were needed to provide more social interactions to people. Especially those people who remained in their bedrooms and were at risk of social isolation.

People, or their representatives, were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information about how they communicated and their ability to make decisions. However, improvements were needed in the ways that staff were provided with guidance in care records about people's specific care needs.

Staff had good relationships with people who used the service. Staff respected people's privacy and dignity and interacted with people in a caring, respectful and professional manner.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

People's nutritional needs were being assessed and met. Where concerns were identified about a person's food intake, or ability to swallow, appropriate referrals had been made for specialist advice and support.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

During this inspection we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 consistently safe.

Staff were knowledgeable about how to recognise abuse or potential abuse and how to respond to and report these concerns appropriately.

There were not enough staff to meet people's needs in a timely manner.

People were provided with their medicines when they needed them and in a safe manner.

Requires improvement 

Is the service effective?
The service was effective.

Staff were supported to meet the needs of the people who used the service.

People were supported to maintain good health and had access to appropriate services which ensured they received on-going healthcare support.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

Good 

Is the service caring?
The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Good 

Is the service responsive?
The service was not consistently responsive.

Improvements were needed in how people's wellbeing and social inclusion was assessed, planned and delivered to ensure their social needs were being met.

People's care was assessed and reviewed and updated when people's needs had changed.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Requires improvement 

Is the service well-led?
The service was not consistently well-led.

Requires improvement 

Summary of findings

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system, however this was not robust enough to identify shortfalls and take action to improve the service.

Oaklands House 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 27 July 2015 and was unannounced and was undertaken by two inspectors 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.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with 13 people who used the service and four people's relatives and a health professional. We observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to four people's care. We spoke with the registered manager, quality monitoring officers, and nine members of staff, including catering, housekeeping, maintenance and care staff. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Requires improvement

Is the service safe?

Our findings

People told us that they often had to wait for call bells to be answered. One person said, "They come as soon as they can but I understand that they are busy. I try not to call them at this time of day [9:55am] as people need to get up." Another person commented that, "It depends what time of day it is, try not to ring…sometimes it is in an instant, another time minutes and minutes." Another person told us, "Sometimes I have to wait some time before they answer my call bell." A relative commented that at busy times, up to 10.15am in the morning and in the evenings from 5.30pm onwards, they had noted, "At least three people calling for assistance and regularly waiting for half an hour or longer." This was confirmed in our observations.

Emergency call bells were answered straight away, and action taken to ensure the person was safe. However, when we timed the responses from call bells throughout our visit, at times it took staff 10 to 30 minutes to answer people's call bells. Where a call bell had been ringing for 20 minutes in the morning, we checked the person was safe, and sat with them until the call bell was answered nine minutes later. The person told us that they were safe, just waiting for staff to assist with the areas of personal care they could not manage. They were relaxed about the situation, "Nothing to hurry for." They told us that staff were, "Very busy," in the morning, especially if they were bathing. We heard a care staff member inform another person, "Someone will come… I'm busy bathing."

Staff told us that they felt that there were enough staff to make sure that people were supported in a safe manner. People's care records held dependency assessments but there was no clear tool used to assess people's dependency, including social needs, against the required staffing numbers. Due to a vacancy, there was not always catering staff available to cover supper time. This meant that care staff were not supporting people when preparing and serving supper.

This is a breach of Regulation 18: Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite this experience people told us that they were safe living in the service. One person said, "It is very quiet here, I feel quite safe." Another person told us that, "In all the time I have been living at Oaklands," that they had felt, "Very safe." A third person commented, "Because of my disabilities I have to feel safe, and I most certainly do here."

Staff had received training in safeguarding adults from abuse. Staff understood the policies and procedures relating to safeguarding and their responsibilities to ensure that people were protected from abuse. They knew how to recognise indicators of abuse and how to report concerns. Records and discussions with the registered manager showed that where safeguarding concerns had arose action was taken to reduce the risks of similar incidents occurring and to ensure the safety of the people using the service. Where it concerned staff practice this was dealt with through the provider's disciplinary procedures.

People's care records included risk assessments which provided staff with guidance on how the risks in their daily living, including using mobility equipment, drinking hot beverages, choking, accidents and falls, were minimised. People's risk assessments were reviewed and updated when their needs had changed and risks had increased. Where people were at risk of developing pressure ulcers we saw that risk assessments were in place which showed how the risks were reduced by monitoring the condition of people's skin and other related health needs. Staff told us there was no one with a pressure ulcer, however, one person's care records stated that they had one. We fed this back to the registered manager who said that they would ensure the records accurately reflected the person's current needs.

Risks to people injuring themselves or others were limited because equipment, including electrical equipment, hoists and the lift had been serviced and regularly checked so they were fit for purpose and safe to use. However, we found the assisted bath chair could be a potential source of passing on infection. This was because the seat bolts which went into the water had rusted; therefore could not be effectively cleaned. The registered manager told us that they were waiting for a date to have the bathroom refurbished, which would include replacing the bath chair.

The areas we visited were free from obstacles which could cause a risk to people as they mobilised around the service. Regular fire safety checks and fire drills were undertaken to reduce the risks to people if there was fire. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire. We

Requires improvement

Is the service safe?

spoke with the maintenance staff who explained their roles and responsibilities and showed us records to confirm this, including checks and actions to reduce the risks of legionella bacteria in the water system.

Records showed that checks were made on new staff before they were allowed to work alone in the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

People told us that their medicines were given to them on time and that they were satisfied with the way that their medicines were provided. Medicines were managed safely and were provided to people in a polite and safe manner by staff. One person told us, that staff, "Bring it up for me," and said that always provided them with their correct medicines.

Medicine administration records were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time. However, there were gaps in records of medicines that were applied externally, such as creams. The quality and compliance officer told us that they had identified this as an issue and had made adjustments to the systems for recording these to enable staff to complete them in a timely manner. Records we looked at, including staff meeting minutes, confirmed what we had been told. The registered manager also told us about improvements they were planning, which included changing the pharmacy supplier who would provide cream charts. Therefore, the service was in the process of developing the systems in place to ensure that people were provided with these medicines appropriately and safely. People's medicines were kept safely but available to people when they were needed.

Good

Is the service effective?

Our findings

People told us that the staff had the skills to meet their needs. One person told us, "The carers will do anything for you if you ask and will do things for you [that you] haven't even thought about." Another person commented, "They [staff] cater for our every need."

Staff told us that they were provided with the training that they needed to meet people's requirements and preferences effectively. The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for. For example supporting people with dementia and pressure area care.

Staff training relating to the way they approached their work was effective because staff communicated well with people, such as maintaining eye contact with people. Staff supported people to mobilise whilst maintaining their independence effectively and appropriately. Staff were knowledgeable about their work role, people's individual needs, including those living with dementia, and how they were met. We found the daily records completed by staff, did not always provide evidence about the person's wellbeing, because it focused on care tasks, rather than the person's experiences. However, when we pointed this out to the registered manager, they told us it was an area they were looking to address through further training.

Staff told us that they felt supported in their role and had regular supervision meetings. Records confirmed what we had been told. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service provided to people. The registered manager showed us objectives that they had set with individual staff to assist their improvement and identify any further training or support they may require.

People told us that the staff sought their consent and the staff acted in accordance with their wishes. This was confirmed in our observations. Staff sought people's consent before they provided any support or care, such as if they needed assistance with their meal and with their personal care needs.

Staff had received training in Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). The registered manager was booked on a refresher course. The registered manager told us that they had not needed to make any DoLS referrals to the local authority as required to ensure that any restrictions on people were lawful. However, one person told staff that they were leaving the service, one staff member said, "Stay with us a little longer." The person said, "No I am going," staff then left the room saying, "That's a shame." The person was offered no further support or discussion about wishing to leave the service. We spoke with the registered manager about this and they advised that the person often said that they were going somewhere or leaving. There were no systems in place to support the person, but the registered manager said that they would not be able to physically leave the service and no DoLS referral had been made. The quality monitoring officer confirmed that this situation would be reviewed to ensure the person's needs were being met in this respect and plans were in place to support them should they actually leave the building.

Care plans identified people's capacity to make decisions. Records included documents which had been signed by people to consent to the care provided as identified in their care plans. Where people did not have the capacity to consent, this was identified in their records and the arrangements for decisions being made in their best interests. However, there were some inconsistencies in people's capacity; this included how their capacity may change over time. For example one person's mental capacity assessment stated that they 'sometimes' had capacity with regards to their finances but they had a court appointed power of attorney for finances. There was no clear guidance about what this meant or how their independence in this area could further be supported and encouraged.

All of the people we spoke with told us that they were provided with choices of food and drink and that they were provided with a balanced diet. One person said, "The food is marvellous, the chef is a wonder." Another person spoke about the, "Excellent food," they received, whilst another person said, "The food is very good and they always have little treats for us." Some of the tenants from the surrounding bungalows also joined people for lunch, which contributed to the social atmosphere.

Good

Is the service effective?

There were notices in the service to ask people and their representatives to let staff know if they had any requirements or allergies regarding food. One person told us, “Sometimes there are things I can’t eat, they [staff] will find something,” and the staff were, “Very good,” at supporting them to find alternatives that they could eat. There was a menu displayed in the service and on dining room tables which showed that there were choices for each meal. This included at least two main course options together with a vegetarian option. One person having selected their choices told us, “It’s good solid English food. You cannot do better.”

People were supported to eat and drink sufficient amounts and maintain a balanced diet. One person told us, “I have managed to put on weight,” since they had moved in, which they were pleased about. Another person went through the list of hot drinks they were offered during the day, “Tea first thing, then for breakfast a pot of coffee, coffee 10.30am, lunch time orange…” As the list continued, it showed that people were regularly being offered hot drinks. Another person showed us the carafe of water that staff put in their bedroom. They also had facilities in their bedroom to make hot drinks if they wished, “I sometimes make myself a drink.”

People’s records showed that people’s dietary needs were being assessed and met. Where issues had been identified, such as weight loss, guidance and support had been sought from health professionals, including a dietician and their advice was acted upon. Discussion about one person’s individual dietary needs identified the level of support they were being given, which we also observed, but was not being recorded. The registered manager took action straight away and put a form in the person’s bedroom, so staff could record what assistance they had given / offered.

People said that their health needs were met and where they required the support of healthcare professionals, this was provided. One person told us, “If we ever need the doctor we can get one to call at the home.” Another told us that they see the, “Nurse every three months,” as part of monitoring their medical condition. Another person told us that they were waiting for their doctor to visit, “Not sure what time they are coming but the staff said they will let me know.” Later in the day the doctor arrived to see the person.

Records showed that people were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. These included community mental health team, speech and language therapist, GP and visiting community nurse. A healthcare professional described the good working relationship they had with the staff in supporting people’s individual health needs and that staff would contact them when needed. They said that the staff, “Ring me direct, I come straight up if worried.”

Good

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person said, "They are all kind." Another person commented, "I feel very lucky to have found here, the staff are very kind." Another person told us, "Everybody makes you feel welcome. I have only been here a short while, but I feel that I have been here for a long time. It feels just like being at home and my family think it is lovely here."

Staff talked about people in an affectionate and compassionate way. We saw that the staff treated people in a caring and respectful manner. They listened to what people were saying, and responded with interest and care. People responded in a positive manner to staff, including smiling and chatting to them. People were clearly comfortable with the staff. However, we fed back to the registered manager about the comment made by a staff member when talking to another staff member, which were not caring. They reassured us that action would be taken to address it as this was not the culture or behaviour they expected.

People told us that they felt staff listened to what they said. People and their relatives, where appropriate, had been involved in planning their care and support. This included their likes and dislikes, preferences about how they wanted to be supported and cared for. One person's relative told us, "The staff always discuss [person's] care with me to make sure I am happy with it. In fact I have already booked my place when I need caring for." The minutes from meetings which had been attended by people who used the service showed how their choices were sought, listened to and acted upon.

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected. Discussions with one person showed that they followed their own preferred routines, "I'm in control, they [staff] don't tell me what to do …obviously advise me, make suggestions, but I make the decision." One person told us about how they maintained their independence, "I have my things around me so I can reach them, I have some degree of independence." Another person told us how they retained their independence by doing as much of their personal care and getting dressed as they could, and ringing for staff to come and help them finish.

We saw that staff respected people's privacy and dignity. For example, staff knocked on bedroom and bathroom doors before entering and ensured bathroom and bedroom doors were closed when people were being assisted with their personal care needs. When staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet way.

People's records identified the areas of their care that people could attend to independently and how this should be respected. We saw that staff encouraged people's independence, such as when they moved around the service using walking aids.

Requires improvement

Is the service responsive?

Our findings

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. One person told us that staff provided the level of support they wanted, "If I want anything different, I normally ask for it," and staff would make the requested changes to their care and support. One person said that when their needs had changed they had requested a change of bedroom, which was acted upon. They said, "I love it in here [bedroom], it is very light and the sunrise is lovely." Another person said, "You get well looked after here, they do their best." A thank you message from a person's family about the care they were receiving, commented on the improvements they had seen in the person's mental health since they moved in.

Staff knew about people and their individual likes and dislikes and those living with dementia, and how these needs were met. This was confirmed in our observations, staff communicated with people effectively.

Records provided staff with information about how to meet people's needs. However, we noted that there was limited information, if any, on people's life history, hobbies, interests and end of life decisions. Improvements were needed in the way that the service reported on how people's specific needs were met and how their condition may affect their wellbeing, for example, those living with dementia or other mental health needs. However, when we spoke with staff they had a good understanding of people's individual needs and history. The care plans were reviewed and updated when people's needs had changed. We also noted where people told us the areas of personal care they could do themselves, and which areas staff helped them in, this was not reflected in people's records. For example, comments such as, "I have help to get washed." Although staff knew people well there was a risk that the lack of detail in care plans were not helpful for new staff or temporary staff, as to the individual level of support people required.

People told us that there were social events that they could participate in. One person told us, "We really enjoy the bingo, is such good fun. I would not miss it for the world." Another person told us how they visited other people in their bedrooms and fed back to the manager if there were any issues. They said that they had befriended a person who had recently moved into the service and, "They are settling in now." The person saw this as positive and felt that their contribution was valued. Another person said that they used to attend the group activities but they were no longer able, "Sometimes someone comes up for a chat, but my family come in to see me."

People participated in a range of activities throughout the day of our visit. During the morning people who chose to went out on the weekly mini bus shopping trip to local areas. One person told us, "We love our trips out they are such good fun, especially the visit to a tearoom where we can indulge ourselves." We saw people reading their newspapers, sitting in the in the garden and conservatory and feeding the service's cat.

The minutes from a meeting attended by people who used the service in March 2015 showed that people shared their views and gave suggestions on activities. On the day of the inspection we saw that not all the activities advertised were happening. The registered manager told us the recent resignation of their activities coordinator had curtailed some plans. However, a new one had been appointed, who had popped in to complete their recruitment paperwork during the inspection. They told us that their role would include working with a volunteer as well as focusing on improving one to one social contact/activities for people who chose to stay in their bedrooms.

People told us that they could have visitors when they wanted them; this was confirmed by people's relatives and our observations. One person told us how they continued visiting their friends once a week to play bridge, "It's great fun and I come back in time for tea." This meant that people were supported to maintain relationships with the people who were important to them and to minimise isolation.

People knew who to speak with if they needed to make a complaint. They said that they felt confident that their comments would be listened to. One person said, "I know if I had a problem I would only need to speak to the manager and she will deal with it."

There was a complaints procedure in place which was displayed in the service, and explained how people could raise a complaint. Records showed that complaints were well documented, acted upon and were used to improve the service. For example, a person had complained that a

Requires improvement

Is the service responsive?

personal item had been damaged, an apology was given and the offer of reimbursement. Where a complaint had been received about agency staff, an apology had been provided and a report sent to the agency.

Requires improvement

Is the service well-led?

Our findings

The service's quality assurance processes had not been robust enough to implement and maintain the improvements noted at our inspection of 8 October 2013. This resulted in some of the same shortfalls being identified during this inspection. This included people's call bells not being responded to in a timely manner. We identified that the response times had got worse and where previously people had mentioned that this occurred mainly at tea time/early evening, it was happening across other times of the day too. There was no system in place to monitor call bell response times so action could be taken to address shortfalls to improve the quality of service people received.

There was also poor practice and behaviour by staff. Despite our presence and raising of this concern earlier in the day, some staff did not answer call bells when they were free to do so. For example a call bell was ringing in the afternoon and a staff member went outside to chat with another member of staff who were on their break.

Records showed that care staff were working five to nine hour day shifts. There was no clear routine for care staff on when to have their breaks so adequate cover is maintained. The registered manager told us that staff had a drink when they were updating records or went out for a cigarette. Where three staff had their lunch together in the lounge, this meant that there was no care staff visible checking on people. When we asked the registered manager why the staff had their lunch break together, they said that they ate their meals in 10 minutes and were available if people needed assistance.

This is a breach of Regulation 17: Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Audits and checks were made in areas such as medicines and falls. Where shortfalls were identified actions were taken to address them. Records and discussions with the registered manager and a staff member showed that incidents, such as falls, were analysed and monitored. These were used to improve the service and reduce the risks of incidents re-occurring.

There was an open culture in the service. People and relatives gave positive comments about the management and leadership of the service. Two people told us that the registered manager was retiring early 2016. One person said, "I will really miss her when she goes." People told us that they could speak with the registered manager and staff whenever they wanted to and they felt that their comments were listened to and acted upon. One person said, "I pop in [registered manager's office] and have a chat about what has happened." Another person told us, "If I have a problem I can go and discuss it with the manager who will do her best to sort it out. Nothing is too much trouble and she is always ready to listen."

Staff told us that the registered manager was approachable, supportive and listened to what they said. One staff member told us, "I like working here. The manager is very good and knows what she is doing. That helps…I know I can speak my mind and will be listened to." Staff understood their roles and responsibilities in providing good quality and safe care to people. We saw the minutes from staff meetings where staff were kept updated with any changes in the service and people and were advised on how they should be working to improve the service when shortfalls had been identified.

The registered manager told us that they felt supported. They understood their role and responsibilities in providing a good quality service and how to drive continuous improvement. Discussions with a health care professional provided examples of the registered manager learning from previous mistakes to drive improvement. This included a more robust pre-assessment and that they, "Recognise their limitations."

People were involved in developing the service and were provided with the opportunity to share their views. Meetings which were attended by people using the service and their relatives were held. The minutes from these meetings showed that people were kept updated with the changes in the service and provided a forum to raise concerns or suggestions. Action plans were in place following these meetings and people were updated with the completion of the actions taken at the next meeting. There were also newsletters sent to people which updated them on any changes and forthcoming events.

Regular satisfaction questionnaires were provided to people and their representatives to complete. We looked at the summary of the last questionnaires received June 2014. These identified the outcomes of the questionnaires and an action plan of how the service planned to address the

Requires improvement

Is the service well-led?

comments of concern received. For example, some people had said that they did not always feel involved in reviewing their care choices. The service's response was to focus on review and choices when people were 'resident of the day.'

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Quality assurance systems were not robust enough to independently identify reoccurring shortfalls and take action to improve the service. Regulation 17 (1) (2) (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The deployment of staff were not sufficient enough to meet people's needs within a timely manner. Regulation 18 (1)