Derbyshire County Council

Oakland Village & Community Care Centre

Inspection report

Oakland Village
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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

We inspected Oakland Village and Community Care Centre on 9th June 2016 and it was announced. Oakland Village and Community Care Centre has a residential unit and there are also 88 extra care apartments on site. The residential unit provides accommodation and personal care for up to 32 people. This includes long term care for 20 people who are living with dementia and 4 respite short term spaces. It also includes specialist community accommodation for 8 people for short term rehabilitation from a hospital stay before returning home. There were 30 people living in the residential accommodation at the time of inspection. Personal care was provided to 32 people who lived in the extra care accommodation. Additional facilities available within the Oakland Village site included a restaurant, library, hair salon and shop and these were available to everyone who used the service as well as members of the public.

The service was last inspected on 26 and 28 November 2013 and was fully compliant. There were two registered managers, one for the extra care service and one for residential support. 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.

People were kept safe by staff who understood their responsibilities to protect them from abuse. Risk to their health and wellbeing were assessed and plans were put in place to minimise the risk, which staff followed. Staff were given the training and support that they needed to assist them to meet people's needs. People told us and we saw that there were sufficient staff to meet their needs. The provider gave staff opportunities to develop their expertise and take champion roles to support and guide others. They developed caring relationships with the people they supported which were respectful and patient. They knew people well and provided care that met their preferences. Staff understood the importance of consent and always explained to people what care they were going to provide. People's capacity to consent to their care and make their own decisions was assessed and reviewed when required. People's privacy and dignity were maintained at all times.

People received the medicines they were prescribed safely and there were systems in place to reduce the risks associated with them. The systems varied across the extra care service and the residential unit to meet individual's needs and all of them were monitored and managed. People were supported to maintain good health and had regular access to healthcare professionals. Their care plans were regularly reviewed to correspond with changing support needs and they were personalised and accessible.

People were encouraged to pursue their interests and hobbies and regular activities were planned weekly. The communal areas of the complex meant that people were able to easily access facilities and social events in a supported environment.

In the residential unit the layout of the building meant that people living with dementia were not restricted

and could move about safely and there was signage to help to orientate people. Mealtimes were not rushed and people said that the food was good. We saw that food and drink was regularly provided and records were maintained for people who were nutritionally at risk.

Visitors were welcomed at any time and they were encouraged to provide feedback through meetings and more informally. The provider made links with the local community and established a friends group to assist with planning the direction of the service.

People told us that they knew the managers well and felt confident that any concerns they raised would be resolved promptly. The provider completed quality audits to continually drive improvements.

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.
Risk to people's health and wellbeing were assessed and managed whilst helping people to maintain or improve their independence. Staff knew how to keep people safe from harm and how to report any concerns that they had. There were sufficient staff to ensure that people were supported safely. Safe recruitment procedures had been followed when employing new staff. People were supported to take their medicines safely

Is the service effective?

Good

The service was effective.
People were supported by staff who were knowledgeable and skilled. They understood how to support people to make decisions about their care and if they did not have capacity to do this then assessments were completed to ensure decisions were made in the person's best interest. People were supported to have enough to eat and drink. Their healthcare needs were met and they had good access to healthcare services.

Is the service caring?

Good

The service was caring.
People were supported in a kind, patient and respectful manner. They were supported to communicate their choices about the care they received and their privacy, dignity and independence were promoted.

Is the service responsive?

Good

The service was responsive.
People and their families were involved in planning and reviewing their care. Hobbies and interests were encouraged and enjoyed. There was a complaints procedure in place and feedback was encouraged.

Is the service well-led?

Good

The service was well-led.
Systems were in place to assess and monitor the service to improve the quality of care and support for people. The staff team felt well supported and understood their responsibilities.

The registered managers were approachable and understood their responsibilities.	

Oakland Village & Community Care Centre

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. The inspection took place on June 9 2016 and it was announced. The provider was given 24 hours' notice so that they could ask people who used the extra care service for permission for us to visit them in their homes.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public.

The provider had completed two provider information returns (PIR); one for the extra care service and one for the residential unit. The PIR 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 used the information in both of these to help us to plan our inspection and come to our judgement.

We used a range of different methods to help us understand people's experiences. We spoke with seven people who lived in their own homes and used the extra care service about the care and support they received. In the residential unit we spoke with four people who were living there on a long or short term basis. Other people were less able to express their views and so we observed the care that they received. We spoke with seven care staff, the two registered managers and the scheme manager for extra care. We also spoke with one health professional. We looked at care records for nine people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person we spoke with in the extra care accommodation said, "Yes, I feel safe because I have confidence in the carers". Another person said, "I feel safe because I have an emergency buzzer and so I can call for assistance which makes me feel more secure". In the residential unit one person said, "Yes, I am safe". Staff we spoke with understood what the signs of abuse could be and how they would report any concerns that they had. One member of staff we spoke with said, "We are taught about looking for physical abuse like bruising but also how it can be difficult when people are living with dementia because they are often unable to tell us and so we look for changes in people's behaviours because we know them well". Another member of staff described a concern that they had raised with their manager and how they had worked with other health professionals and the person's family to resolve it. Records that we reviewed showed that concerns were reported to the relevant authority and investigated.

We saw and people told us that risks to their health and wellbeing were assessed and plans were followed to keep them safe. One person we spoke with described how staff supported them to move safely in their home. They said, "I have a rotunda to help me move and there's always two staff so I feel safe". Another person said, "They have a specialised piece of equipment to help to lift you up if you have fallen". We observed that people were assisted to move safely and when we reviewed records it was in line with risk assessments. Staff we spoke with were knowledgeable about individual's risks and what measures had been put in place to manage them. For example, we saw that some people were supported to avoid skin damage by using pressure relief equipment. One member of staff we spoke with said, "We all know the risk assessments and if we see something, like someone is unsteady, we will ask for them to be reviewed".

We saw that people living with dementia were supported to manage behaviours which could harm themselves or others. The manager told us, "We are using positive behaviour support which means that we try to understand what the person is communicating with that behaviour and what the triggers for it are so that we can help them to avoid it". We saw that people had plans in place which helped staff to support them in ways that would avoid distress. For example, we saw that a tall member of staff crouched down before speaking with one person because recorded observations suggested that this person was scared of them when they leaned over them. Records that we reviewed demonstrated that this positive behavioural approach had helped to reduce behaviours that could be harmful.

We also saw plans were in place to respond to emergencies, such as personal emergency evacuation plans. These plans provided guidance and levels of support people would need to be evacuated in an emergency situation. The information recorded was specific to people's individual's needs. Staff we spoke with were aware of the plans and the level of support people would need.

People told us that there were always enough staff to meet their needs. People we spoke with who used the extra care service told us that staff were punctual for their calls. One person said, "They are always here on time and with a smile on their face". Another person said, "If you call them for something extra they will always answer and let you know how long they will be". Staff we spoke with told us that they carried phones on them which alerted them to an emergency buzzer. One member of staff said, "We have our planned calls

but we can always make time to respond to calls. We will let our manager know and they will get cover". One person we spoke with in the short term residential unit said, "I pressed my alarm and they were there in a blink and they will come to you in the middle of the night if you need them". We observed that staff had time to support people at their preferred pace and that people were not rushed. One member of staff we spoke with said, "There are enough staff, the ratio is good so that you can spend time with people".

We saw that recruitment procedures were followed to ensure that staff were safe to work with people. Staff told us their references were followed up and a Disclosure and Barring Service (DBS) check was carried out before they could start work. The DBS is the national agency that keeps records of criminal convictions. One member of staff said, "I had to wait for all my checks like DBS and references before I could start". Records that we looked at confirmed this was in place for staff and volunteers.

We saw that medicines were managed to meet individual's needs. People who received extra care told us about their arrangements for taking and storing their medicines. One person said, "I can do some of my own medicines and the staff help me with the others at night. We keep them in the locked box". Another person said, "Staff come in to help me with my medicines in the morning and evening because I sometimes forgot". We saw that people who lived in the residential unit were supported to take their medicines when they needed it. Other people were supported to take theirs independently and decided if they wanted additional medicines; for example, for pain relief. Records that we reviewed showed that people's individual needs were assessed; for example one person who had a disturbed sleep pattern was not woken when other people were receiving their medicines but plans were in place to ensure they had theirs later. We saw that there were different systems in place to ensure that people had enough medicines across the different strands of the service and that they were all monitored by senior staff and managers. Records were maintained and there were different storage systems in place to ensure that the risks associated with medicines were managed.

Good

Is the service effective?

Our findings

People told us and we saw that staff had the skills and knowledge to support them. One person we spoke with said, "The staff have a considerate way and were knowledgeable when I had issues." Another person said, "The staff look after us well and are very hard working". A relative we spoke said, "They get brilliant care from the staff". Staff we spoke with told us that they received training and supervision to support them in their roles. One member of staff said, "We have loads of training and we do some of it here, such as manual handling, and some of it at other sites where we meet staff from other teams. It's really good to share experiences with other people".

Staff we spoke with told us that they received induction training when they first started. One member of staff said, "When I started I had lots of training and support including being able to shadow shifts and spend time with the managers". Staff also told us that they had their competencies checked through observations of their practise. One member of staff we spoke with said, "When I started I did a medicines diploma for three months and I was also observed four or five times doing the administration to check that I was getting it right". Observations of practise also took place in the extra care service. Another member of staff said, "We have observations, the manager watches us in people's homes to check we are giving care in line with their plan" Other staff told us that some of the senior staff had completed train the trainer courses so that they could deliver in house training. One member of staff said, "One senior takes the lead on understanding dementia and does training for us as well as giving advice and support". When we spoke with the manager they told us about training people in positive behaviour support. They said, "We did some training and then we have followed this up with role play, observations and staff having time for individual reflection and support which is really helping us to embed it". This showed that the provider ensured that staff had the skills and knowledge to support people though a variety of training and support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment 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 provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Where people lacked capacity to make certain decisions, their capacity had been assessed and decisions had been made in their best interests. For example, family and healthcare professionals had recently input into decisions about someone's personal care. We saw that when required DoLS had been applied for and granted. Staff understood how to support people ensuring they placed minimum restrictions on them. One member of staff said, "We don't expect people to fit in with our routines and that means that they sometimes get up at different times or choose to eat at another time; we focus on making sure they are free to do what they want as long as they are safe".

People who used the extra care service told us that they had support with their meals and drinks if they needed it. We saw that one person had drinks made in the morning that they could help themselves to throughout the day. They told us, "In the morning they make my breakfast and then I also have a selection of drinks to keep me going all day". We saw that when people were nutritionally at risk that actions were taken to support them. One member of staff we spoke with said, "One person we support was losing weight and so we now support to make their tea and monitor what they have eaten". One relative we spoke with said, "The staff are great and they suggest food to help build my relative up a bit". We saw that people who lived in the residential unit were given a choice of meals. One person said, "The food is marvellous and we get a great choice". A member of staff we spoke with said, "At meals we use pictures to help people choose and we also serve both options so that people can look at them and smell them to help them to choose". We saw that specialist diets were catered for and that snacks and drinks were available throughout the day. This showed that the provider ensured that people's nutritional needs were met.

People told us that they had their healthcare needs met. One person who was staying for short term rehabilitation said, "We see the physio daily and all the staff work together to help get us back on our feet". We saw that there were close working relationships with health professionals who were based in the same building. One health professional we spoke with said, "We work closely with the staff and have good teamwork". We saw that people had regular healthcare appointments and that their health was monitored. This meant that people were supported to maintain good health and were able to access healthcare services

Good

Is the service caring?

Our findings

People we spoke with told us that the staff were caring and supportive. One person told us, "The staff are very caring and I don't think I have ever seen them without a smile on their face. If they see I am in difficulty they will spend extra time outside of my call to make sure I am ok and some mornings if I am very tired they bring me a cup of tea". Another person said, "The staff here are all lovely". A relative we spoke with said, "The staff are very friendly and caring in conversations they have had with my relative". Another relative said, "I know that they are good and that I don't need to worry". We observed caring, patient relationships between staff and the people they supported that was specific to people's needs. For example, we saw staff spending time reassuring someone and explaining what was happening in a calm patient manner when they were distressed. One member of staff we spoke with said, "It is like a family here and I would like my parents to live here because I trust the other carers". Another member of staff said, "We think of things that will help people to recognise us; for example, I always wear the same bright lipstick because this helps some people to know who I am".

We saw that people were celebrated in their home and that there were photos and pictures on the walls. On one large blackboard wall a poem was written that someone often recited with their name on it and we saw staff stand and read it with them.

People told us that they had information explained to them. One person told us, "Staff help me to understand information and I could easily talk to them about anything I was unsure of". We saw that staff spent time explaining options to people and used pictures and signs to help some people to make choices and decisions about their care. For example, we saw that people chose to stay in their rooms, or to spend time in the sensory garden which was accessible from the lounge.

People we spoke with who used the extra care service told us that it enabled them to keep their independence. One person told us, "It's great because I can come and go when I feel well but know that I have people around me if I need help". People who were staying at the residential unit for short term rehabilitation told us that they were being supported to become more independent. One person we spoke with said, "They encourage me to try and do somethings myself before they help me." Another person said, "I know they're getting me ready to do the things I can do at home. I am more relaxed and at ease and that's what they have helped me with".

We saw that people had their dignity upheld in the residential unit. People were dressed smartly and had things that were important to them; for example records described that one person always liked to wear a brooch and we saw them wearing it. We saw that people had family photos and one person had photos of their spouse at different stages of their life on their bedroom door. This helped them to recognise them on days when their memory may be impaired. Visitors told us that they were welcomed and could visit at any time. In the PIR the provider told us that there was a family room available for relatives or friends to stay over if they needed and we saw that this was available and had been used by family members.

We saw that people had their privacy respected at all times. When staff arrived to provide support to people

in extra care we saw that they knocked and called out and waited for a response before entering. Staff in the residential unit spoke to people about personal support needs privately and ensured that doors were closed.

Good

Is the service responsive?

Our findings

People who used the extra care service told us that they were involved in planning and reviewing their care. One person said, "The manager comes and I can go and see them if I want to discuss anything but to be quite honest I've not had the need. They always ask me if I want to change anything". Another person said, "We have planned what I need together and when I have needed extra that has been worked out". One member of staff we spoke with said, "We have a daily diary where we record concerns or any extra calls because that will be looked into and peoples care may be reviewed". People who were staying for a short term described how they had set goals that they were working towards. One person said, "I am here until I get back on my feet and we have put a plan together to get me there". Another person said, ""This place has done wonders for me. I didn't think I would do as well as I have but we have a plan and I am doing really well. They have given me hope"

When people were living with dementia we saw that the provider had worked with people's families to gather their life history before they came to live at the residential unit. The manager told us, "This helps us to plan their individualised care from the beginning and means that our staff will already know something about them". Relatives we spoke with said that they were involved in planning care. One relative said, "We are involved in our relatives care and the staff ask us when we can attend a review and we have had one recently".

Staff we spoke with knew people well and could describe their likes and dislikes as well as their personal history. One told us about supporting someone through a difficult period. They said, "I remembered what they used to do for a living and realised that they might think they were there and were scared. We were able to talk to them as though it was that time and this helped them to become less distressed". Care plans that we looked at were descriptive and had enough information for staff to know how to support people. One member of staff said, "The care plans are really helpful". We observed that people were supported in line with their plans.

We saw that the environment in the residential unit had been planned to meet people's needs. For example, there were several separate areas so that people were not crowded and had smaller lounges. There were signs and the rooms were well lit with gentle music playing. There were boards that said the day, time and a picture of the weather to help to orientate people who were living with dementia. There were also spaces for therapeutic relaxation in soft chairs with lights and music.

People told us that they were supported to pursue interests and hobbies. One person who used the extra care service said, "It's great to have the communal areas and I go to two coffee mornings and an exercise class". A relative we spoke with said, "There are things for my relative to do here which means that they are not lonely". In the PIR the provider told us that there was a dedicated activities co-ordinator in the residential unit who planned group and one to one activities. We saw that there were outings and activity sessions, such as a gardening competition, as well as individual plans. One relative we spoke with said, "There are things for them to do here. There was a church service this morning which my relative liked for a short time but then chose to leave and staff supported them to do that".

People and their relatives knew how to raise any concerns or complaints that they had. One person told us, "I would speak to the manager if I needed to but I haven't had to as I can always talk to the staff". A relative said, "The manager is very approachable and if there were any problems I wouldn't hesitate to speak to them". We saw posters in communal areas with contact details to make complaints. The provider had investigated and responded to any complaints received and put systems in place to avoid repetition. For example, when someone had fallen they reviewed medication, equipment and temporarily deployed additional night time staff to increase observations and shared this with the complainant in a timely manner. The manager told us, "We investigate any grumble because we want people to know that their feedback is important to us and helps us to recognise issues that we might have missed".

Good

Is the service well-led?

Our findings

People we spoke with knew who the managers were across all elements of the service. In extra care people we spoke with told us that they saw the manager regularly and that they were approachable. One person said, "They are very nice and I could ask to speak to them at any time". A relative we spoke with said, "If I have any concerns I know I can go to the manager and they always call me if there are any changes". A relative of someone who lived in the residential unit said, "The manager is very approachable and easy to talk to". The manager knew the people who lived at the service, we observed them speaking to them and they were greeted warmly.

Staff we spoke with said that they were supported by the provider. One member of staff said, "All of the managers are really good and they are supportive". Staff we spoke with told us that they had regular meetings and that they felt listened to. One said, "If we have concerns we can talk to the manager. For example, someone had a bedrail which made it difficult for us to support them and put them at risk. We raised this at a meeting and it got changed". Another member of staff we spoke with said, "We have monthly team meetings and they are open discussions because that's what it's all about; we are all here to support each other". Staff also said that they had regular supervisions. One member of staff said, "Supervision is useful to talk about how you are feeling and also to discuss career progression".

We saw the provider had a whistle blowing policy in place. Whistle blowing is the procedure for raising concerns about poor practice. Staff we spoke with understood about whistle blowing and said they would be happy to do so. One staff member said, "I have been told about whistleblowing and I know that I have protected rights. I would report to my manager or if needed then I would go higher or external"". This demonstrated that when concerns were raised staff were confident they would be dealt with.

We saw that audits and monitoring was completed regularly to drive quality improvements. One member of staff we spoke with said, "We fill in medicines error forms which the manager uses as part of their audit and gives you feedback to improve". The provider also carried out quality reviews through an internal team peer review so that different managers within the organisation could share ideas. The registered managers understood their registration responsibilities and notified us of important events that occurred in the service which meant we could check appropriate action had been taken.

They had delegated 'champion' roles for the senior staff so that responsibilities were shared and staff could develop areas of expertise. For example, in the PIR the provider told us that they had gained the Derbyshire Silver Dignity award and that there was a dignity team led by a senior member of staff in place to re-apply. They also developed community links such as being involved in a dementia friendly town project. The provider had also involved local people, including a councillor, in a Friends of Oakland Village group who helped guide the development of the service.