Cotdean Nursing Homes Limited

Oaklands Care Home

Inspection report

Wartell Bank
Kingswinford
West Midlands
DY6 7QJ

Tel: 01384291070

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10 July 2019

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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?	Requires Improvement

Summary of findings

Overall summary

.About the service
Oakland's care home is a residential care home providing personal and nursing care for up to 40 older people, some of whom live with dementia. At the time of the inspection the service was supporting 34 people. The care home accommodates people in one adapted building.

People's experience of using this service and what we found

Systems were in place to gain feedback from people, but action was not taken in a timely manner to respond to areas that were identified for improvement. Call bells were not always accessible to people, but action was taken to address this. The registered manager took immediate action to ensure people's needs were responded to in a timely manner, and people had access to meaningful engagement with staff.

People told us they felt safe, and staff were aware of any potential risks when providing support to individuals. People received their medicines as required. Staff wore gloves and aprons to ensure they protected people from cross infection. Lessons were learned from any incident and accidents that had occurred in the service.

Staff had received training for their role and felt supported. People accessed healthcare services to ensure they received ongoing healthcare support. People, as much as practicably possible, had choice and control of their lives and staff were aware of how to support them in the least restrictive way and in their best interests; the policies and systems in the service supported this practice.

People made positive comments about the staff that supported them. People told us the staff encouraged them to be independent, protected their privacy and treated them with dignity and respect.

People had care plans in place which provided staff with information about their needs and preferences and how they would like these to be met. A complaints procedure was in place and people and their relatives knew how to raise concerns and felt confident these would be addressed.

People, relatives and staff thought the service was managed well. The registered manager was described as approachable, open and transparent in the way they managed the service. Systems were in place to monitor the delivery of the service.

Rating at last inspection
The last rating for this service was good (published 6 December 2016).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 safe.

Details are in our safe findings below.

Good

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement

Oaklands Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was undertaken by one inspector, an Expert by Experience and one specialist advisor on 9 July 2019. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert's area of expertise was older people and dementia. The specialist advisor was a nursing professional. On the 10 July one inspector returned to the home to complete the inspection.

Service and service type
Oakland's is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection.
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-
We spoke with eight people who used the service and six relatives about their experience of the care provided. We spoke with a nurse, six care staff, the chef, and the registered manager. 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 reviewed a range of documents and records including the care records for eight people, and three staff files and training records. We also looked at records that related to the management and quality assurance of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe. One person said, "Yes I feel safe here." A relative told us, "I feel confident that they're safe."
- Staff we spoke with were aware of their responsibilities to report and act on any concerns. A staff member told us, "I would have to report any concerns I had without a doubt."
- We received feedback where people told us sometimes their personal possessions went missing. Where this had been reported to the manager action had been taken to address this.
- The registered manager had reported safeguarding concerns to the local authority and ensured they were investigated appropriately. A person told us some information of concern which we shared with the registered manager, they acted in accordance with the procedures to safeguard the person.

Assessing risk, safety monitoring and management

- We found four people did not have their call bells accessible to them. We raised this with the registered manager who took immediate action to address this.
- Risks to people were assessed and covered a variety of areas including malnutrition, skin integrity, falls, moving and handling and safety. Where risks were identified there was a corresponding care plan to manage this. For example, people at risk of developing sore skin had regular skin checks and equipment in place to reduce the risk of sore skin emerging.
- Discussions with staff demonstrated their knowledge of any potential risks when supporting people. A staff member said, "Everyone has risk assessments and we are provided with this information, so we know who we need to monitor when they are walking and who needs support to have a drink or a meal."
- Checks were carried out on the facilities and equipment, to ensure they were safe. This included fire safety systems, water temperatures and electrical equipment. Fire safety checks were completed, and people had personal emergency evacuation plans (PEEP) in the event of an emergency.

Staffing and recruitment

- We received mixed feedback from both people and relatives about the staffing levels. One person said, "The only problem I find, when I'm down here [lounge], I got to catch someone going past to take me to the toilet. If I'm in my room, I ring the buzzer and after 5 to 10 minutes they'll usually come." On day one we observed people waiting for assistance to go to the toilet, or to be supported from the dining area back to their chair in addition to the call bells not being responded to in a timely manner. The registered manager told us they had a new admission the night before and this may have impacted on the staffing levels, due to unforeseen needs. In response to this the registered manager increased the staffing levels. We observed this have a positive impact the following day and people received support in a timely manner.

● The registered manager had a dependency tool in place to monitor the staffing levels based on people's support needs.
● Records confirmed all of the required recruitment checks had been completed before staff commenced working in the home. Part of these checks included a police check which ensured potential staff were suitable to work with vulnerable people.

Using medicines safely
● People told us they received the support they needed to take their medicines. One person said, "Yes my tablets are given to me by a nurse on time every morning, lunch time, afternoon and night."
● A review of the records and systems in place demonstrated people received their medicines as required. There were clear guidelines for staff to follow for people who required medication 'as and when required'.
● Reviews were completed on the amount of medicines people were prescribed and where possible these were reduced in people's best interests in consultation with their GP.
● Competency checks were undertaken with nursing staff, as part of the training process, to ensure they were administering medicines safely.

Preventing and controlling infection
● People and relatives told us the home was well maintained. One person said, "The home is kept clean."
● Staff told us they had access to sufficient supplies of protective personal equipment such as gloves and aprons to prevent the spread of infections.
● Staff told us, and records confirmed, they had received training in relation to infection control and food safety. This ensured staff had the knowledge to prevent cross contamination and infection.

Learning lessons when things go wrong
● Systems were in place for all accidents and incidents to be reviewed for any patterns and trends and to mitigate future risk.
● The registered manager discussed how lessons had been learned in relation to previous incidents that had occurred in the service. For example, an incident occurred when a person used the control settings on their bed. In response to this, action was taken to reduce the risk of this incident occurring again and learning had been shared with all staff.
● Staff understood their responsibilities to raise concerns in relation to health and safety.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People needs were assessed prior to moving into the home. A person told us, "Yes I was involved in the assessment and I made the decision to come here."
- We reviewed the care records and saw people's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

Staff support: induction, training, skills and experience

- People and relatives, we spoke with thought staff had the skills and knowledge for their role. One person said, "There is no problems with hoisting because the staff know what they're doing." A relative told us, "The nurses seem very good, and the staff have the skills."
- Staff told us they had access to regular training opportunities. A staff member said, "I have completed all of the e-learning and I have completed a national vocation qualification too. The manager is good at sorting out any training we may need." Staff confirmed they were completing the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Supporting people to eat and drink enough to maintain a balanced diet

- On day one we saw some people had to wait for assistance with their meal. However, when support was provided staff sat beside people and described what was on the plate and encouraged people to eat and drink.
- A menu was completed with the food options available and there were pictorial aids on the board for staff to use. However, we did not see staff use these to their full potential to assist people to make a choice. This was raised with the registered manager who advised this would be discussed with staff.
- People had equipment such as adapted cutlery to promote their independence to eat their meal.
- Discussions with the chef demonstrated their knowledge about people's dietary requirements, and food consistency. Records were in place containing this information for staff to refer to.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and relatives confirmed arrangements were in place to access healthcare services when needed. One person said, "I am waiting for the doctor to visit me today." A relative told us, "[Name] had a lens come out of their glasses but it was promptly addressed, and new glasses sorted."
- The provider told us in the information shared with us (PIR), how they worked with outside agencies to

ensure people had access to a variety of services. Records we reviewed showed referrals to various agencies such as speech and language, dietician, and dentist were completed when required to ensure people's healthcare needs were met.

Adapting service, design, decoration to meet people's needs

● People's rooms were personalised with pictures and ornaments that reflected the person.

● Where people shared a room a privacy curtain was in place to be used when personal care tasks were delivered.

● People had access to aids and equipment to support them with their daily lives, and assistive technology was used to support people's independence in line with their best interests.

● People had access to a well-kept garden area, but we did not see people enjoying this area and the weather was warm. The registered manager told us people were asked but usually declined to go outside. One person did tell us, "A staff member had shown me the garden, naming the flowers in there and it was beautiful."

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

● People told us their consent was sought before support was provided. One person said, "The staff do ask me first, and I always say yes, I don't mind I need their help."

● Where people lacked capacity and were being deprived of their human rights the appropriate authorisations were in place. Mental capacity assessment had not been completed before these applications were made and the registered manager agreed to ensure these would be completed in the future.

● Staff confirmed they had completed MCA and DoLS training and had basic awareness of how this legislation impacted on their role. A staff member told us, "I always seek people's consent before providing support, if they decline I respect their choice."

● Where people has refused care and support this was documented in their records. We also saw records which confirmed any risks their decisions had on their wellbeing, had been explained to the person by staff and healthcare professionals where appropriate.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated well and respected. A person said, "The staff are lovely I have a bit of banter with them, it's a laugh, and makes the time go quicker." A relative told us, "All the staff are kind." We observed staff laughing and joking with people and holding their hands or giving them hugs. This showed positive relationships between people and staff.
- Staff told us they enjoyed their role. One staff member said, "I love my job it is very rewarding helping people."
- A system has recently been introduced where, on a daily basis, a person was 'resident of the day'. During handover detailed information was discussed with the staff about this person's life history, background, and any equality and diversity issues, in order to update staff members knowledge.
- People's records included details of life histories, religious beliefs and wishes and preferences.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in their care. One person said, "The staff ask me what time I want to get up and go to bed, and where I want to sit, so yes I am involved."
- People and relatives told us they felt staff listened to them most of the time. A person said, "At times they listen. Possibly not enough of them to spend time talking."
- Some people choose to remain in their bedrooms and not use the communal areas and this choice was respected.
- Reviews were undertaken regularly with people and their families to discuss their care needs to ensure the staff were meeting these.

Respecting and promoting people's privacy, dignity and independence

- People told us staff supported them in a respectful and dignified manner. One person said, "The staff make sure I am covered when I have a shower, and encourage me to do things for myself, they help where I can't do something."
- We observed instances where people's dignity was compromised for example a staff member supported two people with a meal at the same time. These observations were shared with the registered manager who took action to address them.
- People we spoke with and our observations confirmed staff encouraged people to do tasks for themselves to maintain independence. However, one person said, "The staff are sometimes quick to step in and complete tasks as I suppose they are quicker, but I would prefer to do some myself like washing myself." This was discussed with the registered manager who agreed to address this with staff.

● People were supported to maintain and develop relationships with those close to them. Relatives told us they were free to visit anytime and always made to feel welcome.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Systems were in place to involve people and their relatives in the care planning process. One person told us, "I have a care plan which I have read and signed. Any changes are discussed with me."
- Staff respected people's individuality and diversity and were aware of people's personal preferences.
- Staff responded promptly to changes in people's needs. For example, if people's wellbeing deteriorated they would escalate this to the nurse or to the registered manager.
- Systems were in place to monitor and evaluate the needs of people that live at the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). Information could be made available in large print or alternative languages if required. The registered manager was working on developing information such as the complaints procedure in easy read for people to access.
- Information about how people communicated was included in the initial assessment to ensure arrangements could be made to meet any identified needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We received mixed feedback about people's access to meaningful daily activities. One person said, "We sometimes do arts and crafts and play games but not every day." Another person said, "Sometimes staff are too busy to stop and talk to us."
- An activities programme was in place and reflected the planned activities available to people, on the day of inspection some people were supported to see the hairdresser. A hobby therapist had recently started to visit the home twice a week to undertake various in -house activities. People spoke positively about this new staff member. A person told us, "The hobby therapist will bring the activity to my room if needed." Some people did not appear to have any social engagement from staff. We discussed this with the registered manager and following the inspection, they advised us an additional member of staff would be on duty to provide social and emotional support to people.
- The provider told us in the information shared with us (PIR), how people were able to participate in holy communion if they wished to, and if any other people wished to see their religious leader this would be

organised.

Improving care quality in response to complaints or concerns
● People and their relatives said that they knew how to make a complaint and felt listened to.
● People's concerns and complaints were responded to and used to improve the quality of care. We reviewed the concerns and complaints records and saw these had been investigated and responded to appropriately.
● Complaints were reviewed and analysed to look for trends.

End of life care and support
● The service had appropriate processes in place to ensure people receiving end of life care would be supported until the end of their lives in a dignified, personal and sensitive way.
● Records were in place detailing people's wishes and preferences such as remaining at the home.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to obtain feedback from people and their relatives, but not all areas identified for improvement, had not been addressed. We reviewed the feedback provided by people, relatives, and friends in March. Areas for improvement included more activities and more interaction with people by the staff. The provider's response to this was, 'Staff try to interact with people, but they are busy and may not have time.' No further action had been taken. Following feedback from inspection, the provider and registered manager have now taken action and provided reassurances to us that the staffing levels have been increased and this will remain in place.
- During our inspection we observed four occasions where people's call bells where not within reach for them to use. This had not been identified by staff or the registered manager. In response to our feedback the registered manager said they had spoken with staff, displayed notices and was undertaking daily checks on people to ensure call bells were accessible.
- During the lunchtime meal on both days we observed people did not have an opportunity to order their meal in advance or were not informed of the options available until lunch time. This resulted in delays with the food being served. This was discussed with the registered manager who agreed to review the current system in place.
- Feedback from people and relatives was sought through the surveys, reviews of care and informally during visits. We saw a comments book was positioned by the signing in book and this contained positive feedback from relatives and visits about the care provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems were in place to monitor the service provided to people, this included a variety of audits that were completed at regular intervals in areas such as medicines, infection control, health and safety. Where issues were identified action, plans were in place to address them.
- Staff understood their roles and responsibilities and were confident in the registered manager who they described as, 'supportive, approachable and provided good leadership'.
- Throughout the inspection we found the registered manager and nurse to be honest, open and transparent about any issues we brought to their attention. They were receptive to our feedback and demonstrated their commitment to making any required improvements.

● The provider had met their registration legal responsibilities ensuring their current inspection rating was displayed and promptly informing CQC of notifiable incidents.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● The registered manager was working with staff and following their procedures to ensure positive working relationships between the team. They addressed concerns raised to prevent staff issues impacting on the care provided to people.

● People we spoke with were happy with the service provided and confirmed it met their needs. One person said, "The staff care for me and I am happy here." A relative told us, "They look after [name] better than I could."

● People and relatives told us they knew who the registered manager was and how she often worked alongside staff and checked on them during the day. A person said, "She comes around often and waves." A relative said, "I do think the service is well led. They do their best to cater for everybody's needs but as in all places, they do the best they can."

● Staff we spoke with felt supportive in their role. One staff member said, "I feel like I can go to the registered manager with any issues or ideas and I would be listened to."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care.

● The registered manager understood her responsibilities in relation to the duty of candour regulation and was able to discuss how they met the requirements of this regulation in response to recent incidents where an apology had been given to a person and their relative.

● The registered manager aimed to promote an open culture within the service and was able to describe the actions she had taken and discussions that had taken place in staff meetings to ensure the service learnt from any previous incidents that had occurred.

Working in partnership with others

● The registered manager and staff worked in partnership with health colleagues, local authority and other community groups as part of ensuring people received a personalised service.