

# Pinpoint Developments Limited

# Oaklands Grange

## Inspection report

53 Seabank Road  
Wallasey  
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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

### About the service

Oaklands Grange provides support to people with mental health needs. The home was in a detached well-maintained building with well-kept gardens on a residential street in Wallasey, Wirral.

Oaklands Grange accommodates 10 people in one adapted building. At the time of the inspection there were nine people in the home.

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

Everyone we spoke with said they felt safe living at the home. Risk assessments were in place and described the course of action staff were to take to help keep people safe. Medication was well managed and stored safely. Staff adhered to infection control processes. Staff recruitment remained safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were inducted, trained and supervised. People said they felt sometimes the food needed to be more varied.

Everyone told us the staff were kind and caring. People said their independence and privacy was upheld by the staff. Care plans were signed by people, and people confirmed they had been involved in completing their care plans.

The registered manager had implemented new person-centred care plans which contained information about people's support needs, their medical diagnosis, and their routines. There was a complaints procedure in place and everyone told us they knew who to raise concerns with. The staff had been trained in end of life care, and people's last wishes had been discussed with them.

There was a registered manager in place and people spoke positively about them. The manager was aware of their roles and responsibilities. People had been engaged with and asked for their feedback, and there was good partnership working between the registered manager and the registered provider. Audits took place and action plans were developed and allocated.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good. (Report published 5 October 2016)

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Oaklands Grange

## **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 carried out by one inspector.

Oaklands Grange 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 used the information the provider sent us in the provider information return. 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 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 all of this information to plan our inspection.

### During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with

three members of staff including the registered manager and registered provider.

We spent time in communal areas and the garden talking to people at length and asking them about their care and support. We also observed staff interaction and relationships with people. We reviewed a range of records this included two people's care records. We looked two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of the actions they needed to take in order to keep people safe from harm and abuse.
- There was a safeguarding adults policy in place and on display in the home. People we spoke with said safeguarding had been discussed with them and they were aware of who to speak with if they wanted to raise concerns.
- Staff had undertaken training in adult safeguarding.

Assessing risk, safety monitoring and management

- Everyone we spoke with said they felt safe living at the home. Comments included, "Oh yes, it is okay here." And "We all get on well."
- Risk assessments were in place which focused around supporting people with their mental wellbeing and how to recognise signs and triggers of relapse.
- Risk assessments were reviewed often, or when someone's needs changed.

Staffing and recruitment

- Staffing and recruitment remained safe. The registered provider was still ensuring checks were taking place on people's character and suitability for the role.
- Staffing rotas showed that the staff team was consistent, with very minimal changes and no outside agency staff.
- People who lived at the home were largely independent in most aspects of their everyday life and said there was always a staff member available if they needed support.

Using medicines safely

- Medications were managed safely.
- Protocols and procedures were in place for staff so they knew how to respond to people and administer their medications as and when required, often referred to as PRN medicines.
- Medications were stored appropriately, and the temperatures of the room were taken to ensure they were in the correct range.

Preventing and controlling infection

- We observed people were protected by the prevention and control of infection.
- All staff demonstrated good practice in hand hygiene and the use of personal protective equipment (PPE).

- Prevention and control of infection was covered on the initial induction period and again in annual refresher training.

#### Learning lessons when things go wrong

- We spoke with the registered provider who demonstrated that they had made some changes as a result of the last inspection report, which included ensuring there was more information in people's care plans.

# 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 the rating remained good.

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 had a pre-assessment in place before they moved into Oaklands Grange.
- This information was collected with the persons involvement and focused on what they wanted from their support. This information went on to form the basis of the person's person-centred plan.

Staff support: induction, training, skills and experience

- Staff were appropriately trained, inducted and supervised in line with the registered providers policies and procedures.
- We viewed the training matrix. Staff were trained specifically in understanding and supporting people living with mental health conditions.
- Staff we spoke with said they felt well trained, and they could always request additional support if they felt they required it.

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

- People were served meals of their choice and in line with their dietary requirements.
- There was a four-week menu in place and we saw people had been consulted with regarding the food choices.
- The menu for the day was displayed in the dining room.
- Some people said they would like more variety on the menu, which we discussed with the registered manager, however we saw menus were varied and people had discussed their preferences at 'tenant meetings'.

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

- People we spoke with said the staff always offered to help them if they needed it.
- Staff supported people to make and manage appointments with other health professionals such as GPs, Community Psychiatric Nurses, Psychiatrists or dentists where needed.

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

- People had their own rooms in the home which were decorated according to their taste and choice.
- There were communal areas and activities on offer in the home, and people used these for opportunities to socialise. One person said they would like more activities which we discussed during feedback with the



registered manager and registered provider.

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.

- There was no one receiving care and treatment under DoLS. People came and went as they pleased.
- People had capacity to make their own decisions and choices, and they had signed their own care plans and consent forms themselves.

# 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 has remained good.

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 we spoke with expressed how much they liked and respected the staff. Comments included, "We do okay, the staff are all nice" and "The staff help you." Another person said, "The staff know I do most things myself, I help clean up after dinner, and I make the bed."
  - People's support plans contained in-depth information with regards to how staff should speak to the person, including their preferred choice of name, and any specific support they required to access the community.
  - One person spent time showing us their artwork and poems. They were on display around the home.
- Supporting people to express their views and be involved in making decisions about their care
- Each person's care plan had been signed by them. Care plan reviews took place every three months, and risk assessments were checked every month to assure they met the person's needs.
  - People told us their care plans had been discussed with them, and they knew what was in them.

Respecting and promoting people's privacy, dignity and independence

- People told us they were asked whether they preferred a male or female carer to meet their identified needs. People we spoke with completed their own personal care with no support from the staff.
- Records were stored securely in a locked room.
- Care plans described tasks people could do for themselves, such as their own washing and bed change to ensure their independence was promoted.

# 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 requires improvement. At this inspection this key question has now improved to good.

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

- During our last inspection we rated this domain requires improvement because care plans did not contain enough information about people's support. The registered manager assured us they would take action to change the way they gathered information about people. We saw they had done this.
- Care and support plans had enough detail about each person and what they wanted from their support.
- The registered manager had also implemented support goals and outcomes for people to evidence they were getting support which was right for them.
- The sample of care plans we viewed, contained different information depending on the person's needs.

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.

- We saw that some information was available in large print for people who required it.
- We spoke with the registered manager who told us they had made information available in different languages for one person when needed.

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

- Even though people could choose to live independently at the home, there was a large emphasis on social inclusions and friendships. Two people had lived together at the home as a couple for a number of years and shared a room.
- People sat together and chatted throughout the duration of our inspection.

Improving care quality in response to complaints or concerns

- We saw that people had used the complaints process effectively and complaints at the home had been dealt with.
- There was information which was visible around the home which described the complaints process, and who people should speak to.
- Everyone we spoke with on the day of our inspection said they did not have cause to complain.

#### End of life care and support

- Staff were trained in end of life care and support.
- Most people had been supported to remain in the home as long as possible if this was their wish. Last wishes were discussed with people.

# 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 remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Everyone we spoke with, staff and people receiving a service, said they liked the registered manager and they felt they were 'on top of things.'
- The staff told us they enjoyed working at the home and they would recommend working there to others.

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

- There were policies in place for staff to follow and refer to.
- The registered manager was clear with regards to their role and remit and had notified CQC of all incidents.
- The registered manager discussed improvements they had made following audits, such as repairs and decorating some of the communal areas.
- Audits took place in a range of areas such as care plans, feedback, and medication. We saw that the audits were completed by the registered manager and the registered provider. These were then checked at the next audit the following month. There were no outstanding actions from audits.

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

- Questionnaires were sent out every year to ask for feedback about the service.
- We looked at the results from the last two years and saw that no one raised any concerns and the satisfied responses were above 90 per cent.
- People attended 'tenant meetings'. The minutes were available to view, and these took place every month.
- Staff meetings took place every month. Staff told us they worked well together.

Continuous learning and improving care

- The registered manager discussed how they had changed their approach to person centred care planning since the last inspection. We saw evidence of this in the inspection.

Working in partnership with others

- The registered manager worked closely with the registered provider, advocates, and social workers to ensure people received support in line with their assessed needs.