

Maria Mallaband Limited

Oaklands Country Rest Home

Inspection report

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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 Country Rest Home is a residential care service providing personal and nursing care to a maximum of 39 older and younger people, some of whom are living with dementia. At the time of this inspection there were 34 people using the service.

The service accommodates people across two separate wings, each of which has separate adapted facilities. One of the wings specialises in providing care to people living with dementia.

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

Staff knew about people's individual care needs and people said they received good support. Medicines were administered safely, and people said these were given on time and when needed. People told us they felt safe and well supported.

The provider followed robust recruitment checks, and sufficient staff were employed to ensure people's needs were met. Staff followed good infection protection and control standards and people said the service was clean.

Staff had received training and development around management of dementia and demonstrated a good understanding of dementia care. They worked with people's individual strengths to ensure their independence, wishes and choices were promoted.

Communication was effective. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People ate nutritious, well cooked food, and said they enjoyed their meals. Their health needs were identified, and staff worked with other professionals, to ensure these needs were met.

People participated in a wide range of activities and enjoyed the company of others in the service. People were able to see their families as they wanted. There were no restrictions on when people could visit the service. People were involved in all aspects of their care and were always asked for their consent before staff undertook support tasks.

The service was well-led; systems were in place to assess and improve the quality of the service and complaints were responded to thoroughly. There was an open culture and learning was encouraged to drive improvement.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 23 November 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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.

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 well-led.

Details are in our well-led findings below.

Good ●

Oaklands Country Rest 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

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Oaklands Country Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 who works with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took

this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and seven relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, a nurse, care workers, ancillary staff and the administrator. We spoke with one healthcare professional. We observed the lunch time experience on both wings of the service and spent time in the communal areas talking with people and observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and ten medication records. We looked at three 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.

After the inspection

We received information requested from the provider at the time of the inspection in relation to audits and analysis reports. The slight delay in being given the reports was due to an IT system not working properly during our inspection.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safe from abuse or harm. A person told us, "Yes, I am safe. Staff watch out for us and respond quickly if we need help."
- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns internally and to relevant professionals.
- The registered manager monitored and analysed accidents, incidents and safeguarding concerns to aid learning and reduce the risk of them happening again. People said they felt safe in the service and were well looked after.

Assessing risk, safety monitoring and management

- The environment and equipment were safe and maintained. Staff had completed fire safety and health and safety training, and emergency plans were in place to ensure people were protected in the event of a fire.

Staffing and recruitment

At our last inspection we recommended the provider consider the needs of people living with dementia and recheck their dependency tool and scoring in relation to the specialist needs of people living with dementia. The provider had made improvements.

- People received appropriate care and support. On Acorn (dementia wing) staff were engaged in activities with people and there was a calm and relaxed atmosphere where people enjoyed their time with others. One relative said, "There are plenty of staff; always someone around if you need them."
- Staff were recruited safely. Appropriate checks were carried out to protect people from the employment of unsuitable staff.
- There were enough staff on duty to meet people's needs, to enable people to take part in social activities and to attend medical appointments.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had competency assessments completed to ensure their practice was safe.

Preventing and controlling infection

- The provider ensured people were protected from harm of infections.
- Staff were trained in infection prevention and control and used appropriate equipment to safeguard

people and themselves.

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 requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to ensure that people living with dementia received the necessary prompts, encouragement and assistance with eating to meet their nutrition and hydration needs. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- The chef served the lunch on Acorn. People were shown two plates of main courses, so they could make a choice. This was handled sensitively and demonstrated good communication with people living with dementia. Soft food was well presented and looked appetising. Staff sat with people encouraging them and assisting them to eat.
- People had access to a varied and balanced diet. They told us, "The food is really good," and "I never refuse anything. They usually ask you what you would like."
- People had drinks available in their bedrooms and in the communal areas. A relative said, "Staff are always bringing tea and there's orange juice on the table."
- People's weight and nutritional intake were monitored by staff; appropriate action was taken if there were any concerns.

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

- People's needs were assessed, and their preferences were considered when arranging their care. Assessments were used to develop care plans which supported staff to provide care in line with people's personal routines.
- The registered manager had introduced aspects of best practice to the care records, including care plans for oral health care. and communication.

Staff support: induction, training, skills and experience

- A staff induction and training programme was in place. Specialist training based on people's specific needs had been completed. For example, dementia care. One visitor said, "Staff are brilliant, caring and kind. They engage my relative in activities which they enjoy; this reduces their anxiety and they have settled in really well."

- Nurses received appropriate training, development and support to fulfil the criteria needed to revalidate their professional registration.
- Staff were supported through supervision and annual appraisals. The registered manager worked with staff and observed their practice; they received feedback on their performance. Staff told us, "Staff communication and team work has improved."

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

- People's healthcare needs were met in a timely way. Staff supported people to access a range of healthcare services. One healthcare professional told us that staff needed to be more consistent in following their advice. The registered manager said they would speak with staff about this at their next meeting.
- People's health and medical information was gathered from people and their relatives.
- People received the support they needed to take medication and see doctors or consultants.
- Information was recorded and ready to be shared with other agencies if people needed to access other services such as hospitals.

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

- Appropriate equipment was in place to assist staff when moving and handling or supporting people with their care. This included specialist beds, hoists and sensor mats; which helped staff provide safe and effective care.
- People were able to access outdoor space. People told us, "There is a lovely garden area. It is a nice place to sit during the warmer weather," and "I love sitting out here, it is so peaceful."
- The registered manager showed us the plans in place to develop Acorn into a vibrant, dementia friendly community. The work was due to start after Christmas and it was hoped would be completed by the end of January 2020.

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 authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were routinely involved in decisions about their care; staff sought people's consent and supported them to have choice and control over all aspects of their support.
- People's rights were protected; staff assessed people's mental capacity and made best interest decisions when needed.
- Staff recognised restrictions on people's liberty and appropriate action was taken.

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 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

- Staff supported people in a calm and respectful manner.
- A relative told us, "I think the staff are very caring, not just with physical support, but also emotional. The staff know [Name] very well and I am happy with that."
- The provider ensured staff understood and respected people and each other's diverse needs.
- Staff told us they had completed training in equality and diversity.

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

- Staff supported people to make decisions about their care and knew when people wanted help and support from their relatives. Where needed they sought external professional help to support decision making for people.
- People said they were able to make choices and decisions about their care and support. A person told us, "I get up and go to bed whenever I want. I don't join in with activities much, but that's my choice."
- Communication between families and staff was good. The registered manager and staff kept relatives up to date with their loved one's care and health. A relative said, "I've been informed when the GP has been, and the care plan is updated. I sat down with a member of staff and we updated it. I've done it two or three times actually."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their dignity; staff helped people meet their personal care needs and dress according to their personal preferences. A relative said, "Staff have been marvellous with [Name]. They were embarrassed by their need for assistance, but staff sat down with them and spoke about what they could do to help."
- Staff spoke with people in a polite and respectful way and showed an interest in what people wanted to say to them. They called people by their preferred name, knocked on bedroom doors before entering and ensured people had privacy when supporting them with personal care.
- People were supported to be as independent as possible. Staff encouraged people to do what they could for themselves and helped when they needed it. A person told us, "I like to be as independent as possible and staff respect this. I use my 'walker' for getting around, it stops me from falling."

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 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

At our last inspection the provider had failed to maintain an accurate, complete and contemporaneous record in respect of each person. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvements had been made to the quality of care records. They were detailed, up to date and reflected the care being delivered. When people's needs changed, their care and support was assessed and amended in their care file.
- People received person-centred care; staff had a detailed understanding of their needs and what was important to them. A person told us, "I can talk to the staff about what I want. They listen to me and do their best to accommodate my wishes."
- People and their representatives were involved in reviews of their care. Communication had improved between staff and families and we received positive feedback about this. One relative said, "Staff are first class" - we get good communication from them and the care being given is documented in [Name's] files. They really know [Name] well."

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 provider was aware of the need to make information for people available in formats they could understand. The registered manager said this was 'a work in progress'.
- People were supported to tell staff about their wishes and views; their care plans included information about how they communicated.

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

- People enjoyed the social activities arranged for them. Activities were based on what people wanted on the day, although there were also weekly planned activities. Many said they liked their own company to read and watch their television. People did arts and crafts, quizzes, board games and entertainers came into the service offering exercise sessions and musical afternoons.
- The activities person carried out one-to-one interactions with people such as nail care, putting music and films on, where people needed assistance, and ensuring everyone had quality time spent with them.
- Relatives were made welcome when they visited. One said, "Staff always greet me with a friendly smile and offer me a drink when I visit."
- People enjoyed attending a monthly in-house church service and said their religious needs were met.

Improving care quality in response to complaints or concerns

- The provider managed complaints well. A relative told us they hardly ever made a complaint but knew how to.
- The provider's complaint procedure and systems were effective at addressing issues. People and relatives could be confident their issues would be positively addressed.

End of life care and support

- Staff liaised with healthcare professionals to ensure people had the right medicines and equipment in place to help maintain their comfort and dignity.
- Staff understood the importance of providing good end of life care. They ensured people were comforted and had company when they needed it.
- End of life care documentation was not always up to date although people received good care and attention from staff. The registered manager acknowledged this and said report writing training, booked for December 2019, would help to address this.

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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Regular checks were completed by the staff and registered manager to make sure people were safe and happy with the service they received. All issues found had been used to continuously improve the service.
- The registered manager communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

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

- The service benefited from having a registered manager who was committed to providing good quality care. A relative said, "It's a lovely atmosphere, it's homely, welcoming and I find everyone is treated as an individual, they know everyone's likes and dislikes."
- The service had a welcoming and friendly atmosphere. Staff morale was high, and the atmosphere was warm, happy and supportive.
- Staff told us they felt listened to and that the registered manager was approachable. They understood the provider's vision for the service and told us they worked as a team to deliver high standards.

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

- The provider was conscientious about its duty of candour. The registered manager and staff were open and honest about events and incidents where outcomes could have been better. They apologised and learnt lessons from these.
- Staff looked for every opportunity and took action to improve the service.

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

- The provider engaged and involved people, relatives and staff in the shaping of the service, however diverse their needs.
- Anyone involved with the service had opportunities to complete satisfaction surveys. Staff attended meetings to stay informed and contribute to how the service was delivered.
- We found the provider encouraged diversity and respected all people with equal consideration.

Working in partnership with others

- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.
- People benefitted from links to a local school. Pupils came in as part of their Duke of Edinburgh award scheme and organised activities for people to join in such as baking and reminiscence work.