

Oaklands Care Home Limited

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Inspection report

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Date of inspection visit:
15 November 2016

Date of publication:
18 January 2017

Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 19 October 2015. Two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to the safe administration of medicines and premises and equipment.

We undertook this follow up inspection on 15 November 2016 to check that they had made the necessary improvements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oaklands Care Home Limited on our website at www.cqc.org.uk

Oaklands Care Home Limited is a residential care home that provides accommodation and personal care for up to 14 people, some of whom may have needs associated with dementia.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Improvements had been made to the service. People's medicines were managed safely and staff received training and support in order to maintain their knowledge and skills.

Systems to monitor the maintenance of the premises and ensure that equipment was in good working order were in place so that people had a safe place to live and maintain their health and independence.

There were sufficient staff who had been recruited safely and who had the skills and knowledge to provide care and support in ways that people preferred. Staff had received training in keeping people safe and they knew how to raise any concerns if they suspected someone was at risk of abuse or harm. Staff understood the risks people could face day to day and how to ensure their safety.

There were systems to monitor and improve the quality of the service. Checks were carried out to ensure care was delivered safely and effectively.

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.

Systems were in place to protect people from harm. Risks associated with people's care were managed to help ensure their freedom was supported and respected.

There were enough staff with the knowledge and skills to meet people's individual needs.

People's medicines were managed and administered safely.

Is the service well-led?

Good ●

The service was well led.

There was a committed and strong staff team at the service which demonstrated good leadership.

People, their families and the staff were involved in improving the service.

Systems to monitor and review the quality of the service had been improved to ensure people had a safe place to live.

Oaklands Care Home Limited

Detailed findings

Background to this inspection

We carried out an unannounced comprehensive inspection of this service on 19 October 2015. Two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to medicine administration and premises and equipment. We undertook this follow up unannounced inspection on 15 November 2016 to check if they had made the necessary improvements.

The inspection team comprised of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using a similar service or caring for someone who has used care services.

We looked at all of the key information we held about the service, their action plan and notifications the provider had sent us. A notification is information about important events, which the provider is required to send us by law.

During the visit we spoke to six people who used the service and two relatives. We also spoke with the registered manager and three staff members. There were 14 people using the service at the time of the inspection.

Some people could not tell us about what they thought about the service as they were unable to communicate with us verbally therefore we spent time observing interactions between people and the staff who were supporting them.

We looked at the care records of two people who used the service and two staff files. We also looked at risk assessments, medicine administration records, premises and quality assurance audits.

Is the service safe?

Our findings

At the last inspection in October 2015 we identified a breach to the legal requirements in relation to the management and administration of medicines. During this inspection, we found that there had been improvements made to ensure people received their medicines safely.

People were protected against the risks associated with taking their medicines because the provider had put in place appropriate arrangements to manage them safely. People's medicines were stored securely in a locked trolley which was kept in the office. When medicines were being given to people and the staff member left the trolley, it was locked each time to ensure it was kept secure.

We observed a staff member completing the medicines round at lunchtime. They were competent in administering people's medicines. We saw that they enabled people to take their medicine in their own time, without being hurried. They spoke to people in a quiet way ensuring their dignity was respected. One person said, "They have been very accommodating. I have a bomb of a tablet at night and then another one hour later. I told the doctor I was getting pain and he said to take the second tablet later and that has worked. They come back an hour later to give it to me. I could forget to take it or lose it, so works well."

People or their representatives gave written permission for their medicines to be given on their behalf. Where people did not have capacity to agree to take their medicines, a Mental Capacity Act 2005 assessment had been completed, to ensure that any medicines they took were in their best interests.

People's medicine records were written in detail to understand what they took and when, the dosage and what the medicine was for. Consent had been obtained from the GP for people who required their medicines crushed so that they could take them more easily. This was all recorded appropriately. When people had medicines prescribed on an 'as required' basis, for example for pain relief, there were clear protocols in place to guide staff so that they could recognise and respond to signs that the person needed their medicine. People were routinely asked if they required pain relief.

The Medicines Administration Records (MAR) confirmed that people had received the medicines as prescribed by their doctor to promote good health. Regular medicine audits and checks of staff practice were carried out to ensure that staff were giving people their medicines safely as prescribed and were competent in doing so. We saw that all staff had completed training in medicine administration. One person said, "I used to manage my own tablets, but as time has gone on I asked them to do it for me. I know they are locked up safe and it makes it easier in case I forget."

The staff had a good understanding about what to do should they suspect someone was being harmed, mistreated or neglected. Policies and procedures gave staff the necessary guidance to follow and training and supervision helped to underpin their knowledge. The registered manager and senior care staff knew how to raise safeguarding alerts and how the local authority and other agencies worked to ensure people were kept safe. Statutory notifications to the Commission had also been made in a timely way.

Risk assessments had been completed to ensure staff had the necessary knowledge to care for people safely. For example, it was recorded who needed assistance with using a hoist or other equipment and how many staff were required to assist. Staff were trained in moving and handling people and their yearly refresher training was booked in for December 2016. We saw one person being assisted by staff to use a hoist and they were skilled and experienced in carrying this out safely.

Risks to people's nutrition and hydration, their mobility and if they were prone to pressure ulcers were all assessed and recorded. We saw that where people had unintentionally lost weight referrals had been made either to the GP or the dietician and people were prescribed supplements or foods with a higher fat content. The frequency of weighing people had been reviewed and people most at risk were now weighed weekly so that action could be taken to minimise the risks to people's health and wellbeing.

We saw from people's records that risks to people's safety around the premises were well managed. There was a plan in place for the evacuation of people from the building to help ensure that staff and emergency services knew how to correctly support them in the event of a fire for example.

Reviews of people's care had taken place and changes in need could be identified. Relevant information was recorded in the care plans and the staff we spoke with were up to date about the changing needs of people using the service. For example, checks were in place for people who were prone to urine infections so that this could be monitored and early signs dealt with quickly. Staff were able to tell us about the signs to look out for if a person had an infection. For example, how a person's mood changes and they may become more confused.

We saw that a system of providing sufficient staff was in place. This had been reviewed by the registered manager to ensure people were not at risk. They told us that people's level of need was assessed and reviewed to determine the appropriate numbers of staff to meet those needs. We saw that people's needs were met in a timely way throughout the day of the inspection.

There was a consistent care staff team who knew the needs of people well; this included two cleaning staff and an activity coordinator. The registered manager also provided care for people as and when necessary and they assisted during meal times. As a small staff team and a small service, they shared tasks such as cooking meals and doing the laundry. It was noted at the last inspection that doing these tasks reduced the number of hours available to care for people. The registered manager told us, and staff confirmed this, that the system of day and night staff doing these tasks was not detrimental to providing care for people.

One relative said, "There are always staff and they are always on the go, they are always on the ball and people never seem to have to wait to go to the toilet."

Is the service well-led?

Our findings

Our inspection in October 2015 found that the service was not well managed and a breach in the legal requirement was identified in relation to the management and safety of the premises. The provider was required to send us a report outlining what they would do to make improvements. During this inspection, we found that the necessary improvements to the service had been made.

The quality assurance processes for the management and safety of the service had been put in place. Work to the gas boiler and ventilation and the rewiring and electrical works were done quickly after the last inspection. All certificates and documentation had been obtained.

A cleaning and maintenance plan to ensure the premises and equipment were maintained correctly had been implemented. The weekly infection control audit was completed by the registered manager to ensure all was being done. All staff had undertaken training in infection control so they were aware of the need for hygienic practices and we saw this being carried out. The audits showed that, for example, the medicine trolley was kept clean, individual tables used at mealtimes were wiped down after every meal and wheelchairs were checked and cleaned. This showed that a regular maintenance programme of all areas of the service including people's rooms, personal equipment and equipment in communal areas was being undertaken for people's safety.

We saw that a system of safety maintenance checks such as checking portable hoists, call bells and fire equipment were in place including the servicing of the lift. People's specialist mattresses were monitored which ensured that the correct settings were relevant to their individual need and comfort. One relative said, "My [person's name] doesn't have a bedsore at all and she has been in bed for some time and that shows the care she has been given and how she is monitored."

Old equipment such as wheelchairs which were broken or no longer required and old slings for hoists had been disposed of. New slings for everyone who needed to use a hoist had been obtained to ensure they had their own one and this was checked for signs of wear and tear. The carpet in the hall, lounge and stairway had been replaced as was identified and this helped the service to look welcoming and clean.

In the kitchen, the flooring had been replaced and was easy to keep clean. A new fridge freezer had been purchased. We saw that the food was in date and that there was regular recording of the temperatures. We discussed with the registered manager the way in which they had improved the quality of the food. They told us that this had been difficult as, even though menus were planned around the choices and preferences of people, they were not very adventurous about what they wanted to eat and drink. Consideration was still being given to replacing the use of frozen foods such as some of the vegetables used with fresh produce to enhance the quality and health benefits for people who used the service.

The service was run by a registered manager who was also the owner of the service. They were supported by a small consistent team of staff. The registered manager and staff were aware of their responsibilities and we saw that they provided care and support in an open, inclusive and respectful way which reflected their

vision and values.

People and their relatives told us how they valued the staff and the registered manager. One person told us, "The manager is gorgeous." Another said, "The staff are lovely and I would recommend living here. A relative also said, "I would recommend it, lovely girls and the managers are lovely, I have never had any problems."

The staff told us that the registered manager was "hands on" and provided care as and when needed. They encouraged participation and included staff and people who used the service in developing it. There was a suggestion box for everyone to use if they wanted to but staff told us that nobody really used it as relatives and the staff felt able to speak to the registered manager or the staff directly about any concerns or ideas. We saw that one person was fully involved in undertaking tasks in the kitchen which they really enjoyed and provided meaningful activity of them and valuable and warm engagement with staff.

There had been meetings held with people who used the service and their relatives in April and August 2016 to discuss people's experience and satisfaction with the service. The registered manager told us that they felt it was beneficial for people and their relatives to have these style meetings than a large group meeting, so that all views and experiences could be heard and listened to. The care plans were audited to ensure information from meetings and reviews of care were updated in order for staff to meet those needs appropriately.

We saw that a robust system was in place to manage the records of people who used the service, staff files, quality assurance and maintenance checks and all documentation relating to the management and safety of the service. This illustrated that the service demonstrated good leadership and that systems in place monitored the deliverer of good quality care.