Trust Care Ltd

Oaklands Care Home

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

This was an unannounced inspection carried out on 8 and 9 April 2015. The service has a new provider registered in September 2014. This is the first inspection since the new provider registered.

Oaklands is a care home situated in the Bessacarr district of Doncaster. It is registered to provide accommodation for older people who require personal care and nursing care. It can accommodate up to 34 people. The service is near public transport and is in easy distance of the town centre and other amenities.

The home had a registered manager who had been registered in March 2015. 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. The provider told us the regional manager had registered and they were overseeing the service until the newly appointed manager commenced in the role on 30 March

Summary of findings

2015 had completed their induction and probationary period. The new manager had previously been the deputy manager at the service. The provider told us the new manager would submit an application to register with the Care Quality Commission within the next three months and the regional manager would then de-register.

People we spoke with told us they felt safe living in the home and said staff were very good to them. One person told us, "I am definitely safe here." We saw there were systems and processes in place to protect people from the risk of harm. Staff we spoke with were knowledgeable in safeguarding procedures and were able to explain what was required should an allegation of abuse be made. Assessments identified risks to people and management plans to reduce the risks were in place to ensure people's safety.

Medicines were stored safely and procedures were in place to ensure medicines were administered safely. A new audit systems to monitor this was in the process of being implemented.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were in place to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. The provider and the new manager demonstrated a good awareness of their role in protecting people's rights and recording decisions made in their best interest. They were also aware of the new requirements in relation to this legislation. However not all staff we spoke with had a clear understanding of the requirements under this legislation The manager was aware of this and was accessing training.

We found people were cared for, or supported by, sufficient numbers of suitably qualified, skilled and experienced staff. However the training programme had not been fully implemented at the time of our visit. Staff told us they were supported; however, they had not received formal supervision since the new provider had registered.

Robust recruitment and selection procedures were in place to ensure appropriate checks had been undertaken before staff began work.

Suitable arrangements were in place and people were provided with a choice of healthy food and drink ensuring their nutritional needs were met. Most people we spoke with told us they enjoyed the food and there was always a choice. However the service we observed was slow and not all people were served their meal together.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made. People's needs were assessed and care and support was planned in line with their individual care needs. For example we saw referrals had been made to various health care professionals, including speech and language therapists. However we found reviews of people's needs had not always been documented appropriately in the care files.

We saw interactions between staff and people living in the home were kind and respectful to people when they were supporting them. Staff were aware of the values of the service and knew how to respect people's privacy and dignity. People spoke very highly of the staff and the care they received.

Activities were provided. We saw people were involved in activities on the day of our visit.

We saw that complaints had been dealt with appropriately. People we spoke with did not raise any complaints or concerns about living at the home. Relatives we spoke with told us they had no concerns but would speak with the staff, the manager or the provider if they needed to raise any issues.

We found some issues relating to care records, that had not been identified thorugh an effective monitoring system. The provider had introduced new systems to monitor and improve the quality of the service provided. We saw copies of reports produced by the provider and the registered manager. The reports included any actions required and these were checked weekly to determine progress. Once fully implemented, the monitoring systems would cover all aspects of the service to identify any areas that required improvement.

Summary of findings

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.

The people we spoke with who used the service told us they were well looked after and felt safe. Staff we spoke with were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures. Assessments identified risks to people and management plans to reduce the risks were in place.

Medicines were stored safely and procedures were in place to ensure medicines were administered safely. New systems to monitor medicine management were in the process of being implemented.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

Is the service effective?

Requires improvement

The service was not always effective.

The provider had a programme of training that would ensure staff were trained to care and support people who used the service safely and to a good standard. However this had not been commenced at the time of our visit. Staff had also not received formal supervision since the new provider registered.

The provider and new manager had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected. However not all staff understood the requirements of the legislation. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards. The provider and the new manager were aware of the new guidance and were reviewing people who used the service to ensure new guidance was being followed.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people living in the home. However the meal time experience could have been improved for people.

Is the service caring?

Good

The service was caring

People we spoke with told us the staff were always patient and kind. We saw people were treated with respect, kindness and compassion. People's dignity and privacy was respected. Staff we spoke with knew the people they cared for well and were committed to helping them achieve a good quality of life.

Summary of findings

People told us they were involved in discussions about their care. However, this was not always clearly documented in their plans of care. We observed staff took account of people's individual needs and preferences.

Is the service responsive?

Good

The service is responsive

There were arrangements in place to regularly review people's care plans. Staff we spoke with were knowledgeable and able to explain how to meet people's needs. However, we found reviews of people's needs had not always been documented appropriately in the care files.

There was a complaints system in place, and when people had complained their complaints were thoroughly investigated by the provider.

People told us they enjoyed the activities available to them. They told us they had entertainers come into the home and they were also able to access the community. People were consulted on what activities they would like to participate in and we observed activities taking place during our visit.

Is the service well-led?

Requires improvement

The service was not always well led.

Staff told us they were well supported and motivated to do their jobs well. The culture in the home was open. People who used the service, visitors and staff told us they could raise concerns with the provider and new manager, who would listen and take action when appropriate. The provider and the new manager were accessible and approachable.

The provider asked people, their relatives and other professionals what they thought of the service. The new provider was in the process of introducing new audit tools to ensure the service was monitored and any improvements required implemented however this did not yet cover all aspects of the service.

Oaklands Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 and 9 April 2015 and was unannounced on the first day. The inspection team consisted of an adult social care inspector.

At the time of our inspection there were 27 people living in the home. The service could accommodate up to 34 people. However, double rooms had been converted to single rooms and the new provider was intending to extend and provide the additional beds later this year.

Before our inspection we reviewed all the information we held about the service. The provider had not completed a provider information return (PIR) as we had not requested one. The pre-inspection information pack document is the provider's own assessment of how they meet the five key questions and how they plan to improve their service. We spoke with the local authority commissioners and safeguarding vulnerable adults team to ascertain their views of the service.

We spent some time in the lounge and dining room areas talking to people to help us understand the experience of people who used the service. We looked at all other areas of the home including some people's bedrooms, communal bathrooms and lounge areas. We spent some time looking at documents and records that related to peoples care. We looked at four people's support plans. We spoke with nine people living at the home and three relatives.

During our inspection we also spoke with six members of care staff, one nurse, the new manager, and the provider. We also looked at records relating to staff, medicines management and the management of the service.

Good

Is the service safe?

Our findings

People we spoke with said they were happy living at Oaklands. They told us they felt safe living there. One person we spoke with when we asked if they felt safe, they said, "It is simply that I am safe at Oaklands." Relatives told us they had no concerns about the way their family members were treated. One relative said, "The staff are very good." Another relative told us, "People are listened to, the provider is regularly at the service and very approachable, you can see the improvements already made since they took over and they intend to make many more."

Staff were aware of the safeguarding procedure in the home. Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. The training records from the previous provider were not available, but staff that had transferred to the new provider told us they had received the training. Staff we spoke with were knowledgeable about their understanding of safeguarding and the signs of abuse, as well as the actions they would be required to take.

New staff had covered the safeguarding of vulnerable adults training as part of their induction. One new member of staff we spoke with confirmed this and was aware of all procedures to follow. All staff we spoke with told us they wouldn't hesitate to whistleblow if they suspected abuse and said they were confident they would only need to alert the new manager who always listens to them and would respond appropriately. Staff were also aware of how to report to the local authority if required.

We looked at four people's care and support plans. Each plan we looked at had an assessment of care needs and a plan of care, which included risk assessments. Risk assessments included nutrition, tissue viability and falls. The assessments we looked at gave good detail of how to mitigate the risks and meet people's needs. This meant people were protected against the risk of harm because the provider had suitable arrangements in place.

We looked management of medicines and saw people's medication administration records (MAR's). We found medicines were stored safely and procedures were in place to ensure people received medication as prescribed. However, we identified some minor recording errors which had not had a negative impact on the safety of people using the service. For example carried over amounts were not always recorded on the MAR and staff although signing to confirm the medication had been administered they were not always recording whether one or two tablets were administered, when a medicine had been prescribed to give either one or two tablets as required. This meant it was not possible to confirm the accuracy of stock levels.

The provider and new manager explained they were aware of this; it had been identified during an audit and they felt the use of agency staff had not helped. The provider told us they now had employed new nursing staff, which would mitigate the need for agency. They had also devised a new, more detailed audit tool which was being introduced at the time of our visit. This would ensure accurate records were maintained and evidence staff administered medication as prescribed. The provider had also identified that protocols for medicines prescribed 'as and when required', for example pain relief, needed to be implemented. These were being devised and the manager assured us these would be implemented for people who used the service. This would ensure staff were aware of what the medication was prescribed for, when it should be given and action to take if it was not effective.

We saw regular checks had been carried out on controlled drugs, these are drugs which are liable to abuse and misuse and are controlled by misuse of drugs legislation. This ensured they were stored and administered correctly following procedures.

The medicines were administered by qualified nursing staff, who were trained to administer medication. Staff had also received competency assessments in medication administration to ensure they followed procedures and administered medicines safely. . We observed staff administering medicines and this was carried out safely following procedures.

Through our observations and discussions with people who used the service, relatives and staff members, we found there were enough staff with the right experience and training to meet the needs of the people living in the home. The new manager showed us the staff duty rotas and explained how staff were allocated on each shift. Staffing levels were determined by the dependency levels of people who used the service. The rotas confirmed there was sufficient staff, of all designations on shift at all times. All staff we spoke with told us there was enough staff to

Good

Is the service safe?

meet people's needs. People told us when they required assistance and used the call bell it was always answered promptly. This evidenced there were enough staff to meet people's needs.

We found that the recruitment of staff was robust and thorough. Application forms had been completed, two written references had been obtained and formal interviews arranged. All new staff completed a full induction programme that ensured they were competent to carry out their role.

We saw all pre-employment checks had been carried out prior to staff commencing work. The provider told us that staff were not allowed to commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps to ensure only suitable people were employed by this service. New staff we spoke with confirmed they had received a DBS check before they commenced work.

The standards of cleanliness observed throughout the home were to a good standard. Domestic staff we spoke with told us they were allocated adequate hours to ensure they could complete all the cleaning required and if they needed extra time this was agreed and they would work longer to complete their duties. A person told us, "The cleaning staff are very good, my room is cluttered as that is how I like it but they take time to clean and it is excellent."

Requires improvement

Is the service effective?

Our findings

People we spoke with told us the staff were lovely and looked after them well. One person said, "Oh its bad here! (Joking), no seriously the staff are excellent, we laugh and joke together." Another person said, "The staff take time to listen and explain everything, they respect my choices."

People also told us the food was good. One person said, "Food is excellent." Another person said, "I really like the food, you can always choose what you want."

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people living in the home. The tables were laid with tablecloths, napkins, condiments and the menu was available. The meal we saw was nicely presented and hot. Although the service was slow, which meant people were not served together. One person we sat with told us, "She (the person next to them) would have finished her meal by the time I get mine."

We discussed this with the new manager and the provider. They agreed to would look into the service to ensure the experience was better for people who used the service.

People who required support with their meals were offered assistance that ensured people were able to receive adequate nutrition. Staff were aware what people required specialist diets including enriched and soft diets. These needs were catered for. When we spoke with the cook they were able to explain to us what people's needs were and gave examples of how they met these needs. For example people on enriched diets had full fat milk, butter and cream used in mash potatoes and porridge and were given high calorie snacks in between meals.

In the records we looked at, we saw that care and support plans had identified people's needs. There were separate areas within the care plan, which showed when specialists had been consulted over people's care and welfare. These included dieticians, speech and language therapists and GP's. A range of healthcare professionals had visited the home to provide advice and care for people. We spoke with visiting health care professionals who told us the staff always contacted them for advice and assistance. One health care worker told us, "I never have any problems when I visit here, and any advice given is always followed."

Training records were not available as the previous provider had not left information for the new provider. The new provider was in the process of organising a training programme to ensure staff were able to maintain and develop their skills through training and development. Some training had been carried out since they took over the service this included moving and handling and fire safety. All new starters had covered necessary training on their induction.

The staff we spoke with confirmed they had attended training with the previous provider but were not clear when they were due an update. Staff we spoke with were knowledgeable and demonstrated they had the skills and competencies to be able to meet people's needs.

The provider had identified that first aid training was not up to date so had organised for all qualified staff to attend this. The training was booked for 21 April and 1 May 2015. The provider intended all staff to attend the training but had prioritised the qualified staff to ensure there was always someone on duty with up to date training to ensure any emergencies could be dealt with and people's needs met. Staff told us the training with the previous provider had been predominately e-learning but said the new provider intended to do more face to face training which staff said they would prefer. The provider also told us they had employed a training manager this was a new position in the company and they commenced employment on 13 April 2015. Their role would be to ensure all relevant training was provided and monitor the effectiveness of training provided.

The new manager told us they were currently identifying champions. For example staff will be identified to take on role of champions in dignity, end of life, infection control and dementia. This would ensure those allocated staff would be given time to attend training, focus groups and access information to ensure latest guidance and best practice were followed.

The new manager told us that the nursing staff attended specific training which ensured they could demonstrate how they were meeting the requirements of their nursing qualifications. They also had received monthly clinical supervision to ensure their competency, although these had not been formally recorded.

The provider told us they had not carried out any supervision for care staff since they registered the service.

Requires improvement

Is the service effective?

The new manager had implemented a schedule for supervisions and intended to start these in April 2015. Care staff we spoke with told us they had not received a formal supervision since September 2014, but all said they had been supported through staff meetings, informal chats and said if they required a supervision they only had to ask.

Most staff we spoke with had a good understanding of the Mental Capacity Act .The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Qualified staff we spoke with had some knowledge about this aspect of caring for people. However some care staff lacked understanding but this was being addressed by the new manager.

The MCA includes decisions about depriving people of their liberty so that if a person lacks capacity they get the care and treatment they need where there is no less restrictive way of achieving this. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to do so. As Oaklands is registered as a care home, CQC is required by law to monitor the operation of the DoLS, and to report on what we find. The provider had reviewed people and was aware of the need to make some applications and was liaising with the supervisory body to determine when to submit the applications. However, care plans we looked at did not always clearly detail if a person lacked capacity to make some decisions, how the decisions had been made. The new manager understood the requirements of this legislation and told us this would be reviewed to ensure all people who lacked capacity to make some decisions would have a best interest's decision. To ensure any decisions were made in their best interests.

Good

Is the service caring?

Our findings

People we spoke with were very happy with the care provided. One person said, “The staff are lovely, it was a difficult decision to come in here but it is the best thing I did. I am well looked after” Another person said, “We cannot grumble at anything.” Another person told us, “The staff are caring, patient and kind, I never have to wait long for assistance.”

Relatives we spoke with also praised the staff and the service provided. A relative we spoke with said, “The care provided is very good. I have no concerns.”

People using the service, their relatives and visiting professionals all told us the staff were always available, approachable and ensured people received good standards of care.

People who used the service and their relatives told us the new provider had spent a lot of time in the service since he took over and they said this had helped alleviate any concerns regarding the transition. One person told us, “The owner is very committed to providing good standards of care and there have been continual improvements since they have had the home. If I ask for anything it is actioned immediately.”

Staff we spoke with were very knowledgeable on how to meet people’s needs. They were able to explain to us how they maintained people’s dignity and privacy, how they supported people with personal care in their own rooms with door and curtains closed. We observed that people were treated with respect and their dignity was maintained. We saw staff ensured toilet and bathroom doors were closed when in use, and saw staff discretely ask people if they wanted the toilet. We saw staff take people to their rooms when they required personal care and this was done sensitively and discretely.

We observed interaction between staff and people living in the home on the day of our visit and saw interactions were warm, friendly and engaging. Staff showed concern for people’s wellbeing in a meaningful way, and we regularly saw and heard staff checking that people were happy and comfortable.

Some people chose to stay in their rooms, we regularly observed staff check these people, staff knocked on doors before they entered and enquired if the person was comfortable and had everything they required. One person we spoke with who stayed in their room told us, “I prefer to stay in bed it is more comfortable for me, staff respect this but still regularly come and check me. They are also looking at ways that I may be able to get up so I can go out.” Another person told us, “I stay in my room but I don’t feel isolated as staff regularly come to see me.”

During our observation there was a relaxed atmosphere in the home; staff and people who used the service were laughing and joking together, it was a very inclusive environment. Staff we spoke with told us they worked well as a team were well supported by the new provider and manager and enjoyed their jobs.

We looked at the arrangements in place to enable people to be involved in decisions about their care. The provider told us that the home made sure people were aware of the local advocacy service so they could have access to an advocate if required. People we spoke with said they did participate in their care planning if they wanted to. However we did not see that people’s views, choices or decisions were always recorded in the plans of care. The new manager acknowledged this needed to be addressed to ensure people’s wishes were respected and they were listened to and their views taken into consideration.

Good

Is the service responsive?

Our findings

People who used the service and their visiting relatives told us the service was responsive to people's needs and requests. They told us the new manager and the provider were all approachable and made time to listen and resolve any issues or concerns. One person told us, "If I want anything it is provided and staff are always available to listen."

People's care plans had all been updated since the new provider had taken over. We found people's care and support needs had been assessed. We looked at four people's plans of care and saw people's needs had been identified and measures in place to ensure staff were able to meet their needs. We saw risks had been identified and health care professionals had been involved in the care and treatment when a risk was identified to ensure best practice was followed to reduce the risk to people.

We found that people's individual care needs were met however this was not always fully documented within their care plans. For example people assessed at risk of poor nutritional intake had been placed on food charts to monitor their intake. We found the charts had not always been completed or reviewed to determine if people were receiving adequate nutrition. However staff we spoke with were aware of people's needs and how to meet them and were able to tell us what people had eaten which met their needs. The new manager and provider acknowledged the care files could be improved and assured us they would be reviewed. The provider explained this would be possible as there was now a permanent manager and deputy in post and a further two nurses were due to commence employment. Therefore there could be a named nurse system in place to ensure care files were updated to identify people's needs.

Relatives we spoke with told us they were kept informed of any changes and were involved in the care reviews. Health care professionals we talked with spoke very highly of the service. They told us the staff regularly called for advice and support if a person's needs had changed and they had concerns. They said staff were very knowledgeable about people and followed advice given.

People were supported to maintain relationships with their family. Relatives spoken with confirmed they were kept up to date on any changes to their family member's care needs by telephone and they were welcomed in the home when they visited.

The staff and the activities coordinator told us people living in the home were offered a range of social activities. We observed some activities during our inspection, people were participating in a quiz and people were laughing and joking together enjoying the activity. We also saw pictures of recent activities including Easter hat competition and various outings. People told us they were consulted on what activities and outings they would like and were organising various outings for the summer.

The provider told us there was a comprehensive complaints' policy, this was explained to everyone who received a service. The complaints policy was displayed in the entrance hall. They told us they had received one complaint since they had acquired the home. We saw this had been dealt with appropriately. People we spoke with did not raise any complaints or concerns about living at the home. Relatives we spoke with told us they had no concerns, but would speak with the staff or manager if they needed to raise any issues.

Relatives were encouraged and supported to make their views known about the care provided by the service. There were regular residents and relative's meetings giving opportunity for people to contribute to the running of the home. Relatives we spoke with told us they had attended meetings and had opportunity to raise any issues. They also told us through the meeting the new provider had kept them informed of the proposed changes and improvements.

Requires improvement

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had only been registered with the Care Quality Commission in March 2015. The provider told us this was the regional manager who was overseeing the service. A new manager had been appointed who was previously the deputy and commenced in the post on 30 March 2015. The regional manager was supporting them during their induction and probationary period and they told us they would submit an application to register within the next three months.

This was the first inspection of the service since the new provider had registered in September 2014.

People who used the service and their relatives we spoke with told us the new manager and provider were good, they were available and always made time to speak to them and were always approachable. One relative told us, "The new owner is very visible at the home and communicates any changes to us. The good communication has helped us during the changes from one owner to another. Another relative told us, "I am very happy with the service provided the care is very good."

We found there was an open, fair and transparent culture within the home. Staff told us they felt that they worked well as a team and they all helped each other. They told us they felt the new manager and provider were approachable and listened to their concerns and ideas for improvement. One member of staff said, "When I have raised anything no matter how small, it is considered and resolved." Staff also told us they felt better supported with the new provider and now that the deputy had been successful in obtaining the managers post. Care staff said they felt their work was appreciated and their opinions mattered. One member of staff told us, "We had a very difficult six months when the service was up for sale but the new owner has been a blessing."

Observations of interactions between the provider, manager and staff showed they were inclusive and positive. All staff spoke of strong commitment to providing a good quality service for people living in the home. The staff we spoke with said they were confident about challenging and reporting poor practice, which they felt would be taken seriously.

Staff had not received regular supervision or had an up to date annual appraisal of their work, however the new manager had organised these to commence in April 2015. We also found that some aspects of care records had not always been reviewed or were up to date. Although these issues had not had a negative impact on the care people received, they had not been identified through an effective monitoring system.

The provider explained they had introduced new systems to monitor and improve the quality of the service provided. We saw most of these had been implemented but some were still due to be commenced they were due the month of our visit. We saw copies of some completed reports produced by the manager and the provider. The reports included any actions required and these were to be checked at the following month to determine progress. Once fully implemented, the monitoring systems would cover all aspects of the service in identifying any areas that required improvement.

Staff meetings had been held but not as regularly as the provider would have liked. However, staff we spoke with said the communication was good and they did have opportunities to contribute to the running of the home.

Any accidents and incidents were monitored by the registered manager and the organisation to ensure any triggers or trends were identified. For example we saw when people sustained a number of falls they were referred to the falls team for assessment. Although there were not a high number of incidents we noted these were predominantly at night. The manager agreed to look into this and see if staff were deployed effectively to ensure people's needs were met.

At the time of our inspection the provider was having a new call alarm system installed. The system would log the time calls were initiated, how long it rang for before being answered and how often the emergency alarm was used. The provider told us they would use this to determine staff met people's needs in a timely manner. If calls alarms were not answered appropriately the provider told us this would be investigated to determine the reasons why.

We spoke with the local authority commissioners and safeguarding vulnerable adults team to ascertain their views of the service. The local authority told us they had no concerns regarding this service. They told us they had completed a recent audit of the service and found the

Requires improvement

Is the service well-led?

service to be well managed and provided good standards of care. The provider told us they were involved in a local authority working party, which had been set up to determine the best ways to monitor care services to ensure standards were continually improved in Doncaster.