Mr John Hall

Oaklands Residential Care Home

Inspection report

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Ratings

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

Overall summary

This inspection was unannounced and took place on 15 and 18 June 2015. The inspection was brought forward in response to some information of concern the Care Quality Commission (CQC) received in relation to there not always being the right equipment in place. We asked the registered manager for some information about this issue and was assured by her response. We did not find any concerns about equipment during this inspection.

Oaklands is registered to provide accommodation for up to 25 people requiring personal care. Nursing care is not provided.. There is a registered manager in place. 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.

Summary of findings

People living at the home felt safe and well cared for and were complimentary about the staff team. Recruitment processes were checked to ensure that the right checks and referecnes were followed up so people were fully protected and only suitable staff were being employed. We found one out of four recruitment files where this had not occurred. The registered manager said she had sought advice and acted in good faith as the employee in question had previously worked for them. She agreed to immediately seek the references and checks required.

Staff understood people's needs, preferred routines and worked in a way which ensured people's privacy and dignity were maintained. People were offered a choice about their everyday lives and where people's capacity was limited; measures had been put in place to ensure staff worked in a way to protect their best interests. Care was planned and being delivered by a staff group who understood people's needs and there was sufficient staff to meet people needs in a timely way. Risks were being managed and reviewed in line with people's changing needs.

Staff were supported to do their job with regular training and supervision to explore their strengths and training needs. Staff described there being good team work and said the registered manager had an open and inclusive approach.

Activities occurred most afternoons, they were not planned each day but staff had games and craft materials to provide stimulation for people. There were some paid entertainers who visited the home on a regular basis. This included singers, pet therapy dogs and shopping sessions.

Medicines were managed appropriately and people received their medicines and pain relief when required. There was a planned training programme covering all aspects of health and safety and some more specialised areas such as working with people with dementia care needs and care of the dying. Staff had regular opportunities to discuss their work and receive support and supervision.

People, relatives and staff felt their views and concerns were listened to. The service used surveys and meetings to ensure people's views were gathered and any actions taken to address ideas or complaints were clearly recorded. Relatives reported they were made to feel welcome and had opportunities to talk to staff and management about concerns or ideas.

Systems were in place to review the quality of care given, records and maintenance of the building. These were audited by senior staff as well as the registered manager and provider.

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?

Requires improvement

One aspect of the service was not safe.

Staff recruitment was not always robust. We found one out of four recruitment files where checks and references had not been followed up.

There was sufficient staff who had the right skills, training and experience to meet the needs of people in a timely and compassionate way.

Medicines were well managed and audited to ensure people got their medicines on time.

Staff understood the need to protect people from abuse and knew the processes to ensure this happened.

Is the service effective?

Good

The service was effective.

Consent to care and support was considered and acted upon. Staff understood the importance of upholding peoples' rights and working within the Mental Capacity Act 2005.

Staff ensured choice and consent was given where possible.

People were supported to eat and drink in an unrushed and relaxed way.

Is the service caring?

Good

The service was caring. Relatives described ways in which staff showed a caring approach to supporting people.

Staff worked with people in a way which showed respect and dignity was upheld.

Is the service responsive?

Good

The service was responsive. Care and support was well planned and any changes to people's needs were quickly picked up and acted upon.

People's concerns and complaints were dealt with swiftly and comprehensively.

Is the service well-led?

Good

The service was well-led. There were clear lines of accountability in how the service was being managed which was open and inclusive.

People, their relatives and staff said their views were listened to and acted upon.

Summary of findings

Systems were in place to ensure the records; training, environment and equipment were all monitored on a regular basis. This ensured the service was safe and quality monitoring was an on-going process.

Oaklands Residential 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 was planned to check 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.

Before the inspection we reviewed the information we held about the service, including notifications. Providers are required to submit notifications to the Care Quality Commission about events and incidents that occur including unexpected deaths, any injuries to people receiving care, and any safeguarding matters. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

A Provider Information Return (PIR) had not been requested prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

This inspection took place on 15 and 18 June 2015 and was unannounced. The inspection team consisted of one inspector and a specialist advisor who was a dietician and looked specifically at the meals provided and how people's dietary needs were being met and monitored. We used a dietician has there had been previous complaints about the quality of food provided at the service.

There were 23 people living at the home at the time of the inspection. We spoke with 10 people using the service and four relatives. We also spoke with nine members of staff, including the provider; registered manager; cook; care staff and ancillary staff. We also spoke with one visiting healthcare professional and one other following the inspection.

We observed how people were being cared for and how staff attended to their needs. We joined some people whilst they were having lunch to discuss and observe their experiences.

We looked at four people's care records, medicine records, four staff recruitment records, staff training records and a range of other quality monitoring information.

Requires improvement

Is the service safe?

Our findings

Recruitment was not as robust as it should have been. We reviewed four recruitment files and found it was not always clear when a new person started working and when they had started their induction. New staff were able to start their induction and shadow shifts before all the right checks were in place, but were not able to provide personal care to people and were not left unsupervised. The recruitment files did not have the start date of induction made clear. One file did not have a Disclosure and Barring check or references from their previous employer. The registered manager said this person had worked for them previously and only left for a short time before returning. They had checked with the service who completed their Disclosure and Barring Service (DBS) checks and said they were advised they did not need to complete one. This was not accurate information as checks and references should have been obtained. The registered manager said they would get the checks and references completed straight away.

People who were able to give their views said they felt safe. One person said ''I had been really poorly before I got here, I feel safe knowing staff are at hand.'' One relative said ''It gives me a piece of mind knowing my relative is safe. I have no worries about the care and staff here.''

Staff were able to describe what types of abuse could occur and who and when they should report any concerns. Staff said they had received training in safeguarding vulnerable people and knew that alerts may need to involve local commissioning teams, safeguarding team, CQC and the police. The registered manager understood her responsibility to ensure any concerns were passed onto statutory agencies and had referred issues appropriately.

Risks were being managed appropriately, assessments were in place and these identified how to reduce risks. Risk of falls, pressure damage, poor nutritional intake and moving and handling were risk assessed and kept under review on a regular basis and as people's needs changed. Where a risk had been identified, measures had been put in place to reduce risks. For example, where people had been assessed as being at risk of falls, equipment was available to assist them to walk safely, such as walking frames and hand rails along corridors. For some people, pressure mats were placed near their beds to alert staff when they were getting up, so that staff could assist them to prevent them falling where possible.

There were sufficient numbers of staff with the right skills and experience to meet the needs of people living at Oaklands. However there was a period of 10 minutes during the morning when people were left unattended in the lounge. One person was struggling to turn their beaker around so they could have a drink. When we raised this with the registered manager, she said they normally aimed to have a staff presence in the lounge, but staff may have been busy at that time assisting someone in their bedroom. She explained they had recently installed CCTV cameras in communal areas so that whoever was in the office could also monitor what was happening.

The staff team consisted of four care staff on per morning and afternoon shift, a cook and contract cleaners to do all cleaning. They also had a care coordinator and a senior care person who worked in the office to update care plans, assessments and complete audits as well as arrange GP appointments and liaise with other healthcare professionals. The registered manager and provider were normally also on site each weekday in addition to the rostered staff. There were two waking night staff each evening.

Staff said there were enough staff available throughout the day and evening to meet people's needs. One staff member said ''We have a good team approach and work well so that our residents get good care.'' The staffing rotas showed there was a consistent level of staff. The home did not use agency to cover sickness or leave, as they had enough part time staff to cover this when needed.

Medicines were stored safely and people received their prescribed medicines when needed. The medicines administration records were accurate, clear and showed how medicines were checked on their point of arrival at the home. There was no excess stock and any returns were clearly documented and signed for. Staff confirmed they had received training in safe administration and recording of medicines. This had been delivered in a number of ways, by a pharmacist, distance learning and workbooks. Audits were completed to check on stock and records to ensure a robust system was in operation. We observed people being offered pain relief and staff explaining what their medicines were for.

Good

Is the service effective?

Our findings

Not everyone was able to verbally share with us their experiences of life at Oaklands. This was because of their dementia or complex needs. One person said ''It's lovely here.'' Their relative said '' My relative was only five and a half stone when they came here. They have put on weight and doing really well. The staff are very good.'' Another relative said ''I am not able to visit very often, but I can see my relative has been well looked after, the staff are all wonderful, no complaints.''

We had received some information of concern which suggested people may not have the equipment needed to ensure their safety when moving. We talked with people and staff about equipment being used and did not find this to be an issue. The registered manager described a person who had moved to a nursing care home as they had struggled to get the right equipment in place to meet their needs. The records showed the registered manager sought advice and support in a timely way and requested this person needs be reassessed urgently.

People were supported to have their needs met by a staff team who understood their needs and had received training and support to work effectively. Staff confirmed they had been offered training in all aspects of their work and were given opportunities to discuss their role in one to one supervision sessions with their manager. Staff training files showed staff had a range of training to ensure they could do their job safely and effectively. In discussions with staff they were able to demonstrate a good knowledge of people's needs and ongoing health issues. During staff handover from the morning shift to afternoon shift, staff discussed people's changing needs, what had been done about these and what things staff may need to consider in planning for their shift. For example they discussed one person who had been too sleepy to eat their lunchtime meal, so it was suggested staff make sure they were offered a substantial snack and tea.

New staff were offered an induction and were expected to complete the new Care Certificate. All staff were offered regular one to one meetings with the registered manager to discuss their role, what was working well and what training needs they had. Staff confirmed this was working and one said ''I love coming to work, I feel valued and we work well as a team.''

Care records showed health care needs were closely monitored and where needed healthcare professionals were called in. One GP confirmed the service did refer to the surgery in a timely way about people's health care needs.

Where people lacked the mental capacity to make decisions staff were guided by the principles of the Mental Capacity Act 2005 (MCA). This ensured any decisions were made in the person's best interests. Mental capacity assessments detailed the specific decision the capacity assessment had been completed for. One example of this was where a person lacked capacity to understand the importance of taking their medicines. The capacity assessment showed why the person was unable to understand about medicines and a best interest decision had been made to administer their medicines covertly in food. This had been agreed with the GP, care manager and family.

Care staff demonstrated an understanding of the importance of gaining consent prior to providing care and treatment. Our observations showed staff working in a way to ensure consent was gained prior to care being delivered. For example when assisting someone with safe moving and handling, staff explained what they were doing and waited for the person to agree to this move.

We asked the provider to send us some additional information to show how they had consulted with people about the installing of CCTV in communal areas. We received minutes of a meeting held with people and their relatvies at the end of March where the use of CCTV had been discussed with people.

Staff had received training in Deprivation of Liberty Safeguards (DoLS). They understood they should not deprive people of their liberty. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. The registered manager explained they were in the process of making applications to the DoLS assessors for specific people to ensure they were providing the right care and support in the least restrictive way. Applications were being made in respect of the supreme court judgement made in April 2014. This ruling made it clear

Good

Is the service effective?

that if a person lacked capacity to consent to arrangements for their care, was subject to continuous supervision and control and was not free to leave the service they are likely to be deprived of their liberty.

People were supported to eat and drink and maintain a balanced diet. There was a nutrition screening tool in use throughout the service (MUST). Staff had training in how to use it, were regularly using it and found it helpful. Documentation going back several months showed this tool was being used consistently. People were screened monthly and those identified as high risk were screened weekly. MUST was carried out weekly on high risk residents and / or those with a Body Mass Index (BMI) below 20. BMI was assessed correctly but the percentage weight loss score was being calculated from previous weekly weight rather than weight 3- 6 months ago and so was not receiving the correct weighting. This was an under estimation of the MUST score. We advised the registered manager of this and she downloaded further guidance to enable staff to calculate the correct score. People who were at high risk had been referred to their GP and this had often resulted in them being prescribed supplements. The home had a good policy in that supplements appear to be offered between meals rather than at meal times when they would interfere with appetite. There was no community dietetics service available to offer further guidance and advice and some people had continued to lose weight despite supplements being offered. These people had been referred back to the GP.

The cook fortified meals with added calories such as butter and cream in soups and mash, but individuals did not have their own fortified diet plan. We fed this back to the registered manager who agreed to look at offering extra snacks and milky drinks during the afternoon and evening. We also found the cook had not received training on different textured diets for people with swallowing difficulties. One person was on a pureed diet and their whole meal was pureed together. We fed this back to the registered manager who agreed to look into ready to eat frozen texture modified meals. By the second visit these had been instigated. Additional snacks and milky drinks were being offered and a range of frozen textured meals had been purchased and were seen to be a success. The registered manager had also called back the speech and language therapist for further advice and support in respect of ensuring the right textured diets were being offered to people.

Good

Is the service caring?

Our findings

People and their relatives said staff were caring and kind. One person said ‘‘This is the nicest home in Barnstaple, staff are very kind to me.’’ Another person said ‘‘Staff are really very good here, very kind. I have no issues.’’ One relative said ‘‘Staff always appear very kind and helpful.’’

Staff interacted with people in a way which showed they respected people’s dignity and privacy. For example when assisting someone with their personal care needs, the staff member spoke quietly to the person and waited for them to respond. People were supported to have clothes protectors put on at lunchtime; staff checked people were happy to have this. Following the meal, people were supported to move from the dining area to either their rooms or the lounge. Staff asked people where they wished to go and supported people in a kind and reassuring way. One person was distressed they had not seen their relative that day and staff provided reassurance to them at different intervals.

Staff were able to describe ways in which they worked with people to maintain their dignity and privacy. For example making sure the bedroom door was closed when providing support and always knocking on the bedroom door and waiting for a response before entering. People confirmed this did occur in practice. The registered manager discussed one situation where a person did not want to leave the lounge to have their leg bag changed. However by working with the community nurse team they have been able to ensure the person no longer needed to use the leg bag and instead be supported to use the toilet. This increased their dignity.

When staff were discussing people’s needs during the handover, they spoke with compassion and care about people. They discussed what had been working well for people as well as where people needed extra support. We observed people being offered choice about their meals, drinks and where they wanted to spend their time. People confirmed they were offered a choice about times of getting up and what they would like to wear. People were supported to maintain their independence such as with their personal care, dressing and moving around the home. Where people had particular beliefs they were supported to follow these with for example visits from local clergy.

Good

Is the service responsive?

Our findings

Although there was no record of people being asked to agree or develop their care plans, it was clear that individual's preferred routines and past histories had been explored using life history questions. Some files also contained the 'This is me' document which had been developed by the Alzheimer's society to help staff understand people in a more personalised way. Where family were involved they had been asked to provide information about people's past life, their work life, family and friends who were important to them.

Care records covered people's personal and healthcare needs. They had been updated and reviewed regularly by the care manager with input from care staff. This meant staff knew how to respond to individual circumstances or situations. Staff had a good understanding of people's preferred routines, and how best to support people with their activities of daily living. One person said ''Staff have been very helpful to me, they have helped me when I needed them but also allowed me to do things at my own pace and to stay independent.'' Another person said ''I spend most of my time here in my room. Staff know that and ask me if I want to eat in the dining room, but I don't always want to so they bring my meals to me.'' This showed the staff worked in a responsive way and listened to people in how they wished to be supported. One person was not happy with the responsiveness of the staff. This had been fully investigated and a strategy to work with this person had been agreed. Where they requested not to have certain staff member to assist them, their requests were accommodated as far as possible.

Staff were observed to respond promptly to call bells and any changes to people's needs and wishes that day were discussed in detail at the staff handover meeting held between shifts. For example where someone had been too sleepy to eat their lunch, this was discussed with afternoon staff so they were aware to be responsive to their dietary needs during the afternoon.

Activities occurred most days, but were not always done in a planned way. The registered manager explained they did have paid entertainers in fortnightly, as well as the pet therapy dog visits. Care staff had a range of games and crafts they could use with people. The registered manager said they would try to encourage people to join in an activity in the afternoons. Recently they had tried bingo and were looking at other activities to engage people. The registered manager said they had been involving people in the choices for refurbishments to communal areas. For example she showed there were several samples of new curtains hanging up in the lounge and she had been asking people for their views about which fabric they liked best.

People were supported to stay in touch with family and friends as they wished. Two relatives confirmed they were always made welcome and could visit the home at any time. One relative said if they were unable to visit for any reason, they could call and staff would give them an update on how their relative had been. They said they found them to be ''Very responsive and helpful.''

The service had a complaints policy and process which was posted in areas of the home and given to people and their relatives as part of their information pack. People said they would talk to the registered manager if they had any concerns or complaints and appeared confident they would be listened to. Where complaints had been made, there was a clear record of how these had been looked at and resolved. One person said they had not been listened to. However when we checked the complaints log there was a detailed account of what the person had complained about and how the registered manager had addressed the issues highlighted.

Good

Is the service well-led?

Our findings

The service is run by the registered manager who is supported by the provider. They are a married couple and describe their ethos as being a family run business where they offer homely support and care. The registered manager was passionate about ensuring the service offers best practice and she continues to update her knowledge and skills as well as those of the staff. The registered manager was receptive to CQC feedback and acted swiftly to address any shortfalls seen on the first day. For example, she had actively sourced modified textured meals to trial and had downloaded additional information to ensure their assessments around nutritional screening were being done more accurately. Two people had complained that the quality of the meat used was not always good. When this was fed back to the registered manager, she took immediate action to source better quality meat products.

The registered manager had a senior team to support the quality assurance processes. This included auditing care plans and daily records, medicine records and also maintenance records. Each of these areas had monthly or weekly audits to ensure staff were completing records and identifying any risks quickly. Staff were confident about their roles and responsibilities. They said their views were listened to in handovers, team meetings and in one to one supervisions and appraisals. The registered manager had also introduced an employee of the month to highlight and ''celebrate good practice and hard work.''

Quality surveys were being used to gain the views of people and their families as well as visiting professionals. The provider also held regular meetings with people and their families and encouraged them to share ideas for any improvements, such as menu changes, décor of the home and activities people would like to see in the future.

There was good partnership working with the community nurse team and local GPs. This helped to ensure people's needs were always met in a timely way. Staff understood their role and responsibilities which included when to refer to health or social care professionals.

The registered manager understood their role and responsibilities and had ensured CQC were kept informed of all accidents and incidents. Audits were completed on the number and nature of accidents and incidents to see if there were any trends or learning needs for staff. Systems were in place to audit the records, building, cleaning, medicines and equipment including fire equipment, call bells, hoists and lifts and stair lifts. This ensured people and staff were kept safe and any issues were quickly picked up and acted upon.