

Pinpoint Developments Limited

Oaklands Grange

Inspection report

53 Seabank Road
Wallasey
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on the 4 and 11 August 2016 the first day was unannounced. At the time of our inspection 11 people were living at the home. The home was previously inspected in November 2013 and was compliant with the areas inspected. Oaklands Grange provides support to people with mental health support needs. The home was in a detached well maintained building with well-kept gardens on a residential street in Wallasey, Wirral.

The home had a recently appointed manager in place who was not yet registered with the CQC. The manager had been in the role for three months since taking over from a previous long standing manager who had retired.

Most people had lived at the home for a long time and knew each other well. We saw that there was a pleasant friendly and relaxed atmosphere. It was not clinical but had a homely style, both in the décor and feel of the building and in the interactions between people living at the home and staff members.

People told us they were treated with dignity and respect and said that this contributed to a "family atmosphere". People supported and the staff spoke of there being good relationships between people living at the home, the staff and the manager. We saw that building up relationships with people was very important to the manager.

People without exception gave praise to the staff and the support they received. They told us they felt safe, relaxed, listened to and comfortable living at the home. We saw that people had active lives in their community and came and went throughout the day as they chose.

People told us they were supported with their health needs. We saw documents that confirmed this was happening. The service operated within the principles of the Mental Capacity Act (2005).

People's support plans didn't always reflect their main support needs or the day to day support they received. Sometimes there was no guidance for staff, no background information, or clear rationale for the way support was offered to the person or the person's consent to being supported in the way they were documented. There was detailed information about a person personal and medical history, their interests and hobbies and person centred documents recording what was important to a person.

The home had a safe environment with the relevant health and safety checks being completed. Staff received training in safeguarding vulnerable adults, medication administration and were assessed in administering medication. New staff had been recruited safely, with a criminal records check (DBS) being completed and they received a thorough induction into the role. There were risk assessments on people's files which gave guidance for staff on how to mitigate risks and keep people safe.

Staff received support so they were equipped to carry out their role effectively. This support included

appropriate training and training refreshers, supervision meetings with a manager, staff meetings and annual appraisals. Staff we spoke with told us they felt supported in their role and they felt comfortable going to seek advice from a manager as necessary.

People told us that the food provided was of good quality and they enjoyed it. There were alternatives available and people needs and preferences were catered for. People helped to plan upcoming menus. The manager and staff had built up good relationships with people, which had a positive impact on their support. The manager contributed to a relaxed and friendly atmosphere at the home, he had an approachable manner and spent his time speaking to people who lived at the home.

The manager had ensured that the relevant health and safety checks had been completed at the home. He had a file of audits that he completed which ensured checks of people's care and care plans, meetings, staff supervisions and appraisals and training were completed and up to date.

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.

People living at the home told us they felt safe and we saw health and safety systems and checks at the home which ensured this.

The homes environment was clean and safe. Accidents and incidents were recorded and learnt from.

Staff had been safely recruited and inducted. They were knowledgeable about safeguarding vulnerable adults.

Medication was administered safely.

Is the service effective?

Good ●

The service was effective.

People told us they thought the staff were of high quality and good at their role.

Staff were supported in their role with training, supervision meetings, staff meetings and annual appraisals.

People were supported with their health needs in an effective way.

The service operated within the principles of the Mental Capacity Act (2005).

Is the service caring?

Good ●

The service was caring.

People overwhelmingly told us they felt well cared for, they expressed confidence in the staff supporting them.

People were included in the day to day running of the home including planning any upcoming celebrations.

People were treated with dignity and respect and were listened to.

Is the service responsive?

The service was not always responsive.

Care planning didn't always reflect people's day to day support needs.

People were active members of their community and got involved in a wide range of activities outside of the home.

People had been supported in gaining and maintaining life skills.

Requires Improvement 

Is the service well-led?

The service was well-led.

People told us the manager was a good manager. They told us they felt confident going to him with concerns and he supported the staff.

We saw that having good relationships with people living in the home was very important to the manager. He went out of his way to build relationships with people.

The manager ensured that checks and audits of the home were completed.

Good 

Oaklands Grange

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 4 and 11 August 2016. The inspection was conducted by an adult social care inspector. During our inspection we spoke with nine people who lived at the home and five members of staff including the manager and support workers.

We looked at the care files for four people living at the home and the staff files for three staff members. We looked at a sample of medication administration records and medication stocks, documents relating to the health and safety and management of the home and observed the care and support of people.

We checked the records held by the CQC and we spoke with the local authority quality assurance team.

Is the service safe?

Our findings

We asked people living at the home if they felt safe, they all told us they did. One person replied, "Safe? Yes, this is a nice place". Another person told us, "They are very good here. They do fire alarm checks often. It helps me feel safe. It's loud enough, blows your head off". A third said, "Of course we are safe".

New staff had been safely recruited. We spoke with one staff member who told us that they filled out an application form for the role outlining their previous employment and experience. They were invited to an interview conducted by two senior staff members. When the person was successful at interview references were sought, the person's identification and right to work in the UK was checked and a criminal records check (DBS) was done. We looked at three staff files and found this process had been consistently followed. We did ask the manager to look at how they documented that references had been verified as this was not consistently clear.

New staff members received initial training and had an induction period where they worked alongside an experienced member of staff. One staff member told us, "I shadowed another staff member for two weeks. This was a really important time as it allowed me to get to know people and helped people be comfortable with me. In staff files we also saw records of people's induction and shadowing periods.

Staff files also contained copies of staff contracts, terms and conditions and important policies that the staff had signed to show they are aware of them. We saw the home's whistleblowing policy giving staff information on what they could do if they had serious concerns and the protections available to them.

Staff received training in safeguarding vulnerable adults; longer standing staff had refresher training. The staff members we spoke with were knowledgeable about safeguarding, knew the different forms that abuse can potentially take and knew what they would do if they suspected somebody was being abused in some way. Staff told us of some changes in people's behaviour which may indicate something was wrong and how they remain vigilant to potential changes and would report these straight away. Staff were aware of their responsibilities to contact outside organisations if they thought this was necessary.

The environment at the home was clean and well maintained. Re-decoration of some rooms was on-going to refresh them. We saw that health and safety checks were completed on different aspects of the home ensuring that it was a safe environment for people to live in. There were weekly fire alarm tests, regular emergency lighting tests and fire drills with detailed learning. Fire equipment had been serviced, gas and electrical safety had been checked and fire escapes were clear and accessible. The kitchen had received the highest rating of 5 from the local authority environmental health department.

We saw in people care files that each person had an individualised risk assessment for fire safety. This had resulted in one person having a fire door retainer fitted for their ease of use, as they used their room a lot during the day.

Some people looked after their own medication with minimal support from the staff. One person told us, "I

take my tablets out with me; the staff make sure I'm taking the right tablets out. I then sign for them". There was information available for staff on who managed their own medication and risk assessments were in place that had been completed with the person. Each person had a medication file which contained information and guidelines for staff, for example with one person's medication staff were instructed to check the dose, observe and reassure the person.

We saw that people were given their medication with a drink and their permission was asked before medication was administered to them. Staff received training in how to administer medication. Staff told us and we saw in staff files that staff had a medication competency assessment after completing training to ensure their practice was safe.

Medication was kept in a locked cabinet in the office within the home. The temperature of medication was checked and medication requiring refrigeration was appropriately stored and checked. Each person's medication was documented on a medication administration record (MAR) which showed that people had been receiving their medication appropriately.

It was difficult to stock check some medication, particularly as and when required medication (PRN) as the staff did not consistently make records of stocks carried forward from one MAR chart to another. We asked the manager to give attention to how medication stocks were controlled and documented.

We saw records kept by the managers of any accidents and incidents that had happened at the home, these were learnt from and the information used to make referrals to and provide information for health professionals.

People had risk assessments in their care files. These contained information for staff on how to support a person to mitigate any risks. We saw risk assessments on people's physical and mental health if necessary, medication and on activities such as drinking alcohol.

Is the service effective?

Our findings

One person told us, "I've never had or heard a bad word about any staff at the home and this goes for all of us". Another person said, "It's great here. The staff are great, I get the right support. If anything is on my mind they are there for me, if it's serious they get the right help for me". A third person told us they thought, "The staff are well trained, they are fantastic". A member of staff told us, "I love this job; I've been so well supported".

Staff members told us they received a face to face supervision with a manager every two months, we saw notes from these meetings in staff files. Staff told us that every six months staff meetings were held at the home. Staff commented that they had found these useful. We saw a memo on a notice board advising staff of when the next staff meeting was taking place.

Staff told us they received regular training relevant to their role, for example they told us they had received training in mental health and health and social care. Some staff had a national vocational qualification (NVQ) level 2, level 3 and two members of staff we working on level 5 in health and social care. Staff told us they felt well supported in doing these qualifications. We saw training records that showed some of the training provided was in equality and diversity, Mental Capacity Act, diabetes, fire safety, infection control, health and safety and safe handling of medication

The home was in a large Victorian building on the corner of a residential street in Wallasey. The garden and building were well maintained. During our visit we saw that some cyclical painting of bedrooms was ongoing to refresh the decor. People had been consulted regarding this and it was timed to cause people the least inconvenience. One person said about their room, "I've had my room decorated; they have done a good job". Another person showed us their room and how they had been supported to have a sink, fridge and drink making facilities.

The interior of the building was very homely with tastefully decorated communal areas and well maintained facilities for people to use. One of the people living at the home who had a talent for painting had a few of his pictures hanging on the walls of the communal areas. One person told us, "We like [name's] paintings, they are very good".

One person told us about living in the building, "We have a big room, like two rooms joined together. It's like a bed sit. It's a lovely building. The living room has just been decorated and we have a new TV. Another said, "I like my bedroom".

People were supported to organise and attend their health appointments. We saw records in people's care files of their health needs and what support they needed and received. There were records of ongoing treatment and tests for people and letters with follow up notes from care staff ensuring all advice and treatments were being followed. We saw that some people who had health concerns had information about their health problem in the files for staff to read so they were aware of and understanding of the person's health needs.

One person had been supported with their health and diet and they had started to gain weight to within a healthy range and no longer use dietary supplements. Another person told us, "I go for tests every four weeks. Staff go with me, they are really helpful". A third person said, "Staff help you if you fall ill, get the doctor out to you".

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the management team. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The home was operating within the principles of the Mental Capacity Act. Nobody at the home had a DoLS in place, as there were no restrictions in place without a person's agreement and consent. Staff had an understanding of the Mental Capacity Act in relation to caring for people in Oaklands Grange. They understood the principle of assumed capacity and capacity at times being decision specific. Staff told us that everybody at the home had the capacity to consent to their care and support.

Some people had drawn up a support plan with the staff and manager in relation to their smoking and cigarettes. This was sometimes because people put themselves and others in danger by smoking in their bedrooms. One person told us they were working towards stopping smoking and their cigarettes were kept in the office and they received one an hour which they had agreed to. They told us, "The staff treat me well; I've gone from 60 a day to 15 a day. It's helpful to me to have one every hour".

The home provided meals for people which were served in a dining room. Although they had choice the staff encouraged people to eat in the dining room and spend some time with each other. One person said about the food provided, "its nice food, varied menu and big portions. We have seconds sometimes". Another person told us, "On Friday and Saturday I enjoy having a cooked breakfast. There is really good food here and a nice atmosphere at lunch".

We saw that people had choice and people's preferences and needs were catered for. One person told us they were a vegetarian and they told us they liked the food provided for them. They told us that when people have burgers, "They get veggie burgers in for me. I have a good veggie diet". Another person told us, "Food is nice. You get choice, if you want something different and it's possible they will make it for you".

Is the service caring?

Our findings

We saw that people at the home were often laughing and joking with each other and the staff. One person told us, "I've made friends here, this has really helped me". Another person told us, "If you need to talk to them [staff] about anything they are there for you, they are great". A third person said to us, "I've been here 25 years, I don't want to move". A third said, "It could not be better here. I've lived here for 13 years".

A staff member told us they thought the home had a family atmosphere. They commented, "I enjoy building up relationships with people". Another staff member commented, "We try really hard to give the best support we possibly can".

A lot of people we spoke with told us they enjoyed celebrations and getting together at the home. One person said, "Christmas here is a big thing, we have a big party. Get presents and we have a great spread". A staff member told us of a person who had no family. At their recent birthday the manager and staff made sure that they had plenty of presents and cards to celebrate. One person said about these events, "We have a good laugh with the staff". Another said, "It's like a family place. I like it here". The manager told us he thought it was important, "That people are able to have a laugh".

People were involved in setting the atmosphere of the home and organising events that happened. One person proudly told us that they "Gave the ex-manager a good send off for their retirement. We helped to organise it all".

We saw that people were treated with dignity and respect. People also told us they felt they were treated this way and felt comfortable with the staff. One person said to us, "The staff are respectful and we give respect back to them". We also saw that people had access to independent advocacy services, the details of these were also on the notice board in the hall. There was also a resident's suggestion box.

We saw that people were consulted in day to day choices and people's opinions were asked about things. People were asked questions for example when one person was leaving the home for the day they were asked if they wanted an evening meal. During lunch people were asked if they liked the food.

People told us they were confident going to the staff when they had poor mental health. One person said, "I feel confident talking to the staff about my mental health needs. They have supported me often to get help". Another person told us, "Staff know us and they are always there when you have something on your mind. They encourage you to talk". The good and respectful relationships between staff and people at the home helped people feel at ease, comfortable and for the support to be more effective. Another person summed it up by saying, "We trust the staff and they trust us".

Staff told us that the manager recently made changes to the format of the regular residents meetings. More people had started attending and contributing to the meetings as they had become more focused on gaining people's feedback as well as making sure people had information relevant to them. Recent meetings have involved people contributing to decisions about food at the home, leisure groups people

wanted to get involved with and a focus on people taking control of the home and treating it like their own home. One person told us, "Staff now help me to do my own shopping. I like going to the shops and picking my own stuff". Another person mentioned the meetings to us and said, "The manager checks to make sure everything is fine and to see if we have any complaints". We saw that on the notice board in the hall there were dates for upcoming residents meetings.

One person told us, "I wouldn't swap this for any other home. This is where I want to be, stay here until I pop my clogs".

Is the service responsive?

Our findings

One person said, "I like this place. I feel really involved in the local community". A staff member told us they thought, "A big part of our role is engaging people, supporting people to have a life. Encouraging people to get out and do things".

Everybody at the home had a care file. After spending some time with people and staff members we came to the conclusion that people's care plans often didn't reflect the care and support people were receiving. We looked at the daily records of people's care and saw that often people were receiving care and support in ways not mentioned in the care plan. For example some people's support consisted mostly of reassurance and emotional support, helping people with their anxieties, fears and managing relationships. However there was no guidance for staff, no background information relating to their support needs, no clear rationale for the way support was offered to the person or the person's consent to being supported in the way they were documented.

Sometimes information was known by the manager and staff and documented elsewhere that was important to a person's care and support. However this had not been included in the person's care plan or risk assessments. We discussed this with the manager and one of the owners who told us they intended to review the way information was gathered in producing care plans with people.

The manager and staff at the home were currently working together to enable one person to stay at the home despite their changing needs. This was because the person told staff they wanted to stay at the home where they felt familiar. The person was receiving the support they needed; however this was not reflected in the care plan when it outlined the person's needs.

People's care files did contain information on people's personal and medical history. Which relationships were important to them and their social needs, hobbies and interests. People had a one page profile which contained information on; 'what people like and admire about me', 'what's important to me in the future' and 'what is good support for me'. There were appropriate risk assessments in people care plans and the care files had been regularly reviewed.

Throughout the day we saw that people came and went as they pleased. Some people liked to be out a lot other people told us they liked the comfort of the home. Other people did many different things with their time and were happy to tell us what they liked doing.

Some people attended their local church when they wanted to. One person had been supported to make a pilgrimage as this was very important to them in expressing their faith.

Other things people told us they enjoyed doing included; occasional lunch in local cafes, going on local history courses and going to local support groups. People told us they enjoyed going to knitting and sewing groups, going to local shops and finding a bargain. One person liked going to the swimming baths. Some

people liked to go to local pubs, other people told us how they had been encouraged to keep in touch with friends. One person's care plan said 'It's important for me to continue to socialise outside of Oaklands'. On the notice board in the hall were details of local community events and activities.

Some people liked spending time in the home. One person told us, "I have a TV and radio, books and CD's in my room. I watch sport and the news and get the paper every day".

People were supported in gaining and maintaining life skills. As much as possible people were supported to do things rather than staff doing things on people's behalf. One person said they liked, "Staff helping me with my washing".

We asked people living at the home had they ever had to raise a complaint, everybody told us no. One person said, "I've got no complaints about staff here, they are spot on". The manager told us there had been no recent complaints made at the home. The log of complaints we looked at didn't contain any recent complaints. There was information on the notice board in the hall on how to make a complaint at the home. People we spoke with living at the home didn't make any complaints to us; the CQC had not received any concerns since our previous inspection.

Is the service well-led?

Our findings

The manager said he had just had a settling in period since being appointed by the organisation as manager at Oaklands Grange. One Staff member said about the manager, "Since taking over he has been brilliant. He'd do anything for you; go out of his way for you. Every one of his team is fantastic". Another staff member said, "I love the management and I love how it's run. The manager is always one phone call away". A third staff member commented, "He's a manager and team member. He'll do anything we do; he's not stuck in the office. I feel he supports us". A fourth staff member commented, "There are good relationships on his team".

We saw that relationships with people were very important for the manager. He had a high regard for the people living at the home. During our visit at the end of the day the manager went out to visit a person who had been in hospital for a number of weeks. He told us he had done this every day, seven days a week mostly in out of work time. The manager said, "I think it's important he sees somebody every day.

On the second day we visited the manager was going to see a concert with people who lived at the home. He did this to include people and to build up relationships with them. From his words and actions building up relationships with people was very important to him. One staff member told us, "He gets on really well with everyone, staff and residents. He has a good approach to people". The manager told us, "It's important to me that people want to live here. I always think about how I would like a family member to be treated".

The manager told us that he planned to ensure that people had more day to day life experiences. Staff also told us that the manager had a focus on people being more relaxed, not asking permission for things and treating Oaklands Grange as they would their own home. One staff member told us, "He promotes choice and independence, he listens to people".

The manager told us he changed the format of the residents meeting so that it was more of consultation than providing people with information. He gave examples of how this had quickly led to some changes happening at the home. People living at the home and staff confirmed this was the case. Certain restrictions that had previously been in place had been removed. The manager told us he had, "Respect for people's freedoms". He added, "We may work here, but it's their home".

The manager had an approachable manner and spent his time speaking to people who lived at the home. We saw the office door was open and he chatted to people as they passed. One staff member told us that if they had a problem they, "Wouldn't wait for my supervision, I would just go and see [manager's name]".

The manager had ensured that the relevant health and safety checks had been completed at the home. He had a file of audits that he completed which ensured checks of people's care and care plans, meetings, staff supervisions and appraisals and training were completed and up to date.