Derbyshire County Council

Oakland Village & Community Care Centre

Inspection report

Oakland Village
Hall Farm Road
Swadlincote
Derbyshire
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Tel: 01629533978

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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

Summary of findings

Overall summary

About the service: Oakland Village & Community Care Centre is a residential care home, which is part of a larger village complex. It provides accommodation and personal care to up to 32 people. The care home is across two floors with communal areas and kitchens on each floor. There is a provision for eight people to have short term rehabilitation care in partnership with health professionals. Other people living there are older and living with dementia. On the day of our inspection there were 30 people living there. There are a variety of additional facilities available within Oakland Village and many of these are open to the general public as well as to people living at the home; such as a bistro, restaurant, bar and hair salon.

People's experience of using this service:
The service met the characteristics of requires improvement, with good ratings in three domains.

The systems in place to monitor and drive improvement were not always effective in doing so. Some staff had not received the training they needed to do their job effectively. People did not always have their capacity to make their own decisions assessed to ensure they had maximum choice and control of their lives and staff supported them in the least restrictive way possible. We made a recommendation for the provider to fully comply with the Mental Capacity Act.

People continued to receive safe care. There were enough staff to support them and they were recruited to ensure that they were safe to work with people. People were protected from the risk of harm and received their prescribed medicines safely. Lessons were learnt from when mistakes happened.

People received caring and kind support from staff who respected their dignity and privacy. They were encouraged to be independent and staff understood their needs well. Staff were skilled in understanding the needs of people who were living with dementia and engaged them in meaningful activities. Staff knew them well and understood how to care for them in a personalised way.

People were supported to maintain good health and nutrition; including partnerships with other organisations when needed. There were plans in place which detailed people's likes and dislikes. People and relatives knew how to raise a concern or make a complaint.

The registered manager was approachable and there were meetings in place which encouraged people and staff to give their feedback. The environment was adapted to meet people's needs.

More information is in the full report.
Rating at last inspection: The service was last inspected on 9 June 2016 and was rated good.

Why we inspected: This was a scheduled inspection based on the date the service was registered.

Enforcement: Please see action we told provider to take at the end of full report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe Details are in our Safe findings below.	**Good**
Is the service effective? The service was not always effective Details are in our Effective findings below.	**Requires Improvement**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

Oakland Village & Community Care Centre

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.

Inspection team: The inspection was completed by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Oakland Village & Community Care Centre is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We inspected on 12 March 2019 and the inspection was unannounced.

What we did: We used information we held about the home which included notifications that they sent us to plan this inspection. We also used the completed Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, the provider had completed this eight months previously and we therefore gave opportunities for them to update us throughout the inspection.

We used a range of different methods to help us understand people's experiences. We spoke with three people who lived at the home about the support they received. As some of the people found verbal

communication more difficult, we also observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit. We also spoke with three people's relatives to gain their feedback on the quality of care received.

We spoke with the registered manager, two deputy managers, and three care staff. We also spoke with three health and social care professionals who work closely with the staff at the home and received written feedback from a fourth after the inspection visit. We reviewed care plans for four people to check they were accurate and up to date. We also looked at medicines administration records and reviewed systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. These included accidents and incidents analysis, complaints management, meetings minutes and quality audits. After the inspection visit the service manager sent us some policies and further audits by email as requested.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes
•□Staff were knowledgeable about safeguarding and could explain the processes to follow if they had concerns.
•□People and relatives we spoke with told us that they felt safe in the home. One person said, "It is all locked up and that makes me feel safe.".
•□When safeguarding concerns were raised and investigated, we saw that action was taken to protect people from further harm.

Assessing risk, safety monitoring and management
•□Risks to people's health and wellbeing was assessed, managed and regularly reviewed.
•□People told us how staff supported them to manage risk. For example, one relative told us how close monitoring of their relative resulted in prompt referral to medical professionals.
•□We saw people being supported in line with their risk assessments; for example, being moved with the assistance of equipment or using cushions to protect their skin.
•□Staff we spoke with knew about people's individual risks in detail. For example, they told how they supported people to remain calm and to manage any behaviour which could cause themselves or others distress.
•□The environment was checked regularly to ensure that it was safe and well maintained. For example, we saw that equipment in the home had been serviced recently.
•□There were plans in place for emergency situations such as fire evacuation and these were personalised.

Staffing levels
•□There were enough staff to ensure that people's needs were met safely.
•□We saw that staff had plenty of time to spend with people throughout the day and to respond promptly when assistance was requested.
•□One person said, "If I need help I use my buzzer and a member of staff comes quickly, I don't have to wait usually."
•□There were systems in place to plan staffing levels according to individual's needs.
•□The provider followed recruitment procedures which included police checks and taking references to ensure that new staff were safe to work with people.

Using medicines safely
•□Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

•□We observed medicines being administered and saw that the staff took time with people and explained what the medicines were.
•□Some people were prescribed medicines to take 'as required'. Staff asked some people if these were required; for example, for pain management. There was guidance in place to support staff to know when this was needed.

Preventing and controlling infection
•□The home was clean and hygienic which reduced the risk of infection. One relative told us, "It is always absolutely spotless here."
•□Staff understood the importance of protective equipment in managing cross - infection. We saw staff wearing protective equipment and that it was readily available.

Learning lessons when things go wrong
•□Lessons were learnt from when things went wrong and actions taken to reduce the risk.
•□When people had falls these were recorded and analysed. There were actions taken for each person; including referrals to other professionals and using specialist equipment.

Requires Improvement

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support was inconsistent. Regulations may or may not have been met.

Ensuring consent to care and treatment in line with law and guidance

•The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed.
•When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
•We checked whether the provider was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
•Staff understood the need to ask people for consent and we heard them doing this during the inspection. People were not overly restricted and arrangements were made for them to move freely around the home as they wanted.
•However, when people were unable to make their own decisions, capacity assessments had not always been completed to demonstrate why some restrictions were required to protect people from harm.
•Some DoLS applications had not been approved by the authorising body. When we reviewed people's records we saw there were not always capacity assessments to evidence the applications. One member of staff we spoke with told us they did not agree with one decision.
•One person's DoLS had conditions on it which the staff member we spoke with was not aware of. When we asked if other DoLS had conditions staff were unsure and had to check them.

We recommend the provider assesses people's capacity to give consent to care and treatment in line with the MCA.

Staff skills, knowledge and experience
•Staff did not always have sufficient opportunity to update their knowledge and skills through training.
•Some staff told us they would like additional training which wasn't available. For example, they explained how they had supported people at the end of their lives but had not received training in this. They said, "Some people have had End of Life training but it doesn't come around very often."
•When we reviewed training records we found that some staff had not attended training in important topics for some time. For example, one member of staff had not refreshed their safeguarding knowledge since 2013 and another member of staff had not completed fire safety since 2014. When we spoke with staff

and the registered manager about this they told us training was organised centrally by the provider. This meant it was often difficult to get places or the training was geographically difficult to get to.
•□However, we saw staff demonstrate a real insight into supporting people living with dementia. They understood what was important to people and where their level of awareness was and spoke to them at that level.
•□Staff told us they received ongoing support and advice in this from the management team at the home. When one person was having a difficult time, and behaving in a way which could be challenging one of the senior staff met with staff on a daily basis to discuss the person's care. They explained how the person's dementia could be developing and assisted staff to understand what the behaviours could mean.
•□This was reinforced by a visiting social care professional who told us, "Staff have an excellent understanding of dementia."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
•□People's needs and choices were met in line with national guidance and best practice.
•□Their care plans contained detailed information to support specific health conditions, dietary requirements and mental health support needs. For example, there was information about 'sundowning'. This is when some people who have been diagnosed with dementia experience a growing sense of agitation or anxiety at this time of day.

Supporting people to eat and drink enough with choice in a balanced diet
•□People were supported to have balanced diets and made choices about the kind of food they enjoyed.
•□One person told us, "The food is good and I get plenty to drink."
•□People were offered a choice by showing them the two different options at mealtime. When one person was disappointed with their choice, staff gave them a serving of the other meal as well and they told us they were happy with this. People were offered seconds and one person said at the end of the meal, "It's beautiful this is; I enjoyed it, I really did".
•□Staff were attentive during mealtimes. When people required support to eat, this was given patiently with gentle encouragement.
•□Special diets were catered for and this included softened or puree food for people who were at risk of choking. This was presented well to stimulate people's appetites.
•□People who were at risk of losing weight were closely monitored. One relative we spoke with told us how assured they were that their relative's weight was regularly monitored and that they had a steady weight at the moment.

Supporting people to live healthier lives, access healthcare services and support and providing consistent care across organisations.
•□There were good relationships in place to ensure that people saw healthcare professionals when required. One health professional told us, "Communication is very good and the staff only tend to call us if they have genuine concerns regarding people. We often communicate over the phone, in person or via email. Any advice about supporting people is adhered to and the staff will liaise with us if they have any concerns."
•□People told us they had regular contact with a range of health professionals to monitor and manage their wellbeing. We saw evidence of this in their care records.
•□Some people needed regular support from district nurses and there were arrangements in place for them to visit. There was also regular support from nurse practitioners and doctors within the home.
•□People and relatives told us they received prompt treatment and monitoring after any accidents and relatives said they were always informed of them.

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

•□People were involved in decisions about the premises and environment. It was a purpose-built environment with large corridors and communal spaces.

•□There was signage throughout the home to assist people who were living with dementia to orientate.

•□People's bedrooms were personalised and had ensuite bathrooms. One relative told us, "It's a lovely room, better than some hotels".

Good

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported
- People had caring, kind supportive relationships with the staff who supported them.
- One person told us, "The staff are very good and it's doing me good, they've been brilliant." A relative also said, "The care here is magic; the staff are brilliant, very friendly and I know my relative is getting really good care."
- We saw caring interaction between staff and people throughout the inspection. They chatted and joked with people and had time to put people at ease when needed. They spoke kindly to people and touched their hands, arms and shoulders to offer reassurance which people responded positively to.
- One healthcare professional told us, "Staff are always happy when I visit and interact well with the people who live at the home; they are very caring."

Supporting people to express their views and be involved in making decisions about their care
- People were enabled to make choices about the care they received. We saw that some people who were living with dementia chose to walk around the building. Staff respected this choice and monitored them. For example, staff sometimes linked arms and chatted with them to provide company and at other times encouraged a sit down and a rest. One person had remained in their night clothes due to an unsettled night's sleep and staff understood that they would sleep when ready and this might be day or night.
- Other people were encouraged to make decisions about how they spent their day. One person told us how they preferred to spend time quietly in their room and they were supported in this.
- People who were staying for a short-term rehabilitation programme discussed and agreed the care and support they received.

Respecting and promoting people's privacy, dignity and independence
- Dignity and privacy were upheld for people to ensure that their rights were respected. Staff supported people with personal care requirements discretely and ensured they kept doors and curtains closed.
- People were encouraged to be as independent as possible. They used adaptations at mealtime to support people to eat without support.
- When they assessed people's risk, for example, risk of falls they ensured they considered how important their movement and autonomy was as well.
- People's families and friends could visit the home freely in the longer-term part of the home. One relative told us they visited daily and were always warmly welcomed. Arrangements were made for them to spend time with their relative in a quiet space so they could listen to favourite music and read books without disturbing others. The relative told us of the pride they had in maintaining flower boxes on balconies with the staff to provide a nice environment.

• In the short-term rehabilitation unit visiting was restricted to ensure people could partake in therapy sessions without interruption. People could consent to this restriction and told us they understood why it was in place.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
•People were supported by staff who knew them well and understood their preferences. One professional we spoke with said, "The staff team and the management team know people very well. They are very good at knowing when they can no longer meet people's needs well and refer them to other care. They are also very good at getting the right mix; for example, part of their assessment is whether new people will get on with other people who live here".
•People had care plans which were personalised and detailed. People's communication needs were assessed and it was clear how information should be shared with them. There was information displayed in the home in pictures and symbol so that those people who were no longer able to read could also understand it. For example, there were notices with photographs and pictures to assist people to understand. This showed us that the provider understood and met the Accessible Information Standard (AIS). This was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand.
•Activities were planned with people to ensure they were engaged and interested. One professional told us, "I have noticed on many occasions that the staff are engaging with people undertaking social activities." We saw activities being provided throughout the day including gentle exercise and playing games.
•A lot of people were living with dementia and staff had the time and understanding to offer them individual support when needed. For example, there were some newly hatched chicks in one communal room and staff helped people to interact with them.
•There were lots of areas which encouraged memories throughout the home to help people have conversations and reminisce.

Improving care quality in response to complaints or concerns
•People knew how to make complaints and were confident that they would be listened to.
•One person told us, "There are no faults here and I have no complaints."
•There had been no complaints since our last inspection and the registered manager told us this was because they communicated often with people and their relatives to deal with any concerns as they arose.
•There was a complaints procedure in place which was shared with people and on noticeboards in the home.

End of life care and support
•There was nobody receiving end of life care when we inspected. People's wishes about the care they would like at the end had been discussed and recorded. For example, people's choices about whether they wanted to be actively resuscitated were recorded.
•One member of staff told us about the partnership work with local health professionals such as district

nurses which supported people at the end of their life.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations had not been met.

Continuous learning and improving care; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The providers systems for monitoring and improving quality were not always effective and didn't always drive the change required.
- The provider had completed a quality audit of the home in February 2018 and some of the action points recognised at that point had still not been addressed. For example, staff had still not completed all the training the provider required them to do. In addition, a review completed in December 2018 by another senior manager for the provider had not addressed the lack of capacity assessments in people's care records but stated they were in place.
- It was unclear how often these full reviews would take place and the actions from them were not implemented. There was no quality assurance policy in the home and we were provided with one after the inspection visit. This was a generic policy for all the county's providers and did not describe how quality should be managed under this provider's locations.
- The provider did not have some systems in place. For example, the registered manager had developed a system to review and analyse falls for themes and trends. The provider did not monitor this and it was not generic across their homes.
- The care plans had been completed using the provider's care planning process. However, there was no audit to identify if they had been completed correctly or that the information was current. Although staff understood people's needs well, people's plans were not always up to date. One person's behaviour support plan described how important certain items were to them. When we saw they did not have the item staff explained how their behaviour had altered with their dementia progressing and this was no longer relevant. However, their care plan had not been updated.
- There were also important aspects of people's care which were not included in the plan. For example, there was no detailed end of life plan and behaviour support plans were completed separately to the care plans, which meant they were not always easily accessible.

This is a breach of Regulation 17 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

- Other audits were completed regularly. For example, the registered manager and senior staff completed reviews of medicines and health and safety checks on a weekly basis. The service manager had started six monthly audits on medicines management, and infection, prevention and control.
- When the registered manager was new to post they were supported by the provider's health and safety

specialist to implement and develop systems to ensure that the building was safe.
•□An external review by Healthwatch had led to improvements in signage in the home to support people living with dementia.
•□All staff understood their roles and responsibilities and there were clear lines of delegation. Some staff held responsibility for certain roles such as medicines management and they were clear about this and told us how they had been supported to develop expertise.
•□The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.
•□The previous rating of the home was displayed in line with our requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
•□There were regular meetings with people who lived at the home. They were an opportunity to discuss the running of the home and when we checked records we saw that the previous meeting had reviewed activities and outings.
•□Staff felt supported through regular supervisions and appraisals. Team meetings were productive and staff felt confident their views and opinions mattered and were listened to.

Working in partnership with others
•□There were strong relationships with local health and social care professionals, schools, churches and social groups.
•□Health and social care professionals told us about good communication, friendly and skilled staff and good leadership within the home.