

Oakview Estates Limited

Oaklands

Inspection report

Anick Road
Hexham
Northumberland
NE46 4JR
Tel: 01434 600684
Website: www.danshell.co.uk/adultservices/learning-disability-services/residential-services/oaklands

Date of inspection visit: 29 September 2015
Date of publication: 14/01/2016

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?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on the 29 September 2015 and was unannounced.

Oaklands provides care for up to 20 people who have learning disabilities. There were 14 people living at the home at the time of the inspection.

We have not inspected the service since the new provider Oakview Estates took over in September 2013.

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

Summary of findings

People told us they felt safe. There were safeguarding policies and procedures in place. We saw that the building was well maintained and clean. Medicines were managed safely.

People, staff and relatives told us there were enough staff to meet people's needs. This was confirmed by our own observations. There was a training programme in place. Staff were trained in safe working practices and to meet the specific needs of people who lived at Oaklands.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. The manager told us that the local authority had approved all 14 DoLS applications that they had submitted.

People told us that they were happy with the meals provided at the home. We saw that the kitchen was well stocked with fresh fruit and vegetables and the chef was knowledgeable about people's dietary needs.

People and the relatives told us that staff were caring. We saw positive interactions between staff and people. People were supported to maintain their hobbies and interests. There was a complaints procedure in place. There were a number of feedback mechanisms to obtain the views from people, relatives and staff. These included meetings and surveys.

The provider had a national award system in place to recognise outstanding achievement for its staff. We saw that the manager had received 'Service manager' of the year award. Staff informed us that they enjoyed working at Oaklands and morale was good.

A number of audits and checks were carried out to monitor all aspects of the service.

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?

The service was safe.

People told us they felt safe. There were safeguarding procedures in place.

We found the premises were clean and well maintained. Medicines were managed safely.

People, relatives and staff told us there were enough staff to meet people's needs. This was confirmed by our own observations. Safe recruitment procedures were followed.

Good



Is the service effective?

The service was effective.

Staff told us adequate training was provided. They told us that they felt well supported and supervision and appraisal arrangements were in place.

Staff were following the principles of the Mental Capacity Act 2005.

People were happy with the meals provided. We saw that the kitchen was well stocked with meat, fresh fruit and vegetables.

Good



Is the service caring?

The service was caring.

People and relatives informed us that staff were caring.

All of the interactions we saw between people and staff were positive. We saw staff spoke with people respectfully.

People told us that they were involved in their care. They had access to independent advocacy services.

Good



Is the service responsive?

The service was responsive.

People were supported to maintain their hobbies and interests. They were actively involved in the local community.

Care records documented how people's independence was promoted. They also included people's likes and dislikes so staff could provide personalised care and support.

There was a complaints procedure in place. Feedback systems were in place to obtain people's views.

Good



Is the service well-led?

The service was well led.

There was a registered manager in post. People, staff and relatives spoke positively about her.

Good



Summary of findings

The provider had a national award system in place to recognise outstanding achievement for its staff. We saw that the manager had received 'Service manager' of the year award. Staff informed us that they enjoyed working at Oaklands and morale was good.

A number of checks were carried out which reviewed all aspects of the service. Action was taken if deficits in any standards were found.

Oaklands

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.

The inspection was carried out by an inspector, a specialist advisor in learning disabilities and an expert by experience. Specialist advisors are clinicians and professionals who assist us with inspections. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection took place on the 29 September 2015 and was unannounced.

We spoke with three people who lived at the service on the day of our inspection. We did approach other people, but they chose not to speak with us. In addition, some people were unable to communicate with us verbally because of the nature of their condition.

We were unable to carry out a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We noticed that some people became unsettled by our presence. Therefore we restricted

our observations to a more peripheral assessment. We felt it was important to be sensitive to the apprehension of the people themselves, otherwise we would have not have obtained a realistic evaluation of staff and people's interactions.

We conferred with three relatives by phone following our inspection to find out their opinions of the service provided. We consulted with a Northumberland local authority safeguarding officer and a local authority contracts officer. The local authority contracts officer stated that they did not currently contract with the service, because they did not have anyone who required this type of service. We also spoke with an independent advocate who had been involved with the service when advocating on behalf of one of the people who used it.

We spoke with the registered manager, two nurses, six care workers, the activities coordinator, the chef, housekeeper and maintenance man. We reviewed three people's care records. We looked at a variety of records which related to the management of the service such as audits and surveys.

Prior to carrying out the inspection, we reviewed all the information we held about the home. We did not request a provider information request because of the late scheduling of the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

Is the service safe?

Our findings

All the people we spoke with told us that they felt safe living at Oaklands. Comments included; “Yes I like it here. I want to make this my home for life,” “I have a key for my own room so all my stuff is safe. My money is locked up in the office but I can have it whenever I want” and “I used to live in a little house but it was too small. This place makes me feel safe, I’m not too anxious here.”

Relatives also told us they considered that their family member felt safe at the service. Comments included; “She is definitely safe, it’s the best place for her. She’s been there for 15 years with no problems,” “Aye he’s definitely safe. It’s absolutely perfect. He was there for 10 years [Oaklands] then they tried him in community living and it was terrible, they couldn’t cope with him and he kept ending up in police cells so we managed to get him back to Oaklands. It’s the only place that can manage him” and “We are very happy with the place. We don’t have to give it a moment’s thought; we can relax knowing he’s safe. It’s the first place we have been relaxed about as it’s so well monitored; the other places were much less so.”

We spoke with an independent advocate who told us, “Yes people are safe. I have never had to take anything to safeguarding. I think the service has moved on a long way since this manager arrived. I always get a quick response to any suggestions I make. If I see someone working well with a particular resident I always let the manager know, this helps to build up a team who work well with people and help to keep them safe” and “Freedom of movement is a key part of keeping people safe. They need to be able to move freely into and out of the garden or other areas and the wide corridors help tremendously. People can move around without upsetting others or invading their space.”

There were safeguarding procedures in place. Staff were knowledgeable about what action they would take if abuse was suspected. Staff informed us they had not witnessed anything which concerned them. One member of staff said, “It’s a lovely place. I love it, the residents are lovely. They are all someone’s bairns [children]. . . .I can honestly say all the staff are helpful, it’s like a little family.” There was one ongoing safeguarding investigation at the time of our inspection. This was closed following our inspection. We spoke with a safeguarding officer from the local authority who told us that staff had taken appropriate action to keep people safe.

The service was well maintained. The maintenance man was extremely knowledgeable about the safety checks which needed to be completed such as checks of the equipment and premises. Staff spoke positively about him. One member of staff said, “[Name of maintenance man] is spot on, everything has to be just so.” We saw that regular fire safety checks were carried out. There was easy access into the garden which was well maintained with strong fences to keep out intruders and help keep people safe.

We checked staffing levels. People, relatives and staff did not raise any concerns about the number of staff on duty, which included nursing staff to support people’s nursing needs. One relative said, “The staffing levels are fantastic. He gets two to one [support]. It’s the only place that can manage him.” We saw care was provided in a calm unhurried manner and people were supported to access the local community.

We checked medicines management. People told us that staff supported them to take their medicines. There were systems in place for the safe receipt, storage, administration and disposal of medicines.

We checked medicines administration records. We found MARs were completed with no omissions in administration. Each MAR had an up to date photograph of the person and any allergies were clearly indicated on the chart. We found however, that full administration instructions were not documented on the MAR. We spoke with the manager about this issue. She told us that they were moving to a new medicines recording system and this would be immediately addressed.

Staff told us and records confirmed that appropriate recruitment checks were carried out prior to staff commencing employment. This included Disclosure and Barring service checks (DBS) and obtaining references. These checks helped ensure that staff were suitable to work with vulnerable people.

All nurses, including the manager who worked at the home were registered with the Nursing and Midwifery Council (NMC). The NMC registers all nurses and midwives to make sure they are properly qualified and competent to work in the UK. There was a system in place to ensure that each nurse's professional registration details were correct and up to date.

Is the service safe?

A contingency plan was in place which documented the actions to be taken in the case of any emergencies. An identified location had been identified should people need to be evacuated to a place of safety.

Risk assessments were in place which identified a number of hazards such as behaviour management, accessing the local community and moving and handling. This meant that information was available to inform staff what actions needed to be taken to minimise risks and avoid harm.

Is the service effective?

Our findings

Relatives informed us that they thought the service was effective and met their family members' needs. Comments included; "They fetch her home to us for weekends and pick her back up which is a great help," "There is a case conference every six months which we go to with her social worker and doctors and its always a productive meeting," "They always phone us up over the slightest thing, visiting the dentist – anything, we are always informed" and "He wanted a bigger car to take him on his visits for dialysis to Sunderland and they sorted it straight away."

The advocate told us, "The service works well with me. I am accepted and established as an independent voice. They are very open and this makes my work more effective" and "They are good at sharing practice when moving people on and have been complemented by new services because they are not precious about sharing important information and knowledge."

Relatives told us that they considered that staff were well trained. Comments included, "They are so highly trained" and "They are highly qualified." The advocate told us, "There is a lot of medical experience and knowledge in the staff and they have a common sense approach. They have good contacts with the local GPs but they will also tolerate non clinical questions from me and are happy to refer whenever necessary."

All staff informed us that they felt equipped to carry out their roles and said that the provider's training academy delivered effective training. The manager provided us with information which showed that staff had completed training in safe working practices and to meet the individual needs of people who lived there such as learning disabilities training and violence reduction and conflict management training.

Staff told us that they felt well supported. There was evidence of a structured supervision system in place for staff. Proctor's model of supervision was used which is a validated model of supervision and was appropriate to the staff group at Oaklands. An annual appraisal was also carried out. Supervision and appraisals are used to review staff performance and identify any training or support requirements. The advocate told us, "They have responded to major issues as well as they could and have reflected on their practice."

Many of the staff had worked at the home for a considerable number of years. This experience contributed to the skill with which they carried out their duties.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. Staff had carried out screening to assess whether their plan of care amounted to a deprivation of liberty. The manager explained that everyone at the home had a DoLS in place which had been authorised by the local authority in line with legal requirements. We found evidence of completed and up to date mental capacity assessments and best interests decisions had been completed for specific decisions. Staff were knowledgeable in relation to their responsibilities concerning the MCA.

We checked whether people's nutritional needs were met. People told us that they were happy with the meals at the home. One person said, "The food's okay. I need a soft diet and they are catering for it very well. If it's too dry I get extra gravy – the staff all know about it." Relatives were complimentary about the meals. Comments included; "We are very happy about the food and are always offered food when we arrive after a long journey," "She eats very well, the food's excellent." and "The food is brilliant, [staff name] the cook makes the best Yorkshire puds in England."

The advocate told us, "The food is good and the residents love making their own hot drinks which they do whenever they want, with as much or little help as they need. When I pop in we always make a drink before we go off for a chat."

We observed the lunch time period and saw that it was a calm and pleasant experience. Menus were available in pictorial format. We saw people looking at them and pointing at what they wanted to eat. People chose where they wanted to sit and staff ate and chatted with them. One person required assistance with eating and drinking and staff encouraged them to be as independent as possible.

We visited the kitchen and saw that it was well stocked with fresh produce. The chef was knowledgeable about people's medical conditions and their special dietary requirements such as low salt and soft textured diets.

Care plans clearly identified people's nutritional needs. Likes and dislikes relating to their diet were recorded and taken into account through weekly menu choices. We also

Is the service effective?

found evidence that support was obtained from the speech and language team for anyone thought to be at risk of choking. In addition, advice had been sought for specific health conditions.

People told us that staff supported them to access healthcare services. The provider employed their own psychiatrist, psychology staff, occupational therapist and speech and language therapist. One person said, "I go to the local GP, but my psychiatrist comes here. He helps me when I get upset. My stoma nurse comes here too." A relative said, "They manage him and his health needs well." We read that people attended GP appointments; visited the

dentist, optician and podiatrist. This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people were being met to maintain their health.

We noted that annual health checks had been carried out following government recommendations. In addition, each person had a 'Hospital passport.' These contained details of people's communication needs, together with medical and personal information. This document can then be taken to the hospital or the GP to make sure that all professionals are aware of the individual's needs.

Is the service caring?

Our findings

We spoke with people and relatives who told us that staff were kind and caring. Comments included; “I like the staff they are very kind,” “We have met all the staff. They are lovely people – they are doing a job they want to do,” “We are always made very welcome when we visit,” “They are all very caring. They are so thrilled when he manages to do something, even small things –they ring us and tell us” and “Even the handymen are magic.”

We noticed that some people became unsettled by our presence. Therefore we restricted our observations to a more peripheral assessment. We felt it was important to be sensitive to the apprehension of the people themselves; otherwise we would not have obtained a realistic evaluation of staff and people’s interactions.

We saw that staff communicated effectively and people reacted positively to all interactions. Staff knew people well and could describe their needs to us. We noticed that staff treated people with dignity and respect. They spoke with people in a respectful manner.

We noted that care plans had been developed collaboratively where possible with the person themselves or with family and other health professionals. Documentation had been specifically designed for people with learning disabilities. All documentation was easy to understand, for example, medicines plans explained in an uncomplicated way what medicines were prescribed, what they were for and how each person preferred to take them.

Information was displayed around the service to inform people how they could be involved in their care. These included regional and national forums, catering meetings, person centred care plan reviews, Care Programme Approach (CPA) meetings and multi-disciplinary meetings (MDT) meetings. One person told us, “We have house meetings once a month. I have PCP [person centred planning] meetings with everyone involved in my care 'cos [name of staff member] knows her job.”

People were included in future plans for the home. We read that the manager had completed a feedback summary for people following a recent meeting for people who used the service. This stated, “I think the sensory garden is a fantastic idea, now we need to plan and raise money. How do you think we can raise money? How about a sponsored walk? A cake stall? A raffle?” The activities coordinator was liaising with people to obtain their ideas.

People had access to local independent advocacy services. Advocates can represent the views and wishes for people who are not able express their wishes. One person told us, “If I have a problem I would ask the staff to help me and now I have [name of advocate], she’s my advocate.” We spoke with an advocate who stated, “Yes the staff are caring, I am always in and out and if I saw anything untoward I would immediately act upon it but I haven’t had to. The staff are very good at quickly sorting out particular communication specific to individuals so that they can care as efficiently and supportively as possible.”

Is the service responsive?

Our findings

People and relatives said that staff were responsive to people's needs. Comments included; "I can't have too structured a program, cos if I'm tired I need to rest so I just join in when I can" and "They have catered for my needs by putting me downstairs [bedroom]. It's a better option."

The advocate told us; "I think people are doing quite well there. I have seen them progress since they moved in" and "People there have a far better quality of life than they ever had...Of the services I know, it's the one that has shown how things should be done."

A pre-admission process was in place. One relative said, "He was introduced to the staff before he arrived." The manager explained that an extensive moving in process was in place. She told us, "With [name of person] my staff worked into where he lived for a month and then their staff came for a month to work with my staff so the whole process took two months...Everything is led by the person and what they need." This meant there was a process in place to ensure that people's needs could be met before they moved into the home.

The manager explained that one person had moved to another care home and staff had facilitated the move. We read a compliment which had been received from a member of staff from the person's new care home. This stated, "I understand that you are the line managers for Oaklands at Hexham, as such I would like to express my appreciation for the support we have received from your team there...I cannot fault the way your team have handled every single aspect of this move. They have been extremely helpful every step of the way and have shown a genuine caring concern for [name of person] wellbeing. I have worked with each member of your team and they have proven to be highly skilled and very professional, going above and beyond the call of duty on more than one occasion."

Each person had a person centred plan (PCP) which contained comprehensive information about their likes and dislikes. The PCP also contained information regarding nutrition, activity plans and their medicines regime. There was evidence that these had been reviewed on a regular basis to ensure that the information was up to date and

reflected the care and support required. We observed that care was delivered as planned. Staff provided care and responded to people's needs in an appropriate way and engaged people in planned or spontaneous activities.

The service had a full-time dedicated activities co-ordinator in post. There was a separate building known as the 'Pirimid' which was used by people. This building housed a training kitchen with laundry facilities. There was also a health and beauty salon that could be accessed for a small extra charge. The provider employed the services of an art therapist, fitness instructor and beautician. People told us that these sessions were appreciated and enjoyed.

People informed us that they were encouraged to maintain their hobbies and interests. One person said, "I'm a good tea maker and I like to make it for the staff. I go shopping, I ride on the bus, I visit places, I see my friends at other houses. I've joined the special Olympics, I go for coffee and cake and I'm going on the Coronation street tour." Other comments included; "I went go cart racing at the sports centre today and we had a picnic on Hadrian's wall" and "I think a college course would be too much pressure so I'm going to do ASDAN in house. I will get certificates." ASDAN stands for, "Award Scheme Development and Accreditation Network." "It offers programmes and qualifications for employment, skills for learning and skills for life."

Relatives also confirmed that there was an emphasis on meeting people's social needs. Comments included; "There's lots to do in the home, she's always doing something - they take her all over," "He has a very structured programme which suits him, he needs to have lots to do" and "He likes to go for long walks, they are always thinking of new things to try and always trying to increase his activities." The advocate told us "There's always a lot of things going on. I have never seen anywhere else that does as much. It's very personalised and they attempt to do things that other services I know wouldn't."

At the time of the inspection the majority of people were out of the home on planned activities. Some people were shopping, others were visiting the local leisure centre and another individual was visiting the hairdressers.

As people previously lived outside of the Northumberland area prior to their admission, staff supported and encouraged them to maintain links with family and friends

Is the service responsive?

through social networking sites and internet technology. Staff were supporting one person who had an extensive collection of photographs; store them onto a tablet computer.

There was a complaints procedure in place. Pictures had been added to make the written word easier to understand. None of the people with whom we spoke said they had any complaints or concerns. One relative said, "We have never had any complaints." Another relative said, "My only complaint has been minor. Messages not passed on at weekends when we have rung but I had a word and it's better now but never anything serious."

A number of national and local forums were available for people to attend and share their views and opinions. These included the 'People's Parliament' which was held monthly and a 'National Service User and Family Forum.' We read the minutes of the 'National Service User and Family Forum' meeting which had been held on 11 June 2015. A number of areas and questions had been discussed. One question raised was, "When will we get new vehicles and can they be ones that are right for us? In response to this question, the provider had stated, "A report has been done about what cars are needed." The manager told us that two new cars had been purchased for Oaklands following feedback from the Forum.

We found a well-developed Care Programme Approach (CPA) was in place. CPA is a way that services are assessed, planned, coordinated and reviewed for people with mental health problems or a range of related complex needs. We noted that people, relatives and care managers from the responsible local authority were invited to attend these meetings. We read one of the provider's recent newsletters. Included in the newsletter was an article about the success of a person's CPA meeting at Oaklands. The article stated, "It is always nice to hear of a CPA meeting that goes the extra mile and this month [name of manager] at Oaklands had one she wants to share. At the start of the CPA a slide show was played showing the service user taking part in many activities and days out in the local community over the last few months. The dad was beaming to see his son so happy and able to access the community like he had always wanted to. This personal touch at the start of a CPA can make the meeting really rewarding for the people involved. It is great to hear of good practice like this in action." In addition to CPA meetings, regular internal multi-disciplinary team meetings were carried out. These were held to review people's care and involved the person and those professionals involved in their care.

Is the service well-led?

Our findings

The service opened in 1992. It had been a hospital and provided a service for people who were detained under the Mental Health Act. The new provider, Oakview Estates took over the service in September 2013. The provider carried out a review at Oaklands and found that no one required detention under the MHA. Following the review, they stated that they; “Wanted to move away from this more restrictive type of service.” They therefore applied to remove the regulated activity of ‘Assessment or medical treatment for persons detained under the Mental Health Act 1983’ and registered with CQC to become a care home with nursing on 5 January 2015.

The manager had worked at the home for over seven years. She had been acting manager for four years before becoming manager in 2013 and registering with CQC. She was a registered learning disabilities nurse and had completed her Registered Manager’s Award.

People and relatives told us that they considered that the service was well led. Comments included; “I like [name of manager], she’s alright,” “We don’t want anything to change,” “[Name of manager] is perfect. She will always make time for you. I said he could do with some extra drawers and I would pay, but he got them straight away and we didn’t have to pay a penny,” “[Name of manager] is absolutely super, on the ball, kind, great – the tops,” “I like the fact that they are always looking to improve, always striving to be the best, looking at everything. I can’t fault them on that. We are always included so we are working to the same purposes.”

The advocate told us, “The manager is a strong manager which is key. We don’t always agree but she is always open to discussion. Her care team is strong and confident which makes a great deal of difference” and “This is a good functioning residential home. I know lots of people who I would like to be able to move into it.”

The provider had a national award system in place to recognise outstanding achievement for its staff. We saw that the manager had received ‘Service manager’ of the year award. We read a newspaper article which included information about the award and some of the comments

made about the manager. These included, “She is a committed, caring person who goes the extra mile to help staff and service users” and “She cares deeply for Oaklands and is supportive of everyone within the service.”

Staff informed us that morale was good and they enjoyed working at the home. They told us that the manager was supportive. Comments included; “The manager is very supportive inside and outside of work,” “I am more confident because she trusts me,” “The manager is excellent,” “I much prefer it here, the staff team are brilliant,” “I’ve never worked anywhere where there is such a bond between staff,” “It’s a very person centred team – the residents are much happier,” “We are like a little family,” “We’ve got a really good team here, I wouldn’t want to be anywhere else” and “When I go with ideas for activities she never says ‘no’ she always says ‘let’s think about it’ and together we come up with a solution.”

People, relatives and staff told us that they were involved in making decisions about the running of the service. They explained that there was open communication and their views were listened to and acted upon.

We read the results of the most recent 2015 survey for people who used the service. The manager had actioned all of the feedback received. We read that the manager had written:

- “You wanted more family contact. We now have access to FaceTime, Skype, family newsletter and the family forum.”
- “You asked to go fishing, we have booked fishing. We can go fishing every other Friday at Brampton.”
- “You said you wanted to know who was walking around the unit. We have made a board letting you know what professionals are here.”
- “You said you wanted more variety in the menus. Our catering committee meets bi-monthly.”
- “You said you wanted a room you could relax in. We gave you a reading room downstairs and the relaxation room upstairs.”

These actions demonstrated that people were actively involved in designing the service.

We noted that a number of checks were carried out to monitor all aspects of the service. These included checks on health and safety, care planning documentation and

Is the service well-led?

medicines. Action was taken if any concerns were noted. We spoke with a member of staff who carried out many of the audits. She stated, “After each audit, I carry out an audit report, even if the audit is 100% compliant, it just shows that everything has been done” and “I really like doing the audits as it’s a really good way of making things better, they’re not negative, they’re [audits] positive.” One of the

audits we looked at showed there had been an issue with nettles in the garden. This had been addressed and the garden was now nettle free. Accidents and incidents were analysed to ascertain if there were any trends or themes so that action could be taken to reduce the risk of further incidents.