

Friend4Friend Limited

Oaklands Care Home

Inspection report

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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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Oaklands care home is registered to provide nursing care for up to 10 younger adults who have mental health problems; some people also have learning disabilities. On the day of our inspection there were seven people resident in the home.

At the last inspection, the service was rated Good. At this inspection we found the service had met all relevant fundamental standards and remained rated as Good.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk and keep the person safe.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff completed training to ensure they were suitably skilled to perform their role. Staff were supported through a supervision programme.

People were supported to maintain good health and had access to external health care professionals when required.

Staff were caring towards people and there was a good relationship between people and staff. Staff demonstrated an in-depth understanding of the needs and preferences of the people they cared for.

Support provided to people met their needs. Care plans provided information about what was important to people and how to support them. People were involved in activities of their choice.

There were systems in place to assess, monitor and improve the quality and safety of the service. Staff described the registered manager as supportive and approachable. Comments from surveys and compliments received by the service confirmed that people were happy with the service and the support received.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Oaklands Care Home

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 28 May 2017. The inspection was unannounced and carried out by one inspector.

Prior to the inspection, we reviewed information we held about the service including statutory notifications. Statutory notifications are information about specific important events the service is legally required to send to us.

On the day of the inspection we spoke with four people, three members of staff and one relative. The registered manager was not present, senior staff were however able to assist the inspection process. We looked at three people's care and support records. We also looked at records relating to the management of the service such as the daily records, policies, audits and training records.

Is the service safe?

Our findings

The service had suitable arrangements for the administration and recording of people's medicines. There were medication profiles for each person that provided staff with guidance as to people's diagnosed medical conditions and the medicines that had been prescribed. Staff had been trained in the administration of the medicines. We carried out an audit of the medicines and the amount in stock agreed with the administration records. The medicines were stored safely and securely.

The service had safe and effective recruitment systems in place. There was a robust selection procedure in place. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified. We saw that the recruitment process also included completion of an application form, an interview and previous employer references to assess the candidate's suitability for the role.

People were protected from the risk of abuse. The service had provided staff with safeguarding adults training and had a policy and procedure which advised staff what to do in the event of any concerns. Staff were able to explain the correct action to take if they were concerned about a person being at risk and which external authorities they could report to. Staff told us they were confident that the registered manager and provider would act on their concerns. One member of staff said "[Registered manager's name] supports us to speak up if we have any worries about how the guys [people] are supported." Staff also understood what whistle blowing was and that this needed to be reported. Staff told us they had not needed to do this, but felt confident to do so.

There were sufficient staff to meet people's needs. Staffing levels were assessed and organised in a flexible way to support people for their daily needs and for additional activities and appointments outside of the home. Staff told us there were enough staff to meet people's needs. The staff rota was planned in advance and took into account when additional support was needed. Staff told us that on occasion when there was a shortage of staff that this was covered by the regular staff at the service or by bank staff. We observed that there were sufficient staff on duty to meet people's needs. People told us they felt safe and that there were enough staff to meet their needs. One person said "I can always rely on staff to be there for me when I need them."

There were completed assessments of people's risks and recorded guidance on how to manage identified risks. The risk assessments showed that assessments had been completed for areas such as mobility, continence, food and diet. Risk assessments had been regularly reviewed with people to ensure that they continued to reflect people's needs. For example in order to assist a person with their independent living skills they were able to self-medicate. The risk assessment had been reviewed as the person's independence levels changed and measures to alleviate risk were changed accordingly.

Accidents and incidents were recorded, they were analysed by the registered manager or senior staff. The analysis was discussed with staff and subsequent action plans were put in place to reduce the likelihood of reoccurrence and to keep people safe. The records we viewed showed a system which recorded timescales

for response to concerns, outcomes and actions taken.

Is the service effective?

Our findings

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's capacity to make decisions had been assessed and we saw examples of appropriate best interest decisions documented.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We saw information in people's support plans about mental capacity and Deprivation of Liberty Safeguards (DoLS). DoLS applications had been applied for appropriately. Staff demonstrated a good understanding when they were asked about the principles of the MCA and DoLS.

Staff had the knowledge and skills to carry out their role. New staff received training provided by the service when they joined as part of their induction programme; the induction training was aligned with the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. On completion of their induction they also received refresher training. Training subjects included first aid, infection control and food hygiene. Staff said they had received training that the provider deemed as mandatory to their roles and also had access to further training if they wanted it. Additional training specific to the needs of people who used the service such as diabetes training had also been provided for staff to enable them to meet people's needs. A member of staff said I've been offered so many opportunities to gain lots of extra skills and have been encouraged to promotion."

Staff said they received supervision sessions regularly. The supervision records we looked at supported this. Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff.

People's nutrition and hydration needs were met. People's nutritional assessments had been completed and reviewed. Where concerns had been noted, external guidance had been sought. We observed people being supported with their meal preparation during our inspection. The meals were of people's choice. When a person needed support with their meal, this was offered by staff in a calm and unhurried manner.

People were supported to maintain their well-being and good health. We saw from records that people had regularly accessed health care services. When a person required additional regular clinical support this was provided. There was also evidence of input from the community psychiatric team and GPs in people's records. We saw within everyone's care plan that regular visits or appointments with dentists, opticians and dentists had happened when required. Staff had then acted upon the actions agreed at the respective appointments.

Is the service caring?

Our findings

We observed that staff demonstrated a kind, caring and compassionate attitude towards people using the service. We saw staff encouraging people's independence whilst also offering support when it was needed. We saw people had a very good rapport with staff, they were happy to approach them and request support. Staff responded by smiling and were happy to oblige their requests.

The staff knew people exceptionally well. They were able to explain people's individual likes and preferences in relation to the way they were provided with care and support. For example staff told us about one person's particular dietary preferences and another person's favourite music and support required in relation to a medical aid.

People told us that staff were kind to them. Comments made included "Staff are nice it's very nice here", "The best place I ever lived, staff are nice", and "I like it here the staff are good to me they take me where I want to go, I like that."

We observed that people were treated with dignity and respected by the staff. Staff explained how they maintained people's privacy and dignity when prompting people's personal care. We also observed staff knocking on people's doors and waiting for a response before entering. Staff told us they enjoyed working at the home and the relationships they had formed with people. One member of staff said "I love my job, it's like one big family here."

Relatives were actively encouraged to visit regularly and people were encouraged to invite their friends and relatives to attend the activities in the home. A relative told us they were always invited to visit regularly and said "Of all the five places [person's name] has ever been, this is the best for everything but also just making sure we are still involved in [person's name] life."

Staff took time to communicate with people in a way they could understand, explaining what the daily events were to reassure them. For example we observed a member of staff explaining to a person when they would be leaving the home, how much money they were taking to spend and their choices in terms of their lunch meal.

People were able to spend their time where they wished, whether in their room or in communal areas. One person proudly told us about their bedroom and told us how staff had supported them to decorate it.

We also saw photographs of staff and people enjoying special occasions together. The photographs showed people and staff laughing together and enjoying their day.

Is the service responsive?

Our findings

Each person had an individual care plan which contained information about the care and support people needed. Care plans were personalised to ensure that staff were aware of people's preferences, life history, likes and dislikes, their daily schedules. Examples included what time they preferred to get up, go to bed and how they liked to dress. This is significant in a service for people who find it difficult to communicate their needs. This information can aid staff in communicating and developing relationships with people.. This information is of particular relevance when new staff are employed at the service to aid them in knowing and understanding people.

Care plans also contained information such as people's medical history, mobility, communication and care needs including areas such as social needs diet and nutrition. These plans provided staff with information so they could respond to people positively and in accordance with their needs.

Staff knew the people they looked after well. Each person had a named keyworker. The keyworker role is to provide a link between the service and their family. They focus on liaising with different professionals in order to ensure they work in a coordinated way. This role enabled people to express their views and for their views to be listened to and acted upon. We saw that each person had regular keyworker meetings and were able to review their care plan with their keyworker to suit their needs accordingly.

Staff told us about people's individual needs and behaviours and what these meant for people. When people displayed behaviours that others, including staff, might find distressing, the care plans detailed how staff should respond to this behaviour. If a person's behaviour changed staff would complete additional behaviour monitoring charts for a period of time to assist the staff to analyse the behaviour. This assisted the staff to look for ways to effectively support the person at this time.

Staff recorded the care that had been given to people in care notes. Staff recorded information regarding daily care tasks, including the support that had been provided in relation to personal care tasks. This information provided evidence of care delivery and how staff had responded to people's needs.

Care plans and records of meetings confirmed that people had been involved in and had access to a wide variety of community activities according to their personal preferences. We saw people being offered choices, for example what activities they wanted to undertake during the day. There were visits and regular activities centred on each person's preferences. Activities ranged from going for meals at a local pub, attending cooking classes, a walking group, swimming, horse riding and exercise classes. One person told us how the service enabled them to attend their team's football matches.

Activities were not viewed as a permanent arrangement and were reviewed regularly to identify if aims and objectives were being achieved. This demonstrated that people's choices were listened to and supported. Additional staff support was rostered to ensure any travel arrangements and additional staff requirements were in place to ensure people's activities took place as planned.

On the day of inspection some people went with staff to a local beach and then on to a garden centre for lunch. We also saw that people regularly went out on day trips; they had recently visited a safari park and there were plans to hold a fete at the service. The provider also paid for people to have a holiday once a year; people were given options and able to come to a collective decision about where they would like to go. People also attended the local college and computer classes to enable them to gain skills for when they were able to live independently. The service also arranged group activities with another of the provider's services to enable people to socialise and make new friends. One person said "I get enough to do and I like our day trips, I go out most days anyway."

The service had received compliments via email, letter and thank you cards. We saw that relatives had made the following comments 'I have not seen [person's name] look so happy for a few years – it really touched me,' and 'I would like to thank you and all the staff very much for your support and care for [person's name] during this difficult time.' People and their relatives felt able to complain or raise issues within the home. The home had a complaints procedure available for people and their relatives. The senior staff explained that any complaints were welcomed to be used as a tool to improve the service for everyone.

Is the service well-led?

Our findings

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The staff told us the registered manager operated an open door policy and welcomed feedback on any aspect of the service. Staff also said they felt confident people and relatives would talk with them if they had any concerns.

Staff told us they felt well supported by the registered manager and their colleagues. The registered manager strove to continually improve the service provided for people and motivated the staff team to provide kind, compassionate care. Staff spoke of the high expectations of care and support the registered manager had. One staff member said "[Registered manager's name] often says we want to be part of the success story of people's lives." Another staff member said [Registered manager's name] has an ethos that at Oaklands our residents do not live in our workplace. We work in their home, our residents come first."

We saw records that demonstrated that relatives and other people important to people living in the home were communicated with through planned meetings and also on the phone if there was anything urgent that they needed to know. A relative said "They always interact with the family and residents and go out of their way to make sure the residents get the support they need. They will call me if there any concerns for [person's name]."

People and their relatives were encouraged to provide feedback on their experience of the service to monitor the quality of service provided. People who used the service and their relatives were asked for their views about the quality of the service they had received. We saw the results of surveys had been analysed and comments were positive. One person stated; 'I think all staff are very well mannered and always there when I need support. I know sometimes it can be difficult, but we all work things through.' Another person commented "I know all names [staff] they work well, good people to be there for you."

Staff said that they were regularly consulted and involved in making plans to improve the service with the focus always on the needs of people who lived there. We saw records that demonstrated that staff had opportunities to give their views through regular staff meetings and surveys. There were also effective communication systems in place regarding staff handovers to ensure that staff were kept up to date with any changes within the home. Comments from staff surveys were positive; 'I feel like a valued member of the team who is listened to' and 'Oaklands is a lovely home to work in, the environment is homely for the residents and there is good staffing levels. Residents are treated with respect.'

Multi-disciplinary professionals involved with people living in the home had also been surveyed and made positive comments. One comment read; "I thought the care you gave the one resident you were involved with was kind, caring, dignified and very respectful to his wishes – I was very proud of how you all coped

with a difficult situation."

To ensure continuous improvement the registered manager and provider conducted regular audits to monitor and check the quality and safety of the service. They reviewed issues such as; medicines, care plans and training, their observations identified good practice and areas where improvements were required. There also were systems in place to ensure regular maintenance was completed and audits to ensure that the premises, equipment and health and safety related areas such as fire risk were monitored and that equipment tests were also completed. We saw that where actions were required to improve the service there were action plans in place.

All services registered with the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. We found that the registered manager had made appropriate notifications.