

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

### About the service

Oaklands Care Home is a residential care home and was providing personal and nursing care to 10 younger adults who have mental health problems at the time of the inspection. The service can support up to 10 people.

Oaklands Care Home is a former domestic property laid out across three floors. The ground floor accommodates the dining room, staff kitchen, service user's kitchen and lounge, the nurse's station is adjacent to the lounge. There is level access to the garden, which incorporates a summer house and access to the registered manager's office. All three floors offer bedroom accommodation, the first and second floors are accessed by stairs, a stairlift is available to the first floor. All bedrooms offer en-suite facilities.

### People's experience of using this service and what we found

People told us they were supported by staff who were kind and caring. People's dignity was maintained and their privacy was respected. The provider ensured people's equality characteristics were met. People were supported to make their own decisions and staff went 'above and beyond' when supporting people to achieve their goals.

People received safe care. Staff knew how to identify potential abuse and what they would do if abuse was suspected or witnessed. There were sufficient numbers of staff to meet the needs of people and staff were recruited safely. Medicines were managed and administered in line with the prescriber's instructions. Risks were monitored and managed safely.

The provider ensured people received a service that was responsive to their needs. People were supported to maintain and develop relationships and participate in activities that were relevant to them. Although people declined to explore their end of life preferences, the provider had supported people to fulfil 'bucket lists' before they passed away. Care planning was personalised and people were supported to access information that was important to them. Complaints were dealt with appropriately.

The service was well-led. Governance systems were used to identify shortfalls, errors and omissions, corrective actions were then taken. The staff and registered manager spoke about and treated people in a person-centred way. The provider had relationships with local organisations and worked to improve peoples' experiences of care. People had the opportunity to speak about their experiences of living in the home.

People received effective care; people's needs were assessed and staff worked in partnership with healthcare professionals, supporting people to access healthcare so they achieved good outcomes. People were supported to eat and drink enough by staff who received training relevant to their roles. The provider worked in line with the principles of the Mental Capacity Act 2005 (MCA). The home was designed and decorated to meet the needs of people living there.

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

Rating at last inspection good (published August 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Oaklands Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

Oaklands Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, registered nurse

and senior care worker. We spoke with two visiting healthcare professionals.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training relevant to their roles. This meant people were protected from the risk of abuse because staff knew how to identify potential abuse and what they would do if abuse was witnessed or suspected.
- Staff we spoke with were confident that people were safe and protected from the risk of abuse. Comments from staff included, "I think people are safe - we get abuse training and have regular updates - you stop the abuse and then inform the relevant professional - manager - police - CQC - whoever needs to be informed" and, "We don't tolerate abuse - if someone came to us and told us what was happening we wouldn't hesitate to talk to management."
- The provider worked with the local safeguarding team when required. For example, sharing information about concerns.
- There was a transparent culture in the home and staff were encouraged to report concerns to the registered manager. One staff member said, "I never feel unsupported – [registered manager's name] said if you ever feel you've seen bad practice you can always whistle blow and come to me."

Assessing risk, safety monitoring and management

- People were safe because identified risks were assessed and guidance was available for staff about how to lower potential risks to people. For example, if people were at risk of developing pressure ulcers a tool was used to assess the level of risk and included guidance for staff about how they could lower the risk. For example, by applying creams.
- People told us they felt safe. Comments from people included, "I feel safe - when I get anxious the staff are very good at reassuring me everything will be ok" and, "I love living here - feels safe, I feel well looked after."
- The registered manager monitored accidents and incidents as a way of identifying trends and preventing a recurrence.

Staffing and recruitment

- Staff were recruited safely. The provider undertook checks with the applicant's previous employers and the Disclosure and Barring Service (DBS). DBS checks are important because they help to prevent people who may be unsuitable from working in care.
- There were sufficient numbers of trained staff to meet the needs of people and this was confirmed by staff. Comments from staff included, "There's always good structure, staffing is always really good."

Using medicines safely

- The provider managed and administered medicines safely; people received the correct dose of medicine

when they should.

- The provider had recently introduced protocols for 'as required' medicines, including information such as why the person should have their medicine administered and how often.

#### Preventing and controlling infection

- People were protected from the potential spread of infection. Staff had access to personal protective equipment [PPE], such as gloves, face masks and aprons.
- The provider monitored cleanliness in the home and identified when actions should be taken, for example a deep clean.

#### Learning lessons when things go wrong

- The provider learned lessons when things went wrong; changes had recently been made to the staff training programme to increase the number of staff competency checks being undertaken.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and choices were reflected in their care plans. For example, one person's care plan said, "Staff to support me through 1:1 [sessions] to allow me to talk through any of my worries or concerns."
- Staff meetings were used as opportunities for staff to discuss best practice guidance, for example in relation to the management of medicines. Changes were then made to the management of medicines in the service.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough, risks in relation to food and drink were assessed. When risks were identified, appropriate actions were taken. For example, discussing concerns with the GP.
- Meals were prepared by a cook during the week and staff on the weekend. We observed people sitting to eat their meals together in the communal dining room, the dining experience was a social event with people talking to each other.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well with agencies to ensure good outcomes for people. One healthcare professional told us the service had supported a person to decrease their number of admissions to hospital significantly, with no recent admissions recorded. The healthcare professional said, "There's not a huge turnover of staff - there's a family atmosphere - they're always friendly when we come. They [staff] risk assess and try and engage with [the person]."

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

- The home was designed to meet the needs of people. There was a 'skills' kitchen so people could make their own drinks and snacks without the risks found in the main kitchen, for example sharp knives.
- People were supported to personalise their rooms and photographs of staff and people were displayed throughout the service to give a 'homely' feel.
- The provider acted to ensure people were protected from environmental risks, this included fitting a screen to prevent people falling from height over the bannister.

Supporting people to live healthier lives, access healthcare services and support

- We saw evidence in people's care plans that referrals for support had been made, for example, to the GP and a dietician. We observed two psychiatrists visiting people during our inspection.
- People were supported to access healthcare and relevant support. During our inspection, one person was

supported to attend a hospital appointment.

#### 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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was working in line with the principles of the MCA. This included undertaking assessments of capacity in relation to specific decisions and recognising people's rights to make what may be considered by others as unwise decisions.
- Records showed that when best interest decisions were made, the least restrictive option had been considered in line with the MCA.
- At the time of our inspection, one person was subject to a DoLS authorisation. The provider was aware of their responsibility to apply for DoLS authorisations and applied appropriately.

#### Staff support: induction, training, skills and experience

- Staff were supported to carry out their roles through regular supervision and appraisals.
- Staff received training relevant to their roles, this included safeguarding training, first aid and mental health training.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were supported by staff who were caring. Comments from people included, "The staff are really good at what they do, they are very caring and understanding of people's needs."
- People's equality characteristics were met. For example, people were supported to discuss their feelings with staff and access dating platforms relevant to their individual needs
- Staff went above and beyond to improve the lives of people; one staff member supported a person to ride on a train that the person was passionate about. The staff member did so in their own time. After the trip, the staff member had presented the person with a 'memory book' that included photographs and mementos from the day.
- The provider had recently introduced a puppy into the home. The puppy visited during week days and the registered manager told us they aimed to train the puppy to work with people. One person said, "We've got a puppy and we love her - I adore her, she's beautiful."

Supporting people to express their views and be involved in making decisions about their care

- The staff spoke confidently about people's rights to make decisions and how they worked to support people's decisions. Comments from staff included, "Because we are a small care home we do our best and we give them [people] everything they want - if they want chips instead of sandwiches, how hard is it to put on the oven?"

Respecting and promoting people's privacy, dignity and independence

- Staff supported and encouraged people's independence. For example, staff supported one person to travel outside of the area to attend a concert. We spoke with the person who said, "I spoke to staff about being safe when I went to [the concert], so I took a phone so I could contact them if something went wrong."
- Staff told us how they respected people's privacy and ensured people received dignified care. Comments from staff included, "[I] Knock on peoples' doors, always close doors when providing personal care or having a shower" and, "If someone has had an accident, staff are quick to help them to the bathroom so their dignity is kept intact - staff make sure private conversations are done in private."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider ensured people retained control of their lives and received care to meet their needs. For example, one person who used a wheelchair could not access the microwave. The provider installed a new plug and moved the microwave so the person could access it independently.
- Care planning was undertaken in partnership with people. One staff member said, "People have choices in their care. I won't do care plans without sitting with [the person] and saying, "Do you agree with this?""
- Care plans we reviewed reflected people's choices. For example, one person's care plan said, "If staff feel that I need a verbal prompt to have a shower, I would like to be asked in private and in a sensitive manner."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met and recorded to guide staff. For example, staff supported people to access information that was relevant to them through larger fonts, pictures and staff were available to read information aloud.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to maintain their relationships. For example, one person had been supported to visit their relative, who lived out of the area and who they had not seen for four years.
- There was a community feel in the home, people had built relationships with others living in the home and staff confirmed this. Comments from staff included, "People are receiving amazing care - if people have an issue, there is a family feel and I think they find it easy to talk to staff."
- People were supported to access activities that were meaningful to them. For example, horse-riding. Activities were provided for people in the home; we observed people making cakes with staff during our inspection. One staff member we spoke with was positive about Sundays, they said, "We have a roast dinner - we watch films, have popcorn and drinks."
- The provider offered people the opportunity to attend the local theatre and watch a pantomime during the festive season.

Improving care quality in response to complaints or concerns

- The provider had received one formal complaint since our last inspection and had acted to resolve the

complaint so that the person was satisfied with the outcome.

#### End of life care and support

- People's end of life care preferences were explored, however people living in the home at the time of the inspection had declined to consider their end of life needs.
- The provider had supported people to complete a 'bucket list' – a list of things the person wished to do before they passed away. This included supporting a person to attend a wildlife park and to visit a fast food restaurant.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a person-centred culture and this was reflected in the way that staff spoke about people. Comments from staff included, "We work with people in a personalised way" and, "People aren't pressured – it's supporting with independent living - people might need prompting or support when needed."
- People experienced good outcomes. For example, we viewed photographs of one person when they arrived at the service and saw how the person had progressed, including gaining weight and looking happier.
- People and staff spoke positively about the registered manager. Comments from staff included, "The registered manager is amazing - I can't fault [registered manager's name] at all." One person said, "I can talk to [registered manager's name] when needed."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- All services registered 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 managed. We found statutory notifications had been submitted as required.
- There was a clear staff structure and staff told us they made up a strong team and worked together. Comments from staff included, "Yes - we've got a really good team - lots of different characters - when I first came here I was really impressed by how they capitalised on strengths - we all know each other really well."
- The provider had quality assurance checks and audits in place and these were used effectively to identify shortfalls, errors and omissions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, staff and professionals were supported to engage with the service. People were encouraged to express their views about the service they received, for example through questionnaires and meetings. One professional we spoke with confirmed the provider had acted to make changes in response to their feedback.
- The registered manager operated an open-door policy and was available to speak with people, staff and others when required. One staff member said, "Can speak to [registered manager's name] - their door is always open to everyone."

#### Continuous learning and improving care

- The registered manager used information and monitoring to improve the service and learn. For example, one healthcare professional told us they had completed a questionnaire. The feedback in the questionnaire had prompted the registered manager to take appropriate actions.

#### Working in partnership with others

- The provider had built relationships with local organisations; trainee nurses from a local university attended the home for work experience and training. People had the opportunity to engage with the nurses, for example through activities.
- The provider had built links with a local church and people were supported to attend a carol service during the festive season if they wished.

#### How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility to act on the duty of candour.