HC-One Limited

Oaklands (Essex)

Inspection report

Forest Glade
Dunton Hills
Laindon
Essex
SS16 6SX

Tel: 01268491491
Website: www.hc-one.co.uk/homes/oaklands-essex/

Date of inspection visit:
30 November 2015
04 December 2015

Date of publication:
03 February 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on the 30 November 2015 and 4 December 2015 and was unannounced.

Oaklands (Essex) is registered to provide care and accommodation for up to 55 older people. There were 52 people living at the service at the time of our inspection. The home does not provide nursing care.

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 2008 and associated Regulations about how the service is run.

People told us they felt safe. There were systems in place to assess and manage risks and to provide safe and effective care.

We received mixed views about staffing levels. People told us that sometimes there were insufficient staffing levels particularly at weekends.

People were protected from the risks associated with nutrition and dehydration. People spoke positively about the choice and quality of the food. Where people were at risk of malnutrition referrals had been made to healthcare professionals.

People received support from trained staff who were well supervised. Staff knew people well and they were kind, caring and compassionate and they ensured that people's privacy and dignity was maintained at all times.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People's care and support needs were assessed before they moved into the service. The care and support provided was personalised and based on the identified needs of each individual.

There were quality assurance systems in place which continuously assessed and monitored the quality of the service. This included feedback from people who used the service and their families.

The service had a visible and approachable manager who knew people and their families well. The registered manager told us they operated an 'open door' policy so people living at the service, their families, staff and visitors could discuss any issues they have.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Some people told us there were not always enough staff.

Staff ensured people were protected from abuse.

People told us they felt safe.

Staff had received safeguarding training and knew how to keep people safe.

Medication was managed safely.

Is the service effective?

Good

The service was effective.

People, their relatives and healthcare professionals told us that care at the service was good and that staff were kind and caring.

Suitable arrangements were in place that ensured people received good nutrition and hydration.

People were supported to maintain good health and had access to appropriate services.

Is the service caring?

Good

The service was caring.

People told us that staff were kind and caring and respected their privacy and dignity.

Staff interactions with people were positive and the atmosphere in the home was relaxed and calm.

Is the service responsive?

Good

The service was responsive.

People's care plans contained all relevant information needed to meet people's needs.

There was a complaints system in place and complaints were responded to in a timely manner.

Is the service well-led?

Good

The service was well led.

Feedback from people and staff was positive.

Staff were fully supportive of the vision and values of the service.

There were effective systems in place to monitor the quality of the service people received.

Oaklands (Essex)

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 took place over two days on 30 November 2015 and 4 December 2015 and was unannounced. The inspection team consisted of two inspectors and one specialised advisor. Specialist advisors are senior clinicians and professionals who assist us with inspections.

Prior to the inspection we reviewed all the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us. We also contacted the local authority, GPs and the community nursing team for their feedback.

During our inspection we spoke with 22 people who lived at the home, five relatives, 11 staff and the registered manager. We also contacted healthcare professionals and the local authority for their views on the service. We observed interactions between staff and people and we used a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who cannot talk to us.

We looked at six people's care plans, risk assessments and daily records of care and support to check records matched with what staff told us about people's support needs. We also looked at records which showed how the service was managed, reviewed staffing records including staff training records, quality assurance information and minutes from staff, relatives and residents meetings. We also reviewed people's medical administration record (MAR) sheets.

Requires Improvement

Is the service safe?

Our findings

We received mixed views about staffing levels. People told us that sometimes there were insufficient staffing levels particularly at weekends. One person told us, "Staff are rushed a lot of the time" and another person told us, "Always so short staffed it puts a lot of pressure on the girls." One relative said, "Sometimes [service] is short staffed but generally ok." One member of staff told us, "I do feel rushed but most homes are like that now." Another member of staff said, "I don't think there is enough staff particularly at weekends." Some people told us, "Staff come quickly when I call" and, "I don't have to wait long I have a pendant [staff] come quickly."

The registered manager told us staffing levels were calculated according to occupancy levels and were not based on the dependency needs of people. Although we saw completed dependency tools on people's care records, these were not used. The registered manager told us senior management were in the process of reviewing the level of staff based on people's needs as the dependency tool which had been used by staff had been completed incorrectly.

We reviewed a sample of rotas over an 8 week period and the provider's payroll data for the same period. It was difficult to find information as the rostering information and the provider's payroll system did not always correlate. The registered manager told us they would be reviewing how this information is recorded. From the sample of dates we reviewed we found generally there were enough staff to meet people's needs. However there were low staffing levels on the 21 and 22 November 2015. The registered manager acknowledged this and told us that they had not been made aware of the staff shortage for these two days. Our observations were that there were enough staff on duty on both of the days when we inspected the service. People were relaxed and staff were not rushing.

Everyone we spoke to told us they felt safe living at the service. One person told us, "I feel safe living here, been here one and half years, the staff are lovely they work so hard." Relatives also told us that their family members were safe and well looked after. One relative said, "[relative] has been here two years and is very safe and well looked after."

People were protected from harm and abuse. The service had a policy and procedure in place for safeguarding vulnerable adults. Staff we spoke to were able to identify the different types of abuse and were aware of how to report any safeguarding concerns. Staff told us, and records confirmed, that they had received safeguarding training. The service had a whistleblowing policy and staff knew they could contact outside authorities such as the Care Quality Commission. One member of staff told us, "There is a hotline number at head office you can report things anonymously."

Systems were in place for monitoring health and safety to ensure the safety of people, visitors and staff. Gas, electrical, legionella and fire safety certificates were in place. The provider had an effective system in place to record accidents and incidents. We saw records of weekly fire alarm tests and evidence that equipment was serviced and maintained.

The service had an emergency contingency folder and each person had a Personal Emergency Evacuation Plan (PEEP). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely evacuate a building themselves.

Risks to people were managed well. The care plans we reviewed contained individual risk assessments including mobility, moving and handling, falls, pressure relief, chocking and mental health. Risk assessments were reviewed regularly. This ensured staff knew how to manage risk to help keep people safe.

The provider had safe arrangements in place for managing people's medication. Senior staff were responsible for the administration of medication and had received appropriate training. We observed part of a medication round and saw people supported by staff to take their medication. We also checked arrangements for 'as and when required' (PRN) medicines. People took PRN medication only if they needed it, for example they were experiencing pain and required paracetamol. The home had PRN protocols in place which provided information on the purpose of the medicine and when and how it was to be administered. There was a good system in place for ordering, receiving, storing and the disposal of medication.

An effective system was in place for staff recruitment to ensure people were safe to work at the service. This included carrying out Disclosure and Barring Checks (DBS) for new staff to ensure they were safe to work with vulnerable adults. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This supports employers to minimise the risk of unsuitable people working with vulnerable adults. The recruitment procedure included processing applications and conducting employment interviews, checking a person's proof of identity and right to work in the UK, obtaining a person's full employment history and obtaining references.

Good

Is the service effective?

Our findings

People who lived at the home received effective care and support from staff. Staff and managers knew people well and were able to explain people's care needs and individual personalities.

Staff told us they had received a good induction. Staff received a three day initial induction where they were shown around the home and shadowed more experienced staff. Staff then completed the provider's more in depth induction that was in line with Skills for Care. Skills for Care is a tool used to enable care workers to demonstrate their basic understanding of good quality care in a health and social care setting. One staff member told us, "There was always a senior on hand to help during the first few weeks."

People were cared for by staff who were suitably trained and supported to obtain the knowledge and skills to provide good care. We reviewed the provider's training matrix which is used to manage the training needs of the staff team. The provider had a comprehensive online training programme which included training on dementia care called "Open Hearts and Minds." Staff told us they were happy with the training they received. Staff told us they also received face to face training and that the registered manager had recently introduced a training slot at staff meetings. One staff member told us, "The manager has been doing a [training] session for staff at staff meetings. This is brilliant as you do the training online then the manager asks questions to ensure we understand." Staff were also supported to work towards recognised qualifications in care and records confirmed that 14 of the 34 staff had completed a National Vocational Qualification (NVQ) Level 2 or Level 3 in Health and Social Care.

There were good support and supervision systems in place. Staff told us that they were well supported by management. One staff member told us, "I can go to the manager about anything [name of manager] is amazing." The staff files we reviewed showed that staff received regular supervision. There were systems in place where extra supervision was required. For example, one member of staff had been using poor manual handling techniques so they had received more training and were being monitored to ensure their practice improved. All staff who had worked at the home for more than a year had received an appraisal and newer staff had probationary assessments.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). 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.

Staff received training on MCA and had a basic understanding of the key principles of the MCA. Staff also understood the importance of gaining consent from people before providing care. We spoke with the registered manager who was aware of their responsibilities with regard to DoLS. The records we looked at provided evidence that, where appropriate, assessments had been undertaken of people's capacity to make

decisions. Where people had been deprived of their liberty, applications had been submitted to the local authority for a DoLS authorisation.

People had been supported to make choices about resuscitation. Care records we reviewed had 'Do not attempt cardiopulmonary resuscitation orders' (DNACPR). DNACPR orders are a decision made in advance should a person suffer a cardiac or respiratory arrest about whether the person wishes to be resuscitated. The orders had been completed correctly and people and their family had been involved in the process.

People were supported to access healthcare when required. One person told us, "Staff help me to make appointments to see the doctor and dentist we use the mini bus." Relatives we spoke to also told us they were kept informed, one relative said, "They ring me if the doctor or nurse comes in and they keep me informed. Staff handle appointments for the doctor, dentist and optician. [name of family member] had new glasses since they've been here so I know [family member] goes but I take [family member] to hospital appointments as and when they come up.". We saw examples of this recorded in people's care record; where advice and/or referrals had been made to healthcare services, for example, the incontinence service, nutrition and dietetics team and GPs. Records confirmed people attended health care appointments such as with their GP, optician and chiropodist.

People told us they had enough to eat and drink and we observed drinks and snacks being offered to people regularly throughout the inspection. Tables in the communal dining room were laid with tablecloths, condiments and flowers. One person helped to prepare the tables. They told us, "I enjoy doing this it keeps me busy." We asked people about their opinion of the meals provided. People told us, "The food is good", "I like the food there's plenty to eat and drink" and, "The custard tastes really nice, better than the ice-cream." The care and catering staff knew about people's individual needs, preferences and known allergies. One person told us they did not like to go to the dining room for supper preferring to stay in their room and told us staff brought their supper to them at a time of their choice. People were offered a choice of meal options and alternative meal options were available.

The provider had suitable arrangements in place that ensured people received good nutrition and hydration. Risk assessments such as the Malnutrition Universal Screening Tool (MUST) were used to identify specific risks associated with people's nutrition. For people identified at risk of poor nutrition we saw fluid intake monitoring charts for those at risk of dehydration and weight monitoring records which ensured people maintained a healthy weight. We saw evidence that appropriate referrals were made to the nutritional and dietetic team or the GP for guidance and advice. A relative told us, "They've [staff] done brilliant [name of family member] was a bag of bones before they came here [relative] been enjoying the food."

Good

Is the service caring?

Our findings

People told us they were happy and spoke positively about the care and support they received. One person said, "They [staff] are all very kind and care about me and help me. They are very nice people." Other comments included, "They are caring", "Nice staff", "Very helpful", "There when I need them", "Kind people", "Lovely girls", "Everyone is very nice and caring", "I feel loved", "Home from home" and "I moved from another home carers are good. I am happy as anyone can be in a home."

Relatives were positive about the caring attitude of staff. A relative told us how their family member was well cared for and how their health and well-being had improved since they moved into the home. One relative said, "The staff are brilliant and all our family are extremely impressed with [family member's] care. They are responsive and reactive and always do their best to help [family member] who can sometimes be quite difficult." Another relative said, "I feel staff don't realise how much hard work it is, it's amazing what they do. The girls are caring and they do look after [name of family member] they have become her extended family."

During our visit we observed warm interactions between staff and people and the atmosphere within the home was calm and relaxing. We saw staff supporting people to mobilise around the building offering encouragement and assistance when required whilst still promoting people's independence. Staff encouraged people to move at their own pace telling people, "No need to rush, take your time." Staff were also observed giving people sufficient time to respond to requests.

People told us they were treated with dignity and respect and staff were able to give us examples of how they respected people's dignity and privacy. People told us, "Staff treat me with respect and dignity" and, "Carers knock on my door and they come in and treat me well." Staff ensured that doors were kept closed when they attended to people's personal care needs. During the inspection we observed staff knocking on people's doors and waiting before entering. The registered manager told us the service had a dignity champion. A dignity champion is someone who believes being treated with dignity is a basic human right. This demonstrated that the home was committed to ensuring people's dignity was respected and promoted.

People were able to choose if they wanted to spend time in their own rooms or in communal areas. People were encouraged to personalise their rooms and people had brought in personal items and photographs.

People told us there were no restrictions on visiting times. One person said, "I can have visitors anytime I want to." Relatives told us, "We visit weekly always welcome no restrictions" and, "Me and my sister come in twice a week there's no restriction on visiting." Throughout the inspection we saw visitors coming and going and spending time with their relatives in the communal areas or the person's own room.

Information on independent advocacy services was displayed in the registered manager's office however this information was not displayed in communal areas of the home. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. The registered manager told us they used advocacy services for people who do not have family

or anyone to support them. When we inspected no one was accessing the advocacy service. The manager told us that they would arrange for the advocacy service information to be displayed in the main foyer entrance.

Good

Is the service responsive?

Our findings

People and their relatives confirmed they were involved in care planning reviews. They also told us they had been involved in the initial assessment before they moved into the service. A relative told us, "We were asked about [family member's name] needs and these were incorporated in their care plan." The care records we reviewed confirmed that a detailed assessment of people's needs had been undertaken prior to them moving into the home. The pre-assessment information included information on people's needs and preferred routines; for example, "On waking between 5 and 5.30am [name of person] would like a cup of tea and a piece of toast."

Following the pre assessment detailed care plans were developed which contained information on the care, treatment and support required to ensure personalised care was provided to people. The care plans included: 'What people like and admire about me', 'Important things about my life', 'During the day I enjoy' and 'My personal care needs are'. Care files contained information on people's life history. Having detailed information about a person's life enables staff to have insight into people's interests, likes, dislikes and preferences.

Staff were responsive to the individual needs of people. We saw one person's communication needs where English was not their first language, supported by use of pictorial documentation for example food menus and day to day words. This ensured staff could communicate effectively with the person. We also saw pictorial moving and handling care plans which showed the correct equipment for example wheelchair, sling and cushion to be used for people.

The provider employed two part time activities coordinators. One of the activity coordinators told us that they worked flexibly to enable activities to take place at all times of the day however the majority of activities took place in the morning when people were more active. On the first day of our inspection we observed a group of people participating in making salt dough Christmas tree decorations. The activity coordinator told us, "You have to interact to find out what people want; it can change daily, need to consider those with sensory needs and dementia as they need closer interaction." The activities coordinator told us they recognised not everyone wished to engage in the group activities so they also saw people on a one to one basis in their rooms.

When we spoke to people about the activities provided they told us, "That meal outing was lovely", "I enjoy taking part in the activities"; "To me it's creative and you're doing something. Those that moan there's nothing to do don't want to know and join in"; and, "There's bingo but I'm not keen on bingo. The entertainers are good they come in the afternoons." A relative told us, "When [family member's name] came here they wasn't interested in anything and wouldn't go out of their room but will now go out and sit with others and join in."

People's religious needs were recognised. The registered manager told us the home had good links with local churches and people were supported to attend Sunday service at the church situated next to the home. They also told us parsons visited the home to provide services to people and services were

conducted in the communal lounge if people chose to attend. One person told us, "There is a church service here [in the home] if you want to go."

People and relatives we spoke with confirmed they felt able to approach management with any concerns and that they would be responded to appropriately. We observed that information was available in the entrance hall on how to make a complaint. The registered manager told us that relatives were reminded about the procedure at relatives meetings. The provider had a complaints policy and procedure. These were in draft format and undated however the documentation had clear stages and timescales for dealing with complaints. We saw records which confirmed complaints had been dealt with appropriately.

Good

Is the service well-led?

Our findings

The service had a registered manager in post who had a good knowledge about the people they were caring for.

We received positive feedback on the management of the home. Staff and relatives told us they had confidence in the management and that they were able to speak to the registered manager whenever they needed to. One person told us, "'Well done to all the staff they are wonderful I would highly recommend this place."

Healthcare professionals complimented the service on the quality of care and support it provided. Comments included, "All staff know the residents by their first name and know them well. Residents seem content I have not heard them complain. They [staff] are caring and personable with the residents" and, "I have worked with the current management of Oaklands for the last five years. I have found the registered manager and staff friendly, approachable and proactive when it comes to their residents' care. During visits [staff] are very sociable with the residents which I feel is helpful when you are at that stage of life."

The registered manager told us they had an 'open door' policy for everyone. We observed the registered manager was very visible to staff, people who used the service and to visitors during the two days we visited. People and staff told us they felt they could approach the registered manager and felt they would be listened to. Staff told us, "I feel supported, if I ever have an issue I can talk to the manager" and, "I don't think we can get a better management sometimes [manager] lectures you but this helps you along and for that reason you go the extra mile like coming in on your day off."

Staff had regular supervision and team meetings. Staff told us that they were encouraged to put forward suggestions to improve the service. There were handover meetings at the beginning of each shift to ensure important information was shared between staff. This showed us that people were cared for by staff that were well supported in the performance of their role.

Staff demonstrated they had an understanding of the provider's vision and values and described how they provide the best possible care they could. The registered manager said, "I get to know every staff member and their strengths and staff are deployed to enable them to learn from one another and increase their skills." The registered manager told us there were dining dignity and manual handling champions within the home and that they were looking to create other key roles for staff to take a lead on including a dementia awareness champion.

There were staff incentives in place for example the provider's monthly Kindness in Care award which recognised and rewarded staff. A member of the staff team had recently been nominated for this award. The provider was also signed up to carehome.co.uk. This national website encourages people, their relatives and friends to submit reviews regarding the care people receive. The registered manager told us that the provider had rewarded staff following positive comments submitted about the care received at the home. This demonstrated that staff were encouraged to improve the quality of care and support people received.

Staff understood the need to maintain confidentiality and information and information was stored in a locked office.

Effective quality systems were in place for monitoring the quality of the service. Regular audits had taken place such as for health and safety, medication and falls. Regular monthly visits were also undertaken by senior management to assess the quality of the service. We saw reports of these visits which included reviews of people's care, infection control, people's dining experience, feedback from residents, relatives and external professionals and assessment of the internal and external environment at the home. The reports included any compliance issues and recommendations for improvement.

The registered manager had submitted notifications as required to CQC. We saw examples of how the service learnt from incidents and had put preventative measures in place to mitigate the risk of reoccurrence.

The registered manager told us that they were well supported by senior management. They also attended meetings with other managers of services owned by the provider. This provided an opportunity to discuss local issues and help drive service improvement.

There were systems in place to seek people's views about the service. People were encouraged to provide their views on the service and were supported to complete monthly surveys by the activities staff. Regular staff, resident and relative meetings had been held and we saw minutes of meetings where issues such as the food, the care received, accidents and incidents, hospital visits, staff recruitment, activities and the laundry had been discussed.

People were also able to provide feedback via the provider's 'touchscreen' electronic feedback system located in the main reception area of the home. This is a new system which had recently been introduced. The registered manager told us that comments on the system were automatically sent to the provider's head office who would then provide feedback to the registered manager.

The registered manager told us stakeholder surveys, for example feedback from healthcare professionals, commissioners etc. were not undertaken. However feedback we received was extremely positive. One professional told us, "We have a very good working relationship; the staff are always very helpful especially in emergency situations. They are always friendly and polite and I couldn't speak higher of the service they provide us."