Trust Care Ltd

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 situated in the Bessacarr district of Doncaster. It is registered to provide accommodation for older people who require personal care. It can accommodate up to 34 people. The service is near public transport and is in easy distance of the town centre and other amenities. At the time of our inspection 32 people were living at the home.

This comprehensive inspection was unannounced, which meant those associated with the home did not know we were coming. It took place on 11 December 2018.

At the last inspection in December 2016 the service was rated overall as good. You can read the report from our last inspections, by selecting the 'all reports' link for 'Oaklands Care Home' on our website at www.cqc.org.uk.

At this inspection we found the service had remained good.

The service had a registered manager, who had been registered with the Care Quality Commission since May 2018. 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 registered provider continued to make sure people were protected from the risk of abuse. The registered manager kept the staffing levels under review and responded positively to changes, to ensure there were sufficient staff to meet people's needs. Medicines were well managed and records showed people received their medicines as prescribed. Assessments identified risks to people and management plans were in place to reduce the risks. The home was undergoing extensive refurbishment and redecoration and good progress had been made with this. Despite the building work, the standards of cleanliness was good and disruption was kept to the minimum.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff were aware of people's nutritional needs and they supported people to have a healthy diet, with choices of a good variety of food and drink. People told us they enjoyed the meals. People's physical health was monitored, so that appropriate referrals to health professionals could be made. Staff received training and support to ensure that they could fulfil their role. Staff we spoke with told us they felt supported by their managers.

There was a person centred and caring culture in the care team. (Person centred means that care is tailored to meet the needs and aspirations of each person, as an individual.) The service had a friendly atmosphere. Staff approached people in a kind and caring way and encouraged people to express how and when they

needed support. The people we spoke with who used the service told us that they felt staff knew them well, and their likes and dislikes.

People told us there were activities and entertainment they could be involved in. We observed the activity co-ordinators undertaking group activities and one to one activities with people. People were supported in decisions regarding their end of life wishes. The complaints process was clear and people's comments and complaints were taken seriously, investigated and responded to in a timely way.

Systems were in place which assessed and monitored the quality of the service, including obtaining feedback from people who used the service and these views were acted upon. The registered manager placed a lot of emphasis on listening to and involving people, those close to them, the staff and other professionals and on using opportunities for learning and improvement.

Further information is in the detailed findings of this report.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**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 was planned to check whether the registered provider was 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 inspection took place on 11 December 2018 and was unannounced. The inspection was undertaken by one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert's area of expertise was in the care of older people.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

Before the inspection we reviewed all the information we held about the service. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered provider. The registered provider had completed a provider information return (PIR) This is a document that asks the registered provider to give some key information about the service, what the service does well and any improvements they plan to make.

At the time of our inspection there were 32 people using the service. We spoke with six people who used the service and six visiting relatives. We spent time observing care throughout the service. We also used the 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 also spent time generally observing the care and interaction in the home. This helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We spoke with the registered manager, a senior worker and three care workers, an activity co-ordinator and a cook. We spoke with two visiting opticians to get their view of the service. After the inspection, we spoke

with the local authority contracts monitoring officer, who also undertakes periodic visits to the home.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's written and electronic records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We looked at staff personnel records, minutes of meetings and the quality assurance systems employed in the home.

Good

Is the service safe?

Our findings

People who lived at the home told us they felt safe. One person said, "I'm very safe, I don't feel afraid here." Another person told us, "I feel very safe, I can lock my door if I want to, but don't feel I need to."

On the day of the inspection we observed that staff were able to spend time with people to meet their individual needs and the interactions we saw between people and staff were positive and meaningful. Most people we spoke with told us there were sufficient numbers of suitable staff to support people safely and to meet their needs. For instance, one person said, "They [staff] answer my buzzer within minutes." The six relatives we spoke with told us the service was safe. Although, two relatives felt there was a need for more staff, especially in the early morning and late evenings, to provide care to people.

We discussed staffing with the registered manager who was aware of the staffing pressures at key times of the day. They told us they were reviewing the staffing numbers and the deployment of staff to make sure this took into consideration the changes in the need needs of people living in the home. They had introduced modifications to the staff rota to strengthen the staffing earlier in the day and had trialled the use of an extra staff member to help with breakfast. This had worked well, so the new post was being advertised. They continued to review the staffing levels in discussion with staff and with the registered provider.

The service continued to make sure only suitable people with the right skills were employed in the home. Pre-employment checks were obtained prior to new staff began working for the service.

There was thorough monitoring of accidents and incidents and the registered manager made sure there was an emphasis on learning lessons, adapting and improving the service to better meet people's needs. Screening tools were used by staff to monitor specific areas where people were more at risk, and these explained what action staff needed to take to protect them.

People and their relatives told us risks were well managed. For instance, one person's relative told us their family member had had a fall when they first moved into the home and as a result, equipment had been put in place, which had successfully helped prevent this happening again. People's records also showed where risks were identified the service worked with other health professionals and this helped to reduce and manage the risks. For example, referrals were made to the falls team when any risk was identified. We saw staff helping people to move around the home safely.

The storage, administration and recording of people's medicine were well managed. Regular checks had been carried out to make sure that medicines were given and recorded correctly, and remaining medicines tallied with the stock held. Actions identified from audits were included in action plans and signed off when completed.

Despite building, decorating and improvement work being undertaken, the home looked clean and fresh, although there were one or two areas where there were stale smells and some of the bedrooms on the first floor were not decorated to the standard of others. The registered manager told us that there were items of

furniture and floor coverings that had been identified for replacement and this was due to happen as soon as the refurbishment work was completed. We saw that staff followed good hand hygiene procedures and protective equipment such as aprons and gloves were readily available for staff. The kitchen was clean and well set out.

The systems, processes and practices in the service continued to safeguard people from abuse. Staff had a good understanding of protecting adults from abuse. They told us they had undertaken safeguarding training. They also had a good understanding about the service's whistle blowing procedures. They knew who to inform if they witnessed abuse or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and records we saw showed that any safeguarding incidents were managed well.

Good

Is the service effective?

Our findings

People we spoke with confirmed that staff tried very hard to make sure their needs were met. For instance, there was emphasis placed on the importance of people eating and drinking well and people told us the food was good. For instance, one person said, "The meals are good. The food is always tasty." Everyone confirmed there was plenty of choice. People's relatives commented, "The food is lovely, [family member] has put on weight. I have eaten here and it's lovely." They added, "People get regular drinks and have drinks in their rooms."

People's needs and preferences were clearly documented, as were any food allergies. Staff were aware of people's dietary needs related to their culture, religion and health and their particular preferences relating to food. One person told us, "[Staff] are good at taking care that I get my special diet." One relative said, "[Family member] has difficulty in swallowing, so has soft food." Another relative told us, "[Family member] does not have a special diet, but likes small amount often, and they [staff] make sure [family member] gets this."

If people were at risk of poor nutrition or dehydration their records included screening and monitoring tools to prevent or manage the risks. We saw records had been maintained to monitor people's food and fluid intake, as well as their weights. We saw that the registered manager closely monitored people's weights and had made referrals for support from health care services when needed.

People told us they received good healthcare and that other professionals were involved when needed. Relatives said they were kept informed of any changes in their family member's health and wellbeing by the staff, in a timely way. People's records showed they had access to a range of healthcare services such as GPs, opticians, district and community nurses, chiropody, dentistry and dieticians.

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. The registered provider continued to make sure people were supported to make decisions in accordance with the MCA. People told us staff asked for their consent to care and treatment offered and respected their choices. We also saw evidence of this in people's records.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the registered provider was meeting the requirements of the Act. The registered manager was aware of the correct procedures to follow under the DoLS process and there were DoLS authorisations in place for eight people at the time of the inspection.

The registered provider continued to make sure staff received appropriate training and support to enable

them to meet people's needs. Staff told us they completed an induction when they first started work in the home, which included the core training necessary for the safety and care of people using the service. Staff we spoke with were knowledgeable about their roles and responsibilities. The core training they undertook was updated regularly. Additionally, most staff had nationally recognised vocational qualifications and told us the provider was eager for all staff to attain these qualifications. There was an effective system that flagged up when staff needed training and updates, so that this could be planned for. Staff confirmed they had received supervision and annual appraisals and the records we saw also confirmed this. Supervision sessions were individual meetings with their line manager. Staff felt they were able to contribute to their supervision sessions and felt valued.

There was an infection control champion and the registered manager actively encouraged staff to take on the role of champion for other areas of work in the staff team. Champions are staff who show a specific interest in particular areas. They receive training in their area of interest and play a role in bringing best practice into the home, sharing their learning, acting as role models for other staff, and supporting them to ensure people receive good care.

Some people were living with the early stages of dementia. Some adaptations had been made to the home to suit their needs. The home was light and airy there were various lounges and small areas where people could sit quietly and sit comfortably with their visitors. Some areas of the building were being modified, refurbished and redecorated and the registered manager had made sure this caused as little disruption to people as possible.

Good

Is the service caring?

Our findings

People we spoke with told us that staff were kind and caring. For instance, one person who lived at the home told us, "[Staff] do everything for me without complaining." They added, "My room is kept clean and warm. Staff came and put my pictures on the wall. Nothing is too much trouble." Another person said, "Staff are kind and never shout at me."

Most relatives we spoke with gave positive feedback about the staff. For instance, one relative said, "I can't praise the care staff enough they are brilliant." Another relative told us the registered manager had a talent for employing caring staff.

We observed staff interacting positively with people who used the service throughout our inspection. We heard people expressing affection for staff. As part of the inspection, we undertook a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. During this observation we saw that the staff were warm, friendly and engaging in their interaction with people. We saw that while providing support and assistance to people, staff enabled people to be as independent as possible.

At the last inspection people told us that staff were caring and respected their privacy and dignity. Our observation during this inspection confirmed this remained the case, with staff knocking on people's doors and helping people in a discreet way. The staff we spoke with were knowledgeable about people's needs and knew their personal histories and preferences. Staff spoke about people with warmth and it was clear that they cared for people. When using SOFI, we saw that staff did take the time to engage with people in a meaningful or enabling manner, and often engaged people in conversation.

We looked at how the service met people's needs around their cultural and spiritual beliefs. Staff had a good understanding of people's individual needs and preferences, and could speak with knowledge and in detail about the history, likes and dislikes of the person they were caring for. Staff we spoke with said there was a strong, person centred and caring culture in the care team. (Person centred means that care is tailored to meet the needs and aspirations of each person, as an individual.) People said they were involved in making decisions about their care and support. The relatives we spoke with said they often discussed the care their family members received with the staff and the registered manager.

At the last inspection we saw people's rooms were personalised to meet their needs and preferences. This included family photos, mementos and small items of furniture. We also found this to be the case at this inspection.

Good

Is the service responsive?

Our findings

People who used the service and their visiting relatives told us the service was responsive to people's needs and preferences. One person's relative told us their family member was clean and well looked after, adding, "I can't ask for better."

Care plan information was personalised, setting out people's individual needs and preferences in real detail. Care plans were updated or added to monthly, or when there were changes. This made sure information was up to date and relevant. Staff had daily handovers, so any changes in people's needs and new information was passed to staff when they started their shift. This meant staff were aware of people's wellbeing and the care they needed.

People told us they had access a range of activities in the home. People also said they had opportunities to get out into the community and entertainers regularly came into the home. We observed activities and games taking place and people chatted. People's artwork was displayed as well of photographs of parties and outings that had taken place. One person told us, "There is always something to do." One person's relative said, "[People] have plenty to do, last week they had reptiles to visit. [Family member] has been to a pantomime. [Family member] likes the 'sing-alongs'. They have had lots of outings, it's easier because they have a special coach."

Activities were advertised on notice boards and the service employed activity coordinator. whose role included organising and providing social and leisure opportunities for people as well as spending one to one time with people, some of whom spent a more time in their bedrooms. Although people were encouraged to join in the activities that were on offer, if they chose not to their choices were respected. One person told us, "There are plenty of activities if I want to do them, but I like to stay upstairs."

The people we spoke with told us the standard of care they received was good. However, one relative raised some concerns about the care that was being provided to their family member at the time of the inspection and these were shared with the registered manager at the time. We saw that the person had just returned from hospital and the registered manager was liaising with the health care professionals involved and updating the person's assessments and care plan.

The registered manager said there were good links with GPs, particularly in supporting people receiving end of life care, and the district nursing service helped to ensure people received suitable medical care during this period of their lives.

The registered provider made sure the service was following the Accessible Information standard (AI). The Accessible Information Standard is a legal requirement for providers to ensure people with a disability or sensory loss are given the communication support they need a and given information in a way they can understand. We saw that people's assessments included details of their communication needs, including if people used aids, like hearing aids and glasses. Where people required this support their plans included guidance for staff about communication methods to ensure people could understand, contribute and agree

to their care and support. Several people were wearing glasses, which were clean and in good condition, helping them to see properly, and to engage in activities and conversation. One person's relative told us their family member had not appeared to be interested in doing anything or talking, but now staff made sure the person had their hearing aids in they had, "come alive and is very chatty."

The provider continued to make sure there was an effective complaints policy and procedure and this was explained to everyone who received the service. It was written in plain English and displayed on the notice board in the home. We saw from the record of complaints that people's comments and complaints were taken very seriously, investigated and responded to in a timely way. People told us the service was very responsive if they raised any concerns. For instance, one relative said, "I told them yesterday that [family member's] pressure mat didn't work and within an hour, it was repaired."

Good

Is the service well-led?

Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the home have a registered manager in place. The service had a relatively new registered manager, who was registered with the Care Quality Commission in May 2017. The registered manager was present on the day of our inspection. She told us she was well supported in the day to day running of the home, by two senior staff and an administrator.

The registered manager told us people's feedback was key to how the service was run and how it was developing. Most people and their relatives told us they were actively encouraged to give their views and their ideas for improving the service and they felt the current management team and staff listened to and respected their opinions. They were asked to fill in surveys and were invited to attend meetings and often had their opinions sought when they visited. People were clear who to talk to. For instance, one person said, "If I had a problem I'd tell the staff." One visiting relative said, "I've done a few questionnaires and they put the results on the noticeboard. If I had any problems I would talk to the staff. I also feel confident going to the manager."

It was evident that where issues were identified, action was taken to address them. For instance, people commented on how pleased they were with the improvements being to the home. There were also meetings involving the people who used the service, which ensured people had opportunity to raise any issues or concerns or just to be able to talk together, communicating any choices or requests.

The provider continued to ensure that effective systems were in place to monitor and improve the quality of the service. We saw copies of audits undertaken and reports produced by the registered manager. This showed they completed daily, weekly and monthly audits which included environment, infection control, fire safety medication and care plans. We saw a variety of audits and it was clear from talking with staff that any actions identified were addressed.

The staff we spoke with told us staff morale was good and they felt the registered manager listened to and valued their views. They felt they were part of a caring and supportive team. Staff meetings and supervision were held so staff had forums to discuss issues or share ideas. Staff felt communication was good and the registered manager actively encouraged them to bring any concerns to the attention of the management team.

People's care records were kept securely and confidentially, in line with current legal requirements. We asked for a variety of records and documents during our inspection. Registered services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.

From the feedback we received from health and social care professionals it was evident that the service worked well with other professionals to meet people's needs. The feedback we received from the healthcare professionals we spoke with was positive, as was the feedback from the local authority that funded people's placements at the home.