

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

The inspection was unannounced, which meant the provider did not know we were coming. It took place on 15 December 2016. The home was previously inspected in April 2015 and was rated requires improvement.

Oaklands is a care home situated in the Bessacarr district of Doncaster. It is registered to provide accommodation for older people who require personal care and nursing 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.

Since our last inspection a new manager had been appointed and is registered. 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.

We saw there were systems and processes in place to protect people from the risk of harm. Staff we spoke with were knowledgeable about safeguarding vulnerable people and were able to explain the procedures to follow should an allegation of abuse be made.

People's needs were assessed and care and support was planned and delivered in line with their individual support plan. The individual plans we looked at included risk assessments which identified any risk associated with people's care.

Systems were in place to ensure people received their medications in a safe and timely way from staff who had been trained to carry out this role. However, we identified some minor improvements could be made which were implemented on the day of our inspection.

We found the service to be meeting the requirements of the mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The registered manager had a good understanding of the requirements.

People were supported to eat and drink sufficient to maintain a balanced diet. People we spoke with who used the service told us the food was very good and could choose what they wanted to eat.

There was sufficient staff on duty to meet people's needs. Staff were provided with appropriate training, support and supervision to help them meet people's needs.

Systems were in place to assess and monitor the quality of the service, including obtaining feedback from people who used the service and their relatives. Records showed that systems for recording and managing complaints, safeguarding concerns and incidents and accidents were well managed.

## 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

Systems were in place to make sure people received their medications in a safe and timely manner. Although some minor improvements were implemented at the time of our inspection.

People were protected from harm. Staff knew what action to take if they suspected abuse was taking place. Risks to people had been identified and assessed and there was guidance for staff on how to keep people safe.

There were sufficient numbers of staff to meet people's needs safely.

### Is the service effective?

Good ●

The service was effective.

Staff were trained to enable them to meet people's needs in a person-centred way.

Consent to care and treatment was sought in line with the Mental Capacity Act 2005 legislation.

People received a balanced diet which reflected their specific needs and preferences.

### Is the service caring?

Good ●

The service was caring.

People we spoke with told us the staff were lovely. They told us they were patient, kind and considerate. We saw people were treated with respect and their dignity was maintained.

Staff ensured the care they provided was personalised and individualised.

### Is the service responsive?

Good ●

The service was responsive.

We saw people had plans of care in place. These were regularly reviewed and updated and reflected people's changing needs. The plans were being changed at the time of our inspection to ensure they were person centred and showed involvement of the person in their care and support needs.

There was a range of activities on offer at the home. These were enjoyed by people who used the service.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

### **Is the service well-led?**

**Good** ●

The service was well led.

Quality monitoring and audits took place to ensure policies and procedures were being followed.

The management asked people, their relatives and other professionals what they thought of the service to ensure improvements if required could be made.

Staff we spoke with felt the service was well led and were supported by the management team who were approachable and listened to them.

# 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 inspection took place on 15 December 2016 and was unannounced. The inspection was undertaken by an adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service including the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications sent to the Care Quality Commission by the registered manager.

As part of this inspection we spent time with people who used the service talking with them and observing support, this helped us understand the experience of people who used the service. We looked at documents and records that related to people's care, including two people's support plans. We spoke with ten people who used the service and four relatives.

During our inspection we spoke with four support staff, one domestic, a nurse, the registered manager and the provider. We also looked at records relating to staff, medicines management and the management of the service.

# Is the service safe?

## Our findings

All people we spoke with praised the staff. They told us they were well looked after. One person said, "I was not safe at home on my own, I feel safe here." Another person said, "They [staff] are all really kind."

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures are designed to protect people from abuse and the risk of abuse. Staff we spoke with were very knowledgeable on procedures to follow. Staff knew how to recognise and respond to abuse correctly. The training records showed that staff received training in safeguarding people from abuse.

On the day of the inspection we saw there were staff in sufficient numbers to keep people safe and the use of staff was effective. Staffing was determined by people's needs. The registered manager told us they reviewed the dependency levels weekly to determine there was enough staff to meet people's needs. However, they added, "I listen to staff if they tell me we need more staff, as they are struggling to meet needs, I increase the numbers."

Staff we spoke with confirmed that there was enough staff on duty. Staff said the numbers were constantly reviewed to ensure people's needs were met. People we spoke with said there were staff available at all times and told us there was enough staff to meet their needs. A relative we spoke with said, "There are always plenty of staff around and always very helpful."

We looked at care records belonging to people who used the service and found that risks associated with their care had been identified. We saw risk assessments were in place to help minimise risks to people. For example we found one person had been assessed as at risk of choking and required a soft diet and assistance from staff while eating food. We saw the appropriate diet was provided and staff gave support.

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) for people who used the service.

Medicines were stored safely, at the right temperatures. We saw records were kept for medicines received, administered and disposal of medicines. We found people were receiving medication as prescribed. However on the day of the inspection we observed medicines being administered and found correct procedures were not always followed. For example, medicines were left out on top of the trolley in a communal area and medicines were signed on the MAR before they were administered. We discussed this with the registered manager who explained that due to sickness they had to use agency nursing staff. The registered manager had already identified the issues and was planning to address these. Following our inspection we have had written confirmation from the registered manager that these were addressed.

We saw people were prescribed medicines to be given as and when required (PRN). For example pain relief. Staff were able to explain how they supported people appropriately to take this medication that they were aware of signs when people were in pain, discomfort or in a low mood to ensure they received their medication when required. However, there was not always a protocol in place that gave details of the PRN

medication to determine what medication was prescribed for and signs and symptoms the person could present with when the medication was required. The registered manager showed us some information in people's plans of care and assured us these would also be placed with the MAR for easy reference.

The recruitment and selection process ensured staff recruited had the right skills and experience to support the people who used the service. The staff files we looked at included relevant information, including evidence of Disclosure and Barring Service (DBS) checks and references. DBS checks helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. We also saw staff had an induction when they commenced work and new staff had completed the care certificate.

## Is the service effective?

### Our findings

People we spoke with told us the staff were very kind. One person said, "They [the staff] look after you very well, I have no grumbles." Another person said, "I am well looked after, they listen to me and whatever is wrong they put right."

During our inspection we observed staff interacting with people and found they offered people choice and gave time for people to decide what they wanted. The staff waited for people to consent to different tasks and we saw that people's decisions were respected.

The registered manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. Staff we spoke with confirmed that they had received training in the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

Most staff were aware of the legal requirements and how this applied in practice. The registered manager had submitted applications, some had been approved others were awaiting assessment. There were five approved DoLS at the time of our visit.

We saw evidence that decisions were made following best practice guidance where a person who used the service lacked capacity to make a certain decision.

We looked at people's care plans in relation to their dietary needs and found they included detailed information about their dietary needs and the level of support they needed to ensure that they received a balanced diet. People were offered a varied and healthy diet, which was based on their preferences and dietary requirements. We saw snacks and drinks were available throughout the day. We sat with people during breakfast and lunch. One person told us, "The food is very good, there is always a choice. If I wanted a cooked breakfast I only have to ask."

People had good access to healthcare services. We saw records of visits by health care professionals in people's care plans and any actions from the visits were followed up.

Staff we spoke with said they had received training that had helped them to understand their role and responsibilities. We looked at training records which showed staff had completed a range of training sessions. These included moving and handling, first aid, infection control, safeguarding of vulnerable adults, fire safety, and health and safety.

Records we saw showed staff were up to date with the mandatory training required by the provider. Staff we spoke with told us the training was good. Staff also told us they did additional training to further understand how to meet the needs of people they supported.

Staff told us they felt supported by the management team and confirmed they received regular supervision sessions. Supervision sessions were individual meetings with their line manager. Staff felt they were able to contribute to their supervision session and felt valued. Staff told us they worked well as a team and supported each other.

# Is the service caring?

## Our findings

People who used the service and their relatives that we spoke with were positive about the staff and the management team. People told us staff were considerate, kind and caring. One person said, "The staff really are kind." Another person said, "The staff would do anything for you."

A relative we spoke with told us, "The staff are fantastic, very helpful and caring."

During our visit we spent time in communal areas talking to people who used the service. We saw positive interactions between people and staff. Staff were caring and supportive. From conversations we heard between staff and people who used the service it was clear staff understood people's needs, how to approach people and when people needed assistance.

We saw that people's privacy and dignity were maintained well. We spoke with staff and found they knew people well. They explained how they would maintain people's privacy and dignity by closing doors and curtains when supporting with personal care. We observed staff who addressed people in a caring way and in a manner that was appropriate for each individual person. This showed staff respected people.

The care manager told us to enable staff to understand their role in supporting people staff had received specific training in topics such as equality and diversity and dignity in care. We saw staff put into practice what they had learnt.

People's bedrooms were individual to their tastes. People had brought in personal possessions to make their room more homely. We saw a number of bedrooms and they were homely, well-furnished and personalised.

We looked at people's care plans and found information that told staff their likes, dislikes, choices and preferences. People we spoke with who wanted to be involved in their care plans told us they were aware of what staff wrote in the plans and could be involved in reviews if they wished.

Staff understood the need to respect people's confidentiality and not to discuss issues in public, or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed at staff handovers, which were conducted in private.

The registered manager and the provider told us they were committed to ensuring people received care that met their needs in a person centred and individualised way. Taking into account people's wishes and feelings and respecting people's decisions. The registered manager told us they were improving the care plan documentation to ensure it was person centred and that people were at the centre of their care.

The service looked after people who were at end of life. We saw their needs were identified in their plans of care. There was involvement of health care professionals to ensure their needs were met. Staff were knowledgeable on their needs and the importance of ensuring they were comfortable and pain free. Staff

were passionate about ensuring people at end of life maintained a good quality of life and a positive sense of wellbeing. The registered manager told us they were developing an advanced care plan to ensure peoples wishes, feelings and choices were captured so staff were aware and they were followed.

## Is the service responsive?

### Our findings

People we spoke with told us the care they received was very good and met their needs. One person told us, "The staff can't do enough for you they are fantastic."

We looked at care records belonging to two people who used the service at the time of the inspection. We found that care plans identified people's needs, setting out how to support each person so that their individual needs were met.

Care plans were regularly assessed to ensure that they were up to date and captured any changing needs. Records showed that people's care was reviewed regularly to ensure it met people's needs. We saw people who used the service were involved in the reviews if they wished.

Staff we spoke with were very knowledgeable on people's needs and how to best meet people's needs. People we spoke with told us the staff understood them and helped them. One person said, "Staff are good, they support us and help me."

The care plan documentation was being improved at the time of our inspection. This was to provide a more person centred care plan capturing people's choices and decisions.

There wasn't a dedicated activities coordinator employed. The registered manager and the administrator took on this role and care staff delivered the activities.

We found many events and activities had been organised. There was shopping trips, lunches, carol concerts and a pantomime arranged. People we spoke with told us they enjoyed the activities and outings. One person said, "I like the bingo and I also like having my nails done."

The registered manager told us there was a comprehensive complaints' policy, this was explained to everyone who received a service. The procedure was on display in the service where everyone was able to access it. We asked people if they would tell staff if they had a worry and they said they would. We had no concerns raised by anyone during our inspection.

We checked records of concerns and saw the registered manager although did not keep records of all issues raised, was able to explain how they would deal with any issues no matter how minor and how these would be resolved. The registered manager told us they would improve the record keeping of minor concerns and compliments to ensure there was evidence people who used the service were listened to.

People who used the service and their relatives were encouraged and supported to make their views known about the care provided by the service. There were regular meetings giving opportunity for people to contribute to the running of the home. The provider also sent out quality questionnaires to seek people's views. These were sent to people who used the service and their relatives. People felt they had a voice and they were listened to.

## Is the service well-led?

### Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission. People we spoke with told us the registered manager was very approachable, listened and was always available if they needed to discuss any issues.

We found there was an open, fair and transparent culture within the home. Staff told us they felt that they worked well as a team and they all helped each other. They told us they felt the management team were approachable and listened to their concerns and ideas for improvement. One staff member said, "It is the best it has been for a long time." Another staff member told us, "The changes implemented have been for the best, I am listened to and feel valued."

Staff told us that they received regular supervision and support. They also told us they had an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. One staff member told us, "I couldn't work in a better place, I am free to talk and it is in confidence. If I have any issues they get actioned." Another staff member said, "It is brilliant here, I wouldn't change anything, we work well as a team and that means the people are happy."

There was regular staff meetings arranged, to ensure good communication of any changes or new systems. 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. Satisfaction surveys were undertaken to obtain people's views on the service and the support they received. The registered manager also published a monthly newsletter, 'Oaklands Oracle' this gave relatives and people who used the service information on what was arranged, any changes and updates.

We found effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager. They told us 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.

We also found systems were in place for managing safeguarding concerns and incidents and accidents. From discussions with staff it was evident that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

We found that recorded accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified. We saw the records of this, which showed these, were looked at to identify if any systems could be put in place to eliminate the risk.