Oatlands Care Ltd

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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

This unannounced inspection took place on 22 November 2017. At our last inspection of 09 November 2015, the service was rated 'Good'. At this inspection we found the service remained 'Good'.

Oatlands Care Ltd is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home is registered to accommodate up to 43 people across three separate units over three floors, each of which have separate adapted facilities including dining rooms and sitting areas. There were 25 people living at the home when we visited.

The service had a registered manager who had worked at the service for several years. 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.

At this inspection we found that people's medicines were still managed in line with safe medicine administration and management guidelines. Medicines were administered as prescribed. Records were correctly completed and medicines were stored in a safe way.

People were protected from avoidable harm. Management plans provided guidance to staff to mitigate risks to people. Staff were trained on safeguarding adults from abuse. They understood signs of abuse and how to report it in order to protect people. There were sufficient staff deployed to meet people's needs and recruitment checks were conducted before new staff were employed.

The provider maintained health and safety systems, and carried out regular checks to ensure the environment continued to be safe. Staff were trained in infection control and knew the procedures to reduce risks of infection and cross contamination. The service was clean. Records of incidents and accidents were maintained, and the registered manager reviewed them to ensure lessons were learned and to reduce the risk of repeat occurrence.

People's needs were assessed, planned and delivered in a way that met their individual needs and

requirements. People and their relatives were involved in reviewing their care plans. Staff updated people's care plans in line with their changing needs and preferences.

People's nutritional needs and dietary requirements were met. Staff received training, support and supervision to provide effective care to the people, and to carry out their duties effectively. People had to access to healthcare services they needed to maintain good health. The provider had arrangements and systems in place to enable people receive consistent care when they moved between services and departments.

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. People gave consent to the care and support they received. The service complied with the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Relatives and healthcare professionals were involved in making decisions for people in their best interests where this was appropriate.

Staff were kind and compassionate to people. They provided people with reassurance and comfort when needed, and treated them respectfully, maintaining their independence and dignity. Staff also communicated with people in a way they understood.

Staff were trained in end-of-life care. People's end-of-life wishes were documented in their care plans, to ensure these implemented appropriately. People were also encouraged to participate in activities they enjoyed. The service supported people's needs with regards to their disabilities, culture and religion. Staff had received equality and diversity training.

The service obtained the views of people and their relatives and people told us they were listened to, and their views acted upon. The provider had procedures in place for managing complaints, and people and relatives knew how to raise concerns. The provider regularly assessed and monitored the quality and safety of service provided. The provider also worked in partnership with other organisations and services to develop and improve the service.

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**

Oatlands Care Limited

Detailed findings

Background to this inspection

We carried out this comprehensive 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 site visit took place on 22 November 2017 and was unannounced. The inspection team consisted of one inspector, a specialist advisor and an expert by experience (ExE). 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 specialist advisor was a registered nurse.

Before the inspection we reviewed the information the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service which included notifications of events and incidents at the service. We planned the inspection using this information.

During the inspection we spoke seven people, four relatives, the registered manager, the nominated individual, four care workers, two team leaders, the chef and one activities coordinator. We looked at six people's care records, and ten people's medicines administration records (MAR). We also reviewed five staff records and other records in connection with the management of the service including complaints records, health and safety information, and records relating to the provider's quality assurance systems. We carried out general observation of how staff provided care to people. After the inspection, we received feedback from three healthcare professionals involved in the care of people.

Good

Our findings

People and relatives told us they felt safe using the service. Staff knew the provider's safeguarding procedures and had received training in safeguarding adults from abuse. They understood the various types of abuse, the signs to look for, and how to report any concerns in line with the provider's safeguarding procedure. Staff felt assured that the management of the service would take all necessary actions to protect people. They were also aware of the provider's whistle-blowing procedure and felt confident to use it if necessary to protect people. Records showed that there been no allegations of abuse in the last 12 months. The registered manager and provider understood their responsibilities to respond to allegations of abuse in line with the local authority procedure.

People were protected from avoidable harm. Risks to people were assessed by senior staff members in areas including their physical and mental health, moving and handling, skin integrity and malnutrition. We saw management plans had been put in place to address areas of identified risk. For example, people at risk of developing pressure sores had pressure relieving mattresses and cushions in place to reduce the risk. In another example, people who lived with diabetes had district nurses involved in checking their glucose levels and controlling the effects of the condition. Moving and handling plans provided staff guidance on how to safely transfer people who required support. We saw appropriate equipment was available where needed and staff knew how to use them. We observed staff transferring a person using a hoist. They followed safe handling procedures specified in the person's moving and handling plan. This showed staff understood risks associated with people and how to reduce likelihood of harm occurring.

The service maintained records of accidents and incidents. These were maintained and reviewed by the registered manager and where necessary, we saw action had been taken to reduce the likelihood of recurrence. One person's care plan was updated following reoccurring falls. They also received regular checks and support from staff to improve their safety.

People continued to receive their medicines as prescribed. The service ensured only trained and competent staff administered medicines to people. We observed staff administering medicines to people at lunchtime and we saw they followed correct procedures. Staff obtained consent from people to administer their medicines, and ensured the right medicine was being given to the right person, at the right and using the right method. Medicine administration records (MAR) were correctly and clearly signed. People's allergies were recorded on their MAR so staff knew what medicines were unsafe for people to take.

Medicines were stored and managed in a safe way. Medicines were kept in a trolley and locked away in the

treatment room. Only team leaders who were responsible for administering medicines had access to the treatment room. Controlled drugs received additional security measures. The temperature of the treatment room was checked daily and records we reviewed showed it remained within safe limits for the storage of medicines. Medicines that required to be kept in the fridge were stored accordingly.

People received the support and care they needed because safe staffing levels were maintained and staff deployed suitably. Staff told us staffing levels were sufficient to meet people's needs. One staff member told us, "Staffing levels are very good. We have enough on each shift and on every floor which is very good." Another staff member said, "We have enough for the number of residents who need help. We are not always hurrying. It helps us care for residents as we are supposed to." We observed that staff responded promptly to people where they required support. Staff were able to spend time with people to support them on one-to-one basis. Rotas showed that shifts were adequately covered to ensure people's needs were met. The registered manager told us, and staff confirmed that staffing levels were reviewed regularly and adjusted if needed because of activities taking place or people's needs, additional staff were provided.

The provider continued to make sure that staff recruited to work at the service were suitable and fit to work with vulnerable people. Recruitment checks carried out by the provider included obtaining two satisfactory references, criminal record vetting, and assessing each staff member's experience, knowledge and qualifications.

The service was safe and well maintained. The provider contracted external and specialist contractors to conduct assessments around the risk of fire, legionella, security, gas safety and electricity. Portable appliances were tested annually and these were up to date. Fire equipment and systems such as fire extinguishers, smoke detectors and alarms were checked weekly and serviced annually to ensure were in good working order.

People had Personal Emergency Evacuation Plans (PEEP) in place which identified their needs, their ability to respond in the event of a fire, and the support they may need to evacuate. Staff were aware of actions to take in emergency situations such as a fire to keep people safe.

The service followed robust infection control procedures and practices. Staff were trained and aware of risk of cross-contamination. They knew to wear personal protective equipment as required. They also knew to dispose clinical waste appropriately in line with the provider's procedure and good practice. We saw domestic staff cleaning the home throughout the period of our visit.

Good

Our findings

People's care needs continued to be planned and delivered in a way that it improved their health and well-being. Records showed that senior staff completed initial assessments of people's needs before they moved in to the service. The registered manager explained that this process enabled them establish that people's needs could be met at the service. Assessments covered people's physical, mental health conditions, personal care, social needs, behaviours, backgrounds, histories, preferences; religious and cultural beliefs.

People had care plans in place which set out how their identified needs would be met. Care plans were comprehensive and provided information on how staff should support people. People and their relatives were involved in establishing people's care needs and how these would be met. We saw that relevant professionals such as occupational therapist (OT) and community psychiatrist nurses also contributed to ensure people received appropriate care and support. Staff provided care to people in line with their care plan. Care plans were reviewed regularly to reflect people's current needs. People and relatives we spoke with confirmed this. One relative said, "Every time there is a slight change in [loved one] care or medicine or antibiotics are prescribed, I am informed. The care plan is updated and I have to sign."

The service continued to ensure staff were trained to provide effective care to people. One relative said, "The training is very well done. I can see a difference in how [loved one] is cared for." Another relative told us, "The staff team are great. They know what to do in different situations." Staff told us, and training records confirmed that they had completed an induction, and training in relevant areas to enable them to do their jobs. Staff training was refreshed on a regular basis to update their knowledge and skills. One staff member said, "I have had all the training. We are always updating our training." Another staff member told us, "I have done all the training and they are up to date too." The provider's mandatory training areas included moving and handling, safeguarding, infection control, first aid, health and safety, food hygiene, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). In addition to these, the provider also supported staff to complete other training relevant to their roles such as dementia care, dignity and privacy, communication skills and end-of-life care.

Staff felt supported. One staff member told us, "I get support I need. I get one-to-one supervision from the deputy manager. They check how I am doing, the residents and any other issues. I can also speak to any member of the management team if I have a problem." Another staff member said, "I get supervision regularly. I get appraisal too. They give me good remarks. I work well with the residents." Records of supervision meetings showed areas discussed included any changes to people's needs, performance

matters and training needs. Staff also received an annual appraisal, during which their performance was reviewed, objectives set and any further training needs identified.

The 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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA. The provider ensured all staff had been trained in the MCA.

People and their relatives told us that staff obtained consent from them before providing care and support. People's capacity to make everyday decisions and more complex decisions was assessed. Where people needed support to make decisions, we saw this was identified in their care plans which included guidance on how staff should best support them. For example, one person's care plan included guidance for staff on how best to support one person to make decisions, taking into consideration their communication needs and fluctuating capacity. Relatives and relevant professionals were involved as required to support people make best interest decisions about their care and support. Staff understood their responsibilities to ensure people consented to their care and support before they were given.

The registered manager continued to follow the correct process in making applications to the local authority for DoLS authorisations where required, to ensure people's rights and freedoms were not restricted unlawfully. We saw that where DoLS authorisations had been granted, any conditions placed upon them had been complied with. Staff understood their responsibilities in ensuring they followed the requirements of the DoLS.

People's nutritional and hydration needs were maintained. People told us the food on offer at the service met their needs. One person said, "I go to the dining room for lunch. There's always a choice of beef or chicken, and there's a choice again in the evening. They do the meat very well. Normally I can't eat meat but I can here because they cook it very well." Another person told us, "The food is OK. It's not a first class restaurant but I am happy with the food." A relative told us, "The food always looks lovely. There was a time when [my relative] wasn't eating very well so they provided supplements." Staff knew people's nutritional needs and preferences and ensured these were followed. The chef told us they received a list every morning with people's choices and any special orders. He said he prepared a wide variety of foods and always included a vegetarian option. The menus confirmed this. The chef was involved in establishing people's dietary requirements and nutritional needs when they first moved into the service.

People were offered choices of what to eat and drink at lunchtime. The food was well presented and people chose where they ate their lunch which staff respected. Staff supported people as required, for example by cutting up their food and assisting them to eat. People had pureed food in line with their dietary requirements and vegetarian options in line with their cultural requirements. Staff interacted with people and encouraged them in a gentle manner to eat. The atmosphere was pleasant and relaxed. People were offered extra portions if they wanted more. Staff offered drinks, snacks and fresh fruits to people at regular intervals throughout the day.

People's care and support were organised and coordinated in a way that ensured their needs were met effectively. People had completed 'resident transfer forms' in their records which contained relevant

information about the person's physical health, behaviour, medication, likes and dislikes, GP details, allergies and communication needs. This was handed over when people moved between services. For example, if they were being taken to hospital. This enabled continuity and consistency in care and support. We saw discharge summaries obtained from hospital when people were discharged from hospitals back to the service. This gave staff information about people's current medical conditions and medicines so staff knew how to support them.

People healthcare needs remained met by a range of healthcare services such as G.P's, psychiatrists, physiotherapists, district nurses, diabetic nurses, dentists, dietitians, and chiropodists. One relative told us, "[Their loved one] has regular visits from the chiropodist and physiotherapist and if they're unwell a GP will visit." Another relative explained that staff knew who to contact to attend to their loved one's health needs. They said staff arranged appointments with services as needed. Records we reviewed confirmed that relevant healthcare professionals were involved in meeting people's healthcare needs. Community district nurses were involved in monitoring and managing people's diabetes and staff implemented recommendations made. For example, one person had food supplements as recommended by the dietitian.

The environment had adequate adaptations and was suitable for people. People had communal areas for them to relax and spend time with their visitors. We saw that the toilets and bathrooms had equipment such as grab rails to assist people with transfers. There were wheelchair accessible facilities available. There were call bells available at strategic locations so people could use to call for help in emergency.

Good

Our findings

Staff remained caring and considerate in the way they cared for people. People and relatives told us staff showed them kindness and understanding. One person said, "It's a wonderful place; the care couldn't be better." Another person told us, "The care is very good." One relative told us, "I love it [here]. I would book myself in. My relative is always nicely dressed; the clothes have not been thrown together. The staff know that [their loved one's] looks are important to them." Another relative said, "I am never short of surprises at the way they look after [their loved one]; so loving, so caring. The way they will give a hug and go for a little walk with you. All the staff, not just the carers, have smiles on their faces."

Our observations confirmed what people and their relatives told us. We saw positive interactions between people and staff. Staff spoke politely and calmly and we noted people were relaxed and comfortable in their company. Staff also showed they understood people's emotional needs and gave them the reassurance and comfort they needed. For example, we saw one member of staff asking a person if they were feeling okay as they noticed the person was quiet. The staff member spent one-to-one time reassuring the person and cheering them up. One relative also told us their loved one could experience hallucinations and when this happened staff knew how to support them appropriately and provide reassurance. They told us they found the approach staff took reassuring.

Care records stated people's likes, dislikes, routines, backgrounds and preferences. Staff were able to tell us about people's behaviours, routines and patterns. They were also aware how people's histories and backgrounds influenced their behaviours and choices. One person liked to eat on their own and staff respected this. They served the person their food alone on the table as they liked. We saw a staff member offer a cup of tea to a person using a specific coloured cup which they explained the person preferred to use when drinking. The person also confirmed this to us. This showed staff were interested in people and supported them in line with their choices and preferences.

People and their relatives were involved in making decisions about their care and support. One relative told us, "I was involved and I have to sign the care plan. I went through the care plan with the social worker recently and got a big dossier. Staff speak to me and [my relative]. If I bring anything up, it's normally dealt with straight away." Another relative said, "I am always informed about any plan. They contact me on phone too if they need to check my views." We saw staff asking people about what they wanted to do after lunch. Staff asked one person if they wanted to stay in the lounge and watch TV or go to their room for a nap. People told staff what they wanted and how they wanted it, and we saw staff delivered people's request accordingly.

Staff continued to respect people's privacy and dignity; and promoted their independence. They had received training in dignity and understood the importance of maintaining people's dignity. One staff member said, "I always speak to people respectfully. For example, when asking people if they want the toilet, you need to be mindful. You don't want other people to hear so the person is not embarrassed." Another staff member told us they ensured people were appropriately dressed. They encouraged people to carry out tasks according to their abilities, and they carried out personal care, and discussed people's personal matters in private. Staff supported people with personal care tasks behind closed doors. People who enjoyed their personal space were allowed to do so and staff did not intrude. We heard staff knock on people's doors to alert them to their presence and waited for permission before going into their rooms.

Good

Our findings

People's care and support was personalised to their individual needs and focused on the things that were important to them. Care plans considered people's physical and mental health, social needs, communication, personal care, strengths and abilities. Record showed, and people told us that they and their relatives were involved in designing their care plans. Staff understood people's needs and supported them accordingly.

People's religion, culture, disability, relationship, gender and sexuality were considered as part of the care planning process. For example, one person's care plan identified them as being a person of faith and staff supported them with their religious practice, enabling them to attend services. They also told us about how the provider had enabled them to purchase an electronic tablet so they could watch programmes regarding their faith. People were visited regularly by different religious groups, and services were held at the home for people who wished to take part. .

People participated in various activities to stimulate and occupy them. The provider had activities coordinators who consulted with people about what the activities they wished to take part in. The activities on offer catered for both individuals and groups to meet people's preferences and lifestyles. The service provided the Namaste programme, which offered one to one support to people involving a wide range of sensory stimulation, with the aim of bringing a sense of calm and comfort. We saw people enjoying this programme and noted that they were calm and relaxed.

People and their relatives told us they enjoyed the activities provided. One relative told us about the music performances at the service. They said, "I've never seen so many elderly people trying to get out if their chairs to dance. There's a summer party every year in July and it gets absolutely packed here." Another relative told us they joined their loved one in the sing-a-long sessions and they enjoyed it. We saw a photograph collection and posters displaying past activities held in the service. They included musical performances, poetry, singalongs, celebrations of festivals, feasts and events such as St Patrick day, Christmas, barbecue parties, birthday celebrations and various occasions at the home. On the morning of our visit we saw people watching a documentary about the Royal Family. In the afternoon, they had a quiz and we noted that people enjoyed this and they spent their time relaxing and interacting with each other. One person told us, "I've got nice lodgings… and nice people to talk to here."

Staff encouraged people to maintain relationships that mattered to them. One person told us they received support from staff to maintain contact with friends. One relative told us, "I come all times of the day and

evenings and everything is fine. I feel welcome from the reception team all the way through. [All the staff] chat to people." We saw relatives visiting their loved ones and noted that they were able to spend private time in people's rooms or in communal areas. We also saw that relatives were involved in providing support at meal times or taking part in activities if they wished to. Staff showed respect and consideration by not interrupting their space.

The service had suitable processes in place for people to raise their concerns or complaints. One relative told us, "We have had one complaint, which they are doing their level best to handle. It's nice to see people being told by management about complaints and management trying to fix the problem." The provider had a complaints procedure which set out what people could expect if they raised a concern, and included details of how to escalate concerns to external organisations. All the people and relatives we spoke with told us they knew how to complain about the service if they were unhappy. They also told us they had confidence that their complaint will be addressed and resolved in a timely manner.

The service supported people at the end of their lives, in line with their wishes and preferences. People's end of life care wishes were recorded in their care plans and we saw up to date Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decision in place where appropriate. The service worked closely with the local hospice to provide end of life care as required. Staff demonstrated they knew how to care for people at the end of their lives. At the time of our visit, no one was receiving end of life care.

Good

Our findings

There was a registered manager in post who was supported by the provider's senior management team and a team of administrative staff. 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 manager knew their responsibilities to send notifications to CQC of significant incidents that occurred in the service and records showed that they had complied with this requirement.

People and relatives told us the service was well managed. They knew the registered manager and other members of the management team. One person told us. "It's a good place to be. We have good relationship with others here and the staff." Another relative said, "[The people using the service] all seem to know the registered manager; he comes around and has a chat with them." We also received positive feedback from healthcare professionals about the management of the service. They told us the service was well run and people's needs were met.

Staff gave positive remarks about the service and the management. One staff member told us, "I am finding working here really good. We [staff] always get the support we need. If we need to clarify anything or ask questions, we can go to the registered manager, team leaders or office staff and they help. We can also send emails to the registered manager and he will respond." Another member of staff said, "I love it here. It's one of the best places I have ever worked and I have worked in care settings for over 15 years. I can put my mum or someone I love here."

The registered manager and the provider continued to ensure that staff received the leadership and support needed to deliver quality service to people and promote the organisation's values. Staff told us that there was clear leadership and they had access to the registered manager. The registered manager carried out daily visits to each unit and spent time chatting with people and staff to identify issues, discuss concerns and gather feedback. People, relatives and staff told us that any concerns they raised with the registered manager or any member of the management team were addressed and resolved. Staff were clear about their roles and responsibilities; and were committed to providing good care to people. Supervision notes and minutes of team meetings showed that the registered manager reminded staff of the standards expected of them.

The service continued to encourage people, their relatives and staff to provide feedback about the service

through meetings and satisfaction surveys. The result of the most recent survey showed high level of satisfaction from people, their relatives and staff. There were no areas requiring improvement from the result of the survey and minutes of meetings we reviewed.

The provider's systems for assessing and monitoring the quality and safety of the service continued to be effective. Audits and checks were carried out on a regular basis in areas including care planning, medicines management, DoLS authorisations, and falls management, management of pressure sores, and nutrition and catering. The registered manager also reviewed the systems in place for managing incidents and accidents, infection control, first aid, and health and safety to ensure they remained effective. There were no concerns to follow up on from completed audits we reviewed.

The provider conducted an annual evaluation of the service's processes and systems to review their effectiveness and identify any areas that needed improvement. We reviewed the annual development plan and noted measures had been drawn up to improve areas including recruitment and staffing; training, and care planning. The provider was also in the process of developing an information technology (IT) system to help with their care planning processes, rota allocation and quality monitoring. This showed the provider was committed and keen to continuously improve the service.

The service worked in partnership with external organisations to improve the service and meet the needs of people. They liaised with social services to review people's need and to ensure appropriate care was delivered. They also worked with the local hospice in support of people's end of life care needs, and had recently worked in partnership with an NHS trust, supporting research on dementia with the aim of improving the speed of diagnosis and subsequent treatment pathway. We additionally noted that the provider was a member of National Activity Providers Association whose vision is to develop person-centred and meaningful activities for people, and that they had recently received the Investors in People Silver accreditation for the way they supported staff.