

Durnford Society Limited (The) Oaklands

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Oaklands is a residential care service providing the regulated activity of personal care up to a maximum of 10 people. The service provides support to people with a learning disability and/or autism. At the time of our inspection there were 9 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support

People's risks were known and met by enough staff who had the skills and knowledge to meet people's varying needs. Medicines were managed safely. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

People were supported with a variety of different activities to promote their wellbeing. Staff understood how to protect people from the risk of harm or abuse. People were protected from the risk of infection by safe infection, prevention, and control measures.

Right Culture

The management team sought, listened, and responded to feedback about the service to continually improve the quality-of-care people received. The management team had a good knowledge of the service and understood the needs of people they supported. This had resulted in an inclusive and open culture.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good. (15 November 2017).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding. We undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Oaklands

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector and 1 assistant inspector.

Service and service type

Oaklands is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Oaklands is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with 6 members of staff including the acting manager and deputy manager. The people living in the service were unable to verbally feedback their experience of the service to us. We spent a short time in a communal area and used observations to gather information on the experience of the people living in the service. We reviewed a range of records. This included 4 people's care records including care plans, risk assessments, and records of daily interactions. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We communicated with 5 relatives about their views of the care provided to their family members. We also sought feedback from health and social care professionals who work with the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt the service was safe. Comments included, "Very happy with the care provided. [Person's name] is safe living at Oaklands. [Person] knows all the staff and the staff know [them]." "The service is absolutely secure and safe and [person] is well looked after I have no concerns about that". And "I can't praise [staff] enough. I have peace of mind with [person's name] living there. I feel [person] is very safe".
- Staff undertook safeguarding training to ensure they understood what was meant by abuse. Staff confirmed if they had any concerns about a person's safety, they would contact the management team. One member of staff said, "If I had any concerns about anyone I would speak to my manager. I would find the numbers [of the safeguarding team] if I was not happy with what had been done."
- Staff were aware of the provider's whistleblowing procedure and explained they could report concerns to external health and social care agencies such as the local authority or CQC if required.

Assessing risk, safety monitoring and management

- The acting and deputy managers had assessed and monitored risks to people's safety.
- We reviewed care records including risk assessments and found some information required updating or was held in different places. This was because records were in the process of being transferred to an electronic system.
- We discussed this with the managers who told us they were working hard to implement the new electronic system. They explained the measures they had in place to provide advice and guidance to staff which would ensure people received safe care. We were satisfied risks to people's health and wellbeing were being managed safely.
- Personal Emergency Evacuation Plans (PEEPS) were in place, they gave staff guidance to evacuate people safely from the premises in the event of an emergency such as a fire.
- Checks were undertaken regularly on the safety of the environment and equipment and action was taken when required.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- The acting and deputy managers understood their responsibilities in relation to the MCA.
- Mental Capacity Assessments were completed where people displayed signs that they might lack capacity to make a particular decision.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act.

Staffing and recruitment

- There were enough staff available to meet people's needs. Staffing rotas were arranged to meet people's requirements and commissioned hours.
- People received one to one or two to one support to ensure they remained safe.
- Some relatives raised concerns about continuity of staff. The acting manager told us they had employed new members of staff which meant the service was less reliant on agency staff covering vacant posts.
- People's relatives told us staffing had improved and there were more familiar staff supporting their loved ones. One relative commented, "In an ideal world staff would work for a long time at [Oaklands], but staff come and go. It's better now more settled. There are enough staff, and they seem well trained."
- Inductions ensured any new staff were equipped with the skills and knowledge to meet people's individual needs. One member of staff commented, "I have had training for everything you can think of, and it is all well done, and we have the e-learning as well. We went through the CQC Right Support, Right Care, Right Culture to make sure things are running correctly and to ensure people have a good quality of life."
- Safe recruitment systems were in place. Pre-employment checks were completed to make sure staff had the right skills and character. Staff files showed reference and DBS checks had been completed prior to employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Processes had been established and were followed to administer, record and store medicines safely.
- Staff completed training to administer medicine and their competency was checked to ensure safe practice.
- People received their medicines as prescribed, and systems were in place to support people to receive their medicines when they were accessing the community or visiting their families.
- Systems were in place for medicines administered 'as required' to ensure people received their medicine when needed.
- Audits were completed, and action taken where any errors or omissions were identified.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visits from their relatives safely. Family members confirmed they were welcomed at the service.

Learning lessons when things go wrong

- Accident and incidents were reported, monitored, and looked at individually to identify any patterns or trends.
- Lessons learnt were discussed with staff so any learning could be shared.

Is the service well-led?

Our findings

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

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

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

- The managers were open and honest about the improvements required at Oaklands in relation to the governance processes completed.
- Although the service had procedures in place to check and improve the quality of care provided; the service was in a period of transition, moving from a paper-based system to an electronic record system.
- The transition process had not impacted on the quality-of-care people received. However, further work was needed to implement, develop, archive, and sustain systems and processes to monitor the quality of care.
- We saw the provider and management team had identified, developed, and were working through action plans to address the shortfalls we identified during the inspection for example, in relation to spot checks, supervisions and care plan reviews.
- There was a clear staffing structure within the service and the staff understood their roles and responsibilities.
- The provider and management team promoted continuous learning and discussed work practices, training, and development needs with staff.
- The provider and management team understood their legal responsibility to notify CQC about events that affected people's safety and welfare.

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

- The management and staff team were knowledgeable about the people living at the service and worked hard to ensure they were delivering person centred care.
- We found an open and transparent culture, where constructive feedback was encouraged. The management team was enthusiastic and committed to further improving the service.
- Relatives told us they felt listened to, had confidence, and felt involved with the service. They felt the service was well-led.
- The management and staff team promoted a person-centred culture to ensure people received personalised care and support. Staff skills, commitment and morale was high within the service.

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

- The management team were aware of their responsibilities regarding the duty of candour and were aware of the need to be open and transparent with people if incidents occurred where the duty of candour applied.
- Relatives confirmed they were aware of how to make a complaint and felt able to raise concerns if something was not right.

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

- Opportunities to feedback views about the quality of the service were in place. These included annual surveys, face to face meetings or conversations over the phone.
- People's relatives told us they were kept up to date if any changes occurred.
- Staff told us they felt valued and listened to. One member of staff said, " Staff meetings are once a month, they are informative, and we go through the keyworker reports. We talk about our thoughts about people. We go through the agenda board and if people have ideas, we might trial them. We go through things like health and safety and medication. Minutes are circulated for people who are not able to attend."

Continuous learning and improving care; Working in partnership with others

- Throughout the inspection the provider and manager were committed to improving the quality of the service and discussed their plans for improvement both in relation to care records and governance.
- Staff received on-going training and support to ensure their learning and knowledge were up to date and to ensure they had the skills to support people safely.
- The service worked in partnership with relatives, social and healthcare professionals to ensure the care and support people received was person-centred and met the needs of the individual.