

HC-One Limited

Oakland (Rochdale)

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

About the service

Oakland (Rochdale) is a purpose-built residential care home providing accommodation and personal care for up to 40 people aged 65 and over, some of whom live with dementia. At the time of inspection 38 people were living at the home.

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

People felt safe living at Oakland (Rochdale) and spoke positively about the care and support they received. Relatives echoed this view, reporting no concerns with the safety and quality of care. We found enough staff were deployed to meet people's needs and keep them safe. Staff knew how to identify and report safeguarding concerns. Accidents, incidents and falls had been documented consistently, with records detailing actions taken and lessons learned. The home was clean with effective cleaning and infection control processes in place. On the first day of our inspection additional deep cleaning was being carried out, in response to a recent infection control audit by the local authority.

Staff received training, supervision and support which allowed them to complete their roles safely and effectively. 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. People's healthcare needs were being met with any referrals to professionals being made timely.

People and relatives were happy with the care provider at Oakland (Rochdale). Staff were described as kind, caring and helpful. One relative stated, "They are so caring, I can't fault them at all." People told us they were treated with dignity and respect, were encouraged to make choices about their care and daily routine and maintain their independence.

Care plans explained to staff what people's needs were and how they wanted to be supported. Peoples' social and recreational needs were met through an activities programme, though people's feedback on the consistency of activities varied. The complaints process was displayed around the home and people told us they knew how to complain, though all but one person had not needed to.

People, relatives and staff spoke positively about the home and how it was run. Their views were sought through meetings and annual surveys. The registered manager was reported to be approachable and supportive. A range of systems and processes were used to monitor the quality of the service provided. Action plans were created to help drive improvements.

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 the service was good (published 8 November 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Oakland (Rochdale)

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.

Inspection team

The inspection was carried out by an 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.

Service and service type

Oakland (Rochdale) 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. Oakland (Rochdale) 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

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. These included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us

without delay. We also asked for feedback from the local authority and professionals who work with the service. 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 of this information to plan our inspection.

During the inspection

We spoke with 9 people and 3 relatives about the home and the care provided. We also spoke with 7 members of staff, which included the registered manager, interim area director, regional director and care staff.

We reviewed a range of records and other documentation. This included 3 people's care records, risk assessments, safety records, supplementary charts, audit and governance information. We also looked at medicines and associated records for 5 people.

After the inspection

We requested and reviewed additional evidence from the provider. This included incident and accident data, information relating to training and safety certification.

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

- People received safe care and were safeguarded from abuse and avoidable harm.
- People told us they felt safe living at Oakland (Rochdale). Relatives also spoke positively about the safe care provided. One told us, "I don't have to worry about [relative] at all. The staff are amazing, they are there whenever [relative] needs them."
- Staff had completed training in safeguarding and knew how to identify and report any issues or concerns. Safeguarding concerns had been reported in line with local authority guidance. Records were kept which detailed actions taken and outcomes.

Staffing and recruitment

- Enough staff were deployed to keep people safe and meet their needs.
- People, relatives and staff feedback supported this. Comments included, "The staff are lovely, they are quick if I need them" and "We always have enough staff, they get staff from other HC-One homes, and if none are available, get in agency staff, to cover any shortages."
- The home used a system for working out how many staff were required across the home to provide safe care. Rotas had been completed in line with this information.
- Safe recruitment processes had been followed when new staff commenced employment. This included seeking references from former employers and completing checks with the Disclosure and Barring Service to ensure applicants were of suitable character to work with vulnerable people.
- Profiles for any agency staff used in the home were kept on file. These provided assurance safe recruitment checks had been carried out by the agency and the agency staff had the necessary skills and training to provide safe care.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Care documentation contained a range of general and individualised risk assessments, which provided staff with information about how to meet people's needs and keep them safe.
- Accidents and incidents had been documented using the providers electronic system. A separate lessons learned document had been used to consider any learning from incidents which had occurred.
- Risk assessments of the environment and equipment used within the home had been completed, to ensure these were fit for purpose and used correctly. Ongoing safety checks had also been completed in line with legislation, with certification in place to confirm compliance.

Using medicines safely

- Medicines were managed safely. People received their medicines on time and as prescribed.
- Medicines were kept safely and securely, including medicines requiring additional storage requirements, for example, controlled drugs.
- Information was in place to support staff to safely administer 'when required' medicines. These explained how, why and when the medicine was required and how to know it had been effective, for people who could communicate this verbally.
- Records relating to the use of thickening powder for drinks were being kept. Modified dietary information within the kitchen was correct and reflected people's current needs.

Preventing and controlling infection

- The home was clean with effective cleaning and infection control processes in place.
- We noted housekeeping staff from other HC-One homes had been drafted in to help complete a full deep clean of the home. This action had been taken following feedback by the local authority. They had completed an audit the day before and noted furniture had not always been pulled out when rooms were cleaned.
- Infection control policies and procedures were up to date and reflected current national guidance.
- Government guidance around visiting had been followed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices, delivering care in line with standards, guidance and the law

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- Assessments had been completed prior to people being admitted to the home. People's likes, dislikes and how they wanted to be supported had been captured as part of this process, to ensure the home was suitable and ensure staff provided care in line with people's wishes.

Ensuring consent to care and treatment in line with law and guidance

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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working in line with the MCA. Staff had received training in MCA and DoLS and understood how this applied to their roles.
- Care plans contained information about people's capacity to make decisions. Where necessary best interest meetings and decision making had taken place.
- DoLS applications had been submitted timely, with systems used to monitor applications, outcomes and ensure reapplications were made in line with guidance.

Staff support: induction, training, skills and experience

- The provider made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Staff told us they received enough training, support and supervision to carry out their roles. Comments included, "We do plenty training, a lot of which is e-learning. We have supervision every 3 months or so, I feel

we get enough support" and "Support here is good. They make sure you are up to date with your training."

- From records viewed we found 93 percent of staff were currently up to date with required training, with the remaining staff scheduled to complete any outstanding sessions.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported eat and drink enough to maintain balanced diet.
- All but one person spoke positively about the meals provided. Comments included, "The food is wonderful. Breakfast, dinner and tea and a bit of supper. We get offered a choice, if I don't like the choices they will find me something else" and "Its good food and we get plenty of drinks."
- We observed mealtimes on both days of the inspection. We saw people who wanted them were provided with tabards to protect their clothes. Staff were alert to people's needs and patient and respectful with people who required support to eat.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to live healthier lives, access healthcare services and support.
- People had access to a variety of medical and health related services, such as general practitioners, district nurses and dieticians. Referrals to professionals had been made timely, when any concerns had been noted. Following appointments, care plans had been updated accordingly.
- Oral care assessments were completed and oral hygiene was provided in line with people's needs and wishes.

Adapting service, design, decoration to meet people's needs

- People's individual needs were met by the adaption, design and decoration of the premises.
- Appropriate signage was in place to help people navigate around the home and identify communal rooms such as lounges, bathrooms and toilets.
- Themed noticed boards were located around the home which provide guidance and information to staff about specific areas of care, such as oral hygiene, nutrition and hydration.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated, receiving good quality care from staff who knew them well. One person told us, "The staff are good and kind to me." Another said, "It's very good here. The staff are lovely." A relative stated, "[Relative] is very happy and they look after her. One or two are excellent and really go the extra mile. I'm really pleased with the effort they all put in."
- We observed several positive interactions between people and staff during the inspection. People had formed positive relationships with care staff and looked comfortable in their presence.
- There was a positive culture at the home and people were provided with care that was sensitive to their needs and non-discriminatory. People's preferences were clearly documented in their care plan.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect, by staff who knew people's needs and how best to support them. People told us staff knocked before entering their room and asked for permission before providing care.
- Staff explained how they ensured people's privacy and dignity was respected. One told us, "When washing a resident, we ensure doors are closed, curtains are drawn and make sure we cover up the area not being washed, such as with a towel."
- People's independence was supported, to ensure they retained skills and were involved as much as possible in their care. One person told us, "I need a bit of help getting dressed now, I do what I can and they help me with what I can't do."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care and encouraged to make decisions.
- People were asked if they wanted to be involved in the creation of their care plan and ongoing reviews, with their wishes respected. People were supported to make day to day decisions, such as what to wear, what to eat and how they wanted to spend their time.
- The home produced a quarterly newsletter, which provided people with information about the home, activities and events and other information of note.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- People were supported as individuals, in line with their needs and preferences.
- Care plans were detailed and explained how people wanted to be cared. Care plans contained a range of personalised information, such as people's likes, dislikes and preferences. This information helped staff understand people as individuals and provide them with personalised care.
- Relatives told us they were also involved in their family members care. One told us, "They phone me regularly with updates, I have a good relationship with them."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the requirements of the Accessible Information Standard (AIS). People's communication needs were understood and supported.
- Each person had a communication care plan, which explained any difficulties they had and how best to communicate with them. These included details of any aids or equipment they needed to assist with communication, such as glasses or hearing aids.
- The provider had an up-to-date AIS policy, and information was available in a range of formats, to cater for people's differing communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships and engage in activities of relevance to them.
- People provided mixed feedback about activity provision. Some were happy with what was offered, others felt more could be provided. The current absence of a full-time coordinator had impacted upon activity completion. This position was being advertised, with a staff member from another of the provider's homes, filling in, in the short term.
- A weekly activity schedule was displayed within the home, and we observed some activities taking place on both days of the inspection.
- People told us they were able to keep in touch with family and friends. One stated, "I have visits [from my family], we have them outside when it's nice, in the lounge, or upstairs in my room."

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- People and relatives told us they knew how to complain, with most stating they would speak to staff, but had not needed to. Comments included, "I've no complaints, it's a good home" and "I don't have any worries about my relative living here. I've no complaints, none at all."
- Any complaints received had been logged and responded to in line with the provider's policy.

End of life care and support

- People and relative's views had been sought and documented, in relation to end of life wishes. The home followed an accredited end of life programme, to ensure consistency of palliative care.
- The home worked with the local hospice and the community matron service and had sourced some additional training for staff to support what was currently completed.
- The provider had created care boxes for relatives, whose family member was reaching the end of their life. These included items such as cleansing wipes, mouthcare packs, snacks and puzzle books, which they could use whilst sitting with their relative.

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.

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

- There was a positive and open culture at the home, with systems and processes in place to ensure good outcomes for people.
- People and relatives spoke positively about the home and how it was run. Comments included, "It's a good home. The [registered manager] walks round to ask if we are okay and if we have any problems" and "[Registered manager] has been really good and supportive, she has a really good manner with all the residents."
- Staff told us they felt supported and enjoyed working at the home. One stated, "It's a good place to work, there is a homely feel here and we get lots of support." Another said, "[Registered manager] has been really helpful and is approachable, it's a positive place to work."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had a range of systems and processes in place to assess the quality and performance of the home and care provided.
- Audits and quality monitoring checks were completed on a daily, weekly or monthly basis, in line with the provider's quality monitoring schedule.
- An overarching improvement plan was used to document any required actions from audits and monitoring. This was updated regularly to report on progress and outcomes.
- The provider was proactive in reporting accidents, incidents and concerns to the appropriate professionals in a timely manner and had submitted statutory notifications to CQC as necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff were involved in the running of the home and the provider fully understood and considered people's protected characteristics.
- Meetings were held to allow people and relatives to provide their views, be involved in the running of the home and ensure their needs were respected and met. Staff meetings were also completed, to share information and provide staff with the opportunity to share their views.
- Annual surveys were completed to capture, people, relative and staff views about the home and quality of care and support provided. The home used a 'you said...we did... board' to communicate what steps had been taken to address any feedback received or issues raised.

- The home worked in partnership with other professionals or organisations, such as the local authority, community matrons and speech and language therapists to benefit people living at the home.

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 provider understood their responsibilities under the duty of candour.
- The home and registered manager were reported to be open and honest, and people had no concerns around communication or action taken to address any concerns.
- Written feedback to people or relatives as part of the complaints process, included an apology where any shortfalls in expected practice had been identified. Information about what action had been taken to drive improvements was also included.