Care Quality Commission

Oaklands Care Hove Limited

Oaklands

Inspection report

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Hove
East Sussex
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23 May 2019

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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: Oaklands is residential care home that was providing personal care and nursing to 20 people aged 65 and over at the time of the inspection.

People's experience of using this service:
People and their families described the care as safe. Staff had completed training in how to recognise and act upon any concerns of suspected abuse. People had their risks assessed and understood by the staff team. Actions had been put in place which were effective in minimising the risk of avoidable harm and regularly reviewed with people and their families. People were protected from preventable infections as staff had completed infection control training and followed best practice procedures. Medicines were administered safely and staff understood the actions needed if an error occurred. Where people received medicines 'as and when' necessary more detail was required to guide staff and ensure appropriate and consistent administration. The registered manager agreed this was required and began the review of 'as and when' medicine guidance on the second day of our inspection. Accident and incidents were recorded and reviewed by the management team. These were used as an opportunity to review people's care and reflect on practice.

Staffing levels were flexible in meeting people's changing needs. Staff had been recruited safely and checks had ensured staff were suitable to work with vulnerable adults. Staff received an induction and ongoing training and supervision that enabled them to carry out their roles effectively. Training included mandatory subjects and areas specific to the people living at Oaklands such as wound management and diabetes.

People and their families were involved in pre-admission assessments which gathered information about a person's care needs and choices. This information had been used to create person centred care plans that were understood by the care team and regularly reviewed to reflect people's changing needs including communication, eating and drinking and end of life care. Staff respected people's lifestyle choices and supported them with their cultural and spiritual beliefs. Working with other health professionals such as tissue viability nurses and speech and language therapists had enabled effective care for people. When needed, people had access to healthcare for both planned and emergency events.

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.

Interactions between people, their families and the staff team were relaxed and friendly. Staff were consistently described as caring and kind and really making a positive difference to people's day to day lives. Staff understood people's communication skills and this enabled them to effectively involve them in decisions about their care. We observed staff respecting people's dignity, privacy and independence.

People, their families and the staff team spoke positively about the management of the home describing the management as visible, hands on and helpful. The culture was open and honest which enabled people,

their families and the staff to share ideas, complaints and concerns and feedback. Audits and quality assurance processes were effective in identifying areas for service improvement and delivering change.
Rating at last inspection: The service was rated 'Good' at our last inspection carried out on the 25 October 2016.

Why we inspected: This was a planned inspection based on previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 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**

Care Quality Commission

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection began on the 22 May 2019 and was unannounced. It continued the 23 May 2019 and was announced. The inspection team consisted of one adult social care inspector.

Service and service type:
Oaklands is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

What we did:
Before the inspection we looked at notifications we had received about the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We also spoke with local commissioners to gather their experiences of the service.

The provider had completed a Provider Information Return prior to our inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During our inspection we spoke with four people who used the service and four relatives. We spoke with the operations manager, registered manager, deputy manager, one nurse, two care workers, activities co-

ordinator and the chef.   We reviewed five people's care files and discussed with them and care workers their accuracy. We checked three staff files, care records and medication records, management audits, meeting records and the complaints log. We walked around the building observing the safety and suitability of the environment and observed staff practice.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• People and their families described the care as safe. One person told us "I feel safe as I get all the help I need. The staff are nice and very attentive".
• Information had been shared with people, their families and visitors to the home about how to report suspected abuse which included contact details of external safeguarding agencies.
• People were protected from discrimination as staff had completed training in equality and diversity and we observed staff respecting people's lifestyle choices.
• Staff had been trained to recognise signs of abuse and understood their role in reporting concerns.

Assessing risk, safety monitoring and management
• Assessments had been completed to identify risks to people including falls, malnutrition and skin damage. Staff understood the actions needed to minimise avoidable harm.
• Risks had been reviewed at least monthly and included discussions with people and their families. This had ensured people's freedoms and choices were understood and respected.
• When health specialists had been involved in risk assessments such as safe swallowing plans or wound care their instructions had been understood and followed by the nursing and care staff team.
• People had personal evacuation plans which meant staff had an overview of what support each person would require if they needed to leave the building in an emergency.
• Staff had considered 'safe' in their individual roles in relation to the support they provided to people. This had led to the laundry staff including a question about allergies when assessing people's laundry needs.

Staffing and recruitment
• People were supported by staff that had been recruited safely. This had included obtaining and verifying references and completing criminal record checks to ensure suitability for working with vulnerable people.
• Staffing levels met people's needs and were adjusted to meet the changing needs of people. The registered manager explained how in the summer, with the lighter nights a carer from the day shift remained an extra hour as people wanted to go to bed a little later.

Using medicines safely
• People had their medicines administered by staff trained in the safe administration of medicines. Medicine administration charts included a photograph of people and any known allergies. Medicines were stored securely in locked cabinets in people's rooms with additional storage provided in a clinical room. One person told us "With medicines they do have rules to follow and they are very correct when dealing with medicine". A relative told us, "Whenever (name) is in pain they look at it, monitor it, keep us posted if a GP is involved".
• Staff were able to detail the actions needed if a medicine error occurred. The registered manager

explained that when an error had occurred actions had included meeting with staff and using the opportunity to reflect on practice.
• Some people had medicine prescribed for as and when needed (prn). We found that prn protocols did not provide enough detail such as maximum dose a day or actions to consider before administering a medicine for calming a person. This meant that people were at risk of not receiving these medicines appropriately. We discussed this with the registered manager who agreed more detail was required. On the second day of our inspection prn protocols had begun to be reviewed and completed with the level of detail required.

Preventing and controlling infection
• People were protected from avoidable risks of infection as staff had completed infection control training. We observed the home and equipment was clean and in good order.
• Infection control audits had been completed and the deputy manager told us it had highlighted that they needed to revisit correct hand washing procedures which had been organised.

Learning lessons when things go wrong
• Accidents and incidents were reviewed by the management team and analysed so that actions could be taken where necessary, trends could be identified, and learning could be facilitated. Actions had included a referral to speech and language therapist when a person had experienced problems with swallowing.

Good

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

Good: 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, their families and both social care and health professionals with knowledge of the person had been involved in pre- admission assessments. Information gathered included details of a person's care needs and lifestyle, spiritual and cultural choices. Where equipment had been identified as needed such as air mattresses these were in place at the time of admission.
• Assessments had been completed in line with current legislation, standards and good practice guidance and used to create people's initial person-centred care and support plans.

Staff support: induction, training, skills and experience
• Staff had completed an induction and had on-going training and support that enabled them to carry out their roles effectively.
• Training reflected the needs of people including dementia care, diabetes and wound and leg ulceration care. We spoke with a carer who told us their dementia training had "Helped me understand more about the people living here like (name)".
• Staff had an annual appraisal where they set goals including opportunities for professional development such as diplomas in health and social care.

Supporting people to eat and drink enough to maintain a balanced diet
• People and their families consistently spoke positively about the food. One relative told us "Chef is the most fantastic cook and will go to the end of the earth to get what people like". We observed people receiving well balanced meals and having cold and hot drinks available at all times.
• People had their individual dietary needs understood by both the care and catering team. This included likes, dislikes and any special dietary requirements. People were offered both a choice of what they would like to eat and where they would like to have their meals. To aid some people in making a choice pictures of meal options were displayed on the menu board.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• Records showed us that staff had worked with other health teams to enable consistent, effective care. Examples included working with mental health teams and specialist pressure care nurses.
• People had access to a range of healthcare services including chiropodists, opticians, dentists and audiologists for both planned and emergency situations.

Adapting service, design, decoration to meet people's needs
• People had access to both private spaces, an area to meet and socialise and an enclosed accessible

garden. A passenger lift provided access to the first and second floor. Specialist bathing facilities were available for people when needed.
• People's personal space was reflective of their individual interests and lifestyles. People had pieces of their own furniture and memorabilia which they told us helped them feel at home.

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 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
• People were having their rights upheld as the service was working within the principles of the MCA. We observed staff seeking consent from people and offering choices before providing any interventions. When people declined an intervention, we saw this was respected.
• Deprivation of Liberty Safeguards had been applied for where a person who needed to live in the home to be cared for safely, did not have the mental capacity to consent to this. The registered manager had clear records about when applications had been made and whether these had been authorised and expired.
• When people had been assessed as lacking capacity to make a decision records showed us best interest decisions had been made on their behalf. Input had included family, other professionals and the staff team. Best interest decisions need to be decision specific and we found in some instances several decisions had been recorded together. We discussed this with the registered manager who agreed and on the second day of our inspection had begun reviewing and completing them correctly.
• Files contained copies of power of attorney legal arrangements for people and staff understood the scope of decisions they could make on a persons' behalf.

Good

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
• People and their families spoke positively about the care. One person told us "There is an atmosphere of helpfulness and wishing you well and it comes from the top". Another person told us "They (staff) care; they want to help". A relative said "The care is fantastic. The whole approach is home from home". Another told us, "(Relative) has a real connection with some of the staff. They sit and chat and make his life better".
• Staff had a good understanding of people's past histories and family which enabled meaningful conversation. One carer told us "We take care of everybody, not just residents but family as well". We observed staff chatting and sharing conversations with people and their visitors. One carer told us "I love my job and bringing smiles to people's faces". Another told us, "If I catch (name) awake we have a nice coffee together and talk about children and life".
• People had their individual communication needs understood. A carer told us about one person who was unable to verbalise, "I say, (name) are you ready for personal care, if (name) smiles you know there ready". A nurse told us of another person, "We have eye contact and sing to (name) when giving personal care, the family sing to (name) as well".

Supporting people to express their views and be involved in making decisions about their care
• People felt involved in decisions about their day to day care. This included where they spent their time, taking part in activities, and times they chose to get up and go to bed. A relative told us, "Whatever (relative) asks for they get". One person told us, "I'm old enough to know what I want, and I explain and they (carers) do take notice".
• We observed respectful interactions between staff and people. Staff explained their actions to people, giving people time and listening to what they had to say.
• People had access to an advocate when they needed somebody independent to support them with decision making.

Respecting and promoting people's privacy, dignity and independence
• People and their families consistently told us staff were thoughtful and respected their privacy and dignity. We observed people having their privacy, dignity and independence respected throughout our inspection. Staff used people's preferred name when addressing them, knocked before entering rooms and maintained people's dignity when providing support.
• Confidential data was accessed by electronic passwords or stored in a secure place ensuring people's right to confidentiality was protected.

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• People had care plans which reflected their personal care needs and choices, were understood by staff and reviewed regularly with people and their families. One relative told us, "I can always look at the care plan and come along to meetings. (Registered Manager) will always talk to us".
• Care plans reflected people's diversity and included information about how a person's cultural and spiritual needs were met. We observed people attending a church service during our inspection.
• People's communication needs were clearly assessed and detailed in their care plans. This included whether people needed glasses or hearing aids and how they needed to be maintained. Key pieces of information such as safeguarding and the complaints policy had been produced in easy read for people with sensory deficits.
• People had opportunities to be involved activities tailored specifically to their interests. One person enjoyed art and their work was displayed on the walls. Another person loved birds and had feeders outside their window the staff kept filled. We saw one person with an activity blanket. The activity co-ordinator told us, "It provides more purposefulness to the restlessness, (name) loves it". One person enjoyed staff reading passages from the bible. People had newspapers of their choice delivered to their rooms.
• People were able to join with group activities such as bingo, quizzes, exercise classes and musical entertainment. Trips into the community had included visiting a garden centre and events involving the local church and school.

Improving care quality in response to complaints or concerns
• People and their families were aware of the complaints process and felt if they raised a concern appropriate actions would be taken. A complaints policy was in each room which included details of external agencies people could contact if they felt their complaint had not been dealt with appropriately.
• Records showed us that when concerns were raised they were dealt with in line with the complaints process and in a timely way.

End of life care and support
• People had an opportunity to develop care and support plans detailing their end of life wishes. These included any cultural requirements and decisions on whether they would or would not want resuscitation to be attempted.

Good

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
• People, their families and staff consistently spoke positively about the management of the home. A relative told us, "(Registered manager) is very switched on in their job and really hands on". A carer told us, "(Registered manager) has a good heart". A nurse explained, "I feel the home is well run. We are a good team and want the same goals. The big focus is residents and how we can make things better for them".
• Staff told us they felt appreciated. A 'golden moments' award scheme had been introduced that recognised staff contributions to people's wellbeing and would be awarding a monthly prize of appreciation. A nurse told us, "(Name) is a quiet person. I spent time with (name) and he told me his favourite music which we're now going to source".
• The culture of the home was open and transparent. The manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with families and people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
• The manager had a good understanding of their responsibilities for sharing information with CQC and records showed this was done in a timely manner. The service had made statutory notifications to CQCas required. A notification is the action that a provider is legally bound to take to tell CQC about any changes to their regulated services or incidents that have taken place in them.
• Staff had a clear understanding of their roles and responsibilities and understood the parameters of their decision making. A carer told us "Teamwork is great; you will always hear laughter. Everybody helps each other".
• Quality assurance processes effectively captured service delivery, identified areas requiring improvement and provided opportunities for learning. People, their families and the staff team had opportunities to feedback comments through quality feedback surveys. In response to feedback a kitchen area had been developed in the foyer enabling people and their visitors to help themselves to hot and cold drinks.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People, their families and staff had opportunities for developing the service and sharing information and learning through regular meetings and social events. A carer explained how they benefited from staff meetings, "I share my ideas and ask others for their ideas. At resident and relative meetings we remind

everyone of things, like how to make a complaint".

Working in partnership with others
• The staff team worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance. This included national organisations linked with clinical and social care practice such as the Nursing and Midwifery Council and Skills for Care.