

Gresham (Oaklands) Limited

# Oaklands Residential Home

## Inspection report

14 Pinfold Lane  
Mickletown Methley  
Leeds  
West Yorkshire  
LS26 9AB

Tel: 01977515451

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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 residential home provides accommodation and personal care for up to 21 older people. At the time of inspection 18 people were receiving personal care.

Oaklands is spaced over two floors with bedrooms on each floor. Each bedroom has en-suite facilities and there is access to both floors via a lift. The home has a well-maintained garden and also has car parking facilities.

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

People were supported to have maximum choice and control of their lives.

People were safely supported and protected from harm or abuse. Safeguarding systems in place supported this. Staffing levels were safe, however staff told us they were extremely busy and felt more staff would benefit the home.

Management of medicines were safe. However, we did speak to the deputy manager to ensure all creams were labelled. This was actioned the same day. Staff learnt lessons after dealing with problems.

Care plans had been updated and people's needs were clearly identified.

Staff were trained to support people with mobility, nutrition and health care, as well as any diagnosed conditions. The premises were designed to meet the needs of the people that used the service.

Staff were kind and caring and knew all the people and their diverse needs. Staff understood their roles clearly and knew what was expected of them. People were treated with respect and dignity and were also supported to maintain their independence.

Staff provided responsive care, adapting this as people's needs changed. People and relatives felt their feedback was welcomed and were confident any concerns would be acted on appropriately.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good. The service remains rated Good.

### Why we inspected

This was a planned inspection based on the previous rating.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information 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 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 ●

# Oaklands Residential Home

## 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 Care Act 2014.

#### Inspection team

There was one inspector and one assistant inspector who visited the service.

#### Service and service type

Oaklands is a residential home. People in residential 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 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.

#### 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 sought feedback from the local authority and professionals who work with the service. We also sought feedback from Healthwatch which is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, a deputy, three care workers, and the chef.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two 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.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt the service was safe. One person told us, "I'm safe yes. If I want anything, I just press the buzzer and they come, or I ask." A relative told us, "[Name of person] is safe. If I thought they weren't safe I would not have them here."
- Staff were aware of their safeguarding responsibilities and would report any concerns to keep people safe.
- The registered manager knew to liaise with the local authority if necessary; any incidents had been managed well.

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

- Risks to people were documented to show the level of risk and control measures were in place to keep them safe and reviewed regularly.
- People received care in a timely way.
- The environment was well maintained, and all equipment received regular servicing.
- Where accidents or incidents had occurred, detailed information had been recorded by staff.
- The provider had systems in place to review and analyse any accidents and incidents each month and shared lessons learnt with staff through handover, staff meetings and supervisions.

Staffing and recruitment

- A dependency tool was used to help the provider identify and evidence safe staffing levels. People confirmed staff supported them in a timely manner.
- There were enough staff available to meet people's needs. However, we did speak to the registered manager about deployment of staff and how extra support in the kitchen and during busy times on care would be advantageous. Staff told us they could be very busy and did not always have time to chat to people. The registered manager told us he was looking into this.
- The provider followed safe recruitment processes.

Using medicines safely

- Records showed people received their medicines as prescribed. Medicines were stored safely and securely. However, we spoke to the deputy manager around the importance of having all prescribed creams labelled. This was completed the same day.
- Medicines management policies and procedures were in place. Records showed staff had been trained in the safe administration of medicines and their competency to administer medicines had been checked.
- Protocols were in place to guide staff how to administer 'as and when required' medicines, also known as

PRN.

#### Preventing and controlling infection

- Measures were in place to prevent and control the spread of infection. Staff had received training in infection control and personal protective equipment was used.
- The environment was clean and free from of malodours.



# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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  
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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental Capacity Assessments and best interest decisions were made.
- Staff had completed training in Mental Capacity and were aware of how this incorporated into the service.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to care for them effectively. Staff completed a comprehensive induction.
- Staff spoke positively about the range of training opportunities available to them.
- Staff received regular supervision and attended staff meetings to develop their practice, skills and knowledge.

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

- People received a healthy, balanced diet which met their needs and took into consideration their preferences and any special dietary needs.
- A variety of snacks and cold drinks were available for people and these were refilled regularly.
- People were supported to maintain their independence with eating and drinking. We saw staff encouraging people to eat.
- Staff were aware of any specialist diets that people had, and information was provided to the cook to

ensure they were aware of any changes.

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

- People's healthcare needs were met in a timely way. Staff supported people to access healthcare services and followed professional advice.
- Care plans contained specific information about people's healthcare needs which provided staff with consistent understanding.
- Staff recognised the value of working together, this achieved positive outcomes for people.

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

- Assessments of people's needs were completed and considered their preferences when arranging their care. The assessments were used to develop care plans, and these provided guidance to staff on how to support people.
- Care and support was delivered in a non- discriminatory way and respected people's individual diverse needs.
- People's rooms were personalised to their tastes and included family pictures.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Positive feedback was given by people and their relatives. One person said, "The staff are really nice, it's very nice here."
- Interactions between staff and people were natural and showed positive relationships had been developed.
- Staff provided a person-centred culture within the service. Staff demonstrated a good knowledge of people's personalities and diverse needs, and what was important to them.
- People were cared for and supported by staff that were kind, patient and respectful.

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

- Staff supported people with their routines and offered them choices.
- Staff worked with people and their families to find out how they liked to be cared for and this was recorded in their care plans.
- One person we spoke to were supported by an advocate when they required support to be involved in decision-making. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected. One relative told us, "The staff are lovely here."
- Staff respected people's privacy and waited for their permission before entering their bedrooms.
- Staff promoted people's independence, recognising where they were able to meet their own needs and times when additional support may be needed. People were approached by staff in a polite and respectful way.
- Care records were kept securely, so confidentiality was maintained.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care plans gave staff clear guidance to provide people with person centred support.
- People's care plans contained information on their health care needs and medication requirements.
- People received person-centred care and support with their personal and social needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were understood and supported.
- Staff explained information in ways people could process. Information could be issued to people, for example, in large print if required.

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

- At the time of inspection there was no activity coordinator in the service. The registered manager had sourced external people to come to the service as well as support from care staff. The registered manager was looking into this.
- A range of activities were provided, enabling people to pursue their interests. People's participation in activities was monitored to ensure they were enjoying these. One person told us, "I join in all the games and activities." Another person said, "I would rather not join in."
- Staff identified people at risk of social isolation. Where people were unable to join in activities in communal areas alternative arrangements were made to provide them with stimulation.
- People were supported to develop and maintain friendships and relationships. This included spending time with relatives.

Improving care quality in response to complaints or concerns

- Complaints were responded to appropriately to address the issues highlighted and improve care.
- A complaints procedure was in place for people and visitors to access.
- People were supported to raise concerns. People and their relatives told us they were confident in raising concerns with the staff if they had any issues.

## End of life care and support

- Where appropriate, people's end of life care preferences was recorded in their care plan. This provided staff with information to ensure people would receive dignified, comfortable and pain free care at the end of their life if required.
- Staff recognised the importance of good end of life care and told us they liaise with healthcare professionals to ensure people have the right medicines and equipment in place to help maintain their comfort and dignity.

## 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- The registered manager and staff promoted a friendly, homely and caring culture where people experienced appropriate outcomes.
- People were supported with their needs. Staff recognised people's changing needs, for example, because of age, illness or desire and knew when to reduce the pace or change the approach.
- Staff said they felt mostly supported by the registered manager. One person said, "I feel very supported." Another staff member said, "I don't always feel supported, but we do work as a team."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager was clear about their role.
- Staff performance was managed appropriately in-line with the provider's processes. This ensured standards were maintained in the service.
- Effective communication between the registered manager and staff team supported people in receiving their preferred care and support.
- The registered manager understood their legal responsibility to notify the CQC about incidents that affected people's safety and welfare; all notifications were submitted in a timely manner.
- The registered manager demonstrated good understanding of their responsibilities of the 'duty of candour' regulation: to act in an open and honest way when shortfalls in providing the service were identified.

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

- Regular meetings were held at the service to ensure everyone was involved in developing and improving the service.
- Supervisions contained clear objectives to support staff with their continuous learning.
- Quality assurance checks were shared with staff to include them in the running of the service and improvements.

Continuous learning and improving care; Working in partnership with others

- Accidents and incidents were monitored to look for patterns and trends to learn from them and improve care. Learning was shared with relevant professionals.
- The service worked well with other organisations. They had good relationships with the local authority, healthcare services and worked with them to achieve good outcomes for people.
- The service had links with the local community.