

Derbyshire County Council

# Oakland Village & Community Care Centre

## Inspection report

Oakland Village  
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Swadlincote  
Derbyshire  
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Tel: 01629533978

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Oakland Village & Community Care Centre is a residential care home which is part of a larger village complex. It provides personal and nursing care for up to 32 people. The service provides support to older people and those living with dementia. At the time of our inspection there were 27 people using the service.

The care home is across two floors with communal areas and kitchens on each floor. There is a provision for eight people to have short term rehabilitation care in partnership with health professionals. There are a variety of additional facilities available within Oakland Village and many of these are open to the general public as well as to people living at the home; such as a bistro, restaurant, bar and hair salon.

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

We found the provider had systems in place to ensure ongoing quality standards and improvements. People we spoke with enjoyed the atmosphere of the home and felt relaxed and included in any changes.

People and staff respected the registered manager who had a strong belief in providing person-centred care which was reflected in the care being provided. People told us the staff were kind, thoughtful and knew them well.

Staff were supported in their role; they had received training to ensure their learning and abilities when supporting people living with dementia. There was enough staff to support people's needs and the registered manager provided a flexible approach to provide extra staff when required for activities or to support staff returning from absence.

People told us they felt safe and there were measures in place to safeguard people which staff understood and followed if required. Risk assessments had been completed to reduce any ongoing risk, for example falls or the use of equipment.

Infection prevention and control was managed in line with the government guidance and people were supported with visitors to the home or other forms of contact.

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.

There was a choice of meals and those people who required a varied diet or different consistency this was provided. Some people required support, and this was done in a courteous way. People's weights were monitored, and any concerns were addressed through diet or guidance from health care professionals.

There was a link with health and social care professionals which was used to ensure people received the required support for their long-term health conditions. When people's health had deteriorated referrals were made to GP's or other professionals to obtain the required care to keep people well.

The environment was decorated to suit peoples tastes and needs. We saw when improvements were carried out people had been engaged in the choices.

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 and update

The last rating for this service was requires improvement (4 May 2019). At this inspection we found improvements had been made and the rating for the service is now good.

#### Why we inspected

We undertook this inspection as part of a random selection of services who had received a review of the information we held about this service.

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 changed from requires improvement to good based on the findings of this inspection.

#### 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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Oakland Village & Community Care Centre

## **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 completed by one inspector.

### Service and service type

Oakland Village & Community Care Centre 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 Village & Community Care Centre 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 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 information gathered as part of monitoring activity that took place on 17 March 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

## During the inspection

We reviewed a range of records. This included parts of five people's care records. A variety of records relating to the management of the service, including audits, service user feedback and related policies or documentation to the governance of the service. We spoke with six staff, these included care staff, the deputies and the registered manager. We spoke with six people who used the service. We also completed observations of the interactions between people and staff.

# 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; Learning lessons when things go wrong

- People were protected from the risk of abuse.
- People we spoke with felt safe in the home. One person told us, "I feel safe here and protected by the staff." Staff we spoke with had a clear understanding of their role and how to report any concerns.
- Any safeguards received from the local authorities or raised internally had been investigated and progressed with the appropriate authority to consider any learning to reduce ongoing risks or future incidents.
- We saw measures had been implemented following safeguards. For example, information sharing with families to enhance their understanding of the persons needs and the care being provided to maintain individual's dignity and respect.
- Staff were trained and knew how to recognise and respond to suspected or witnessed abuse.
- The provider's safeguarding policy and related procedures were available for staff to follow.

Assessing risk, safety monitoring and management

- Risks were managed and the provider had systems in place to assess and manage risks in the service.
- We saw risk assessments had been completed to reflect different aspects of people's care. For example, when a person required equipment to support them to move or if they were at a high risk of falls.
- The risk assessments identified the required needs and any mitigating actions. For example, the use of a sensor mat at night to alert staff when a person may have fallen from their bed. Other risks identified equipment to be used and any guidance provided by health care professionals, to ensure people were moved safely.
- The registered manager completed regular assessments of the environment and we saw refurbishment plans were in place to continue to maintain and improve the environment.
- Personal evacuation plans were in place to ensure in an emergency people could be evacuated safely.

Staffing and recruitment

- There were enough staff to support people's needs.
- The registered manager completed an analysis on people's dependency to ensure the correct levels of staff to people's needs. We saw the home was staffed above these levels to provide the additional support around wellbeing and individual care.
- Staff we spoke with and our observations confirmed there was enough staff. Calls bells were responded to in a timely manner and people needs met as they were required.
- One staff said, "We have had extra staff to support activities, recently to start the jubilee activity and to spend more time with people."

- The registered manager had not used any agency staff. They told us, "All the staff have been fantastic in providing cover and support, which is better for the people as they don't have to get to know several new faces." Another staff member told us, "There is always enough staff. It's a real good mix of staff with different skills and experience."
- The provider had a robust recruitment process. We did not review this at this inspection, however provider quality audits which were reviewed showed these areas of the service had been considered and any gaps or areas of improvement had been identified and addressed.

#### Using medicines safely

- Medicine was administered safely.
- Staff showed kindness and understanding when supporting people to take their medicine. Some people required medicine on an, 'as required' basis for pain or anxiety. We saw staff took time to consider people's needs and wellbeing. For example, one person was expressing pain to their knees, when asked if they required pain relief another staff member reminded them of their difficulties when walking to support their decision making around their medicine.
- People we spoke with told us they received their medicine as required. One person told us, "Staff bring my medicine each day, morning and night, then I take it myself, it's usually on time I have no issues. If I have a headache or anything like that, they get me some medicine to address it."
- Some people struggled to take their medication in a tablet form or directly from staff. The required assessments and health care consultations had been completed to consider the medicine being given covertly. This is when medicine is disguised in food or drinks.
- Staff had received the required training in medicine administration and competencies had been completed to ensure understanding and the following of the medicine policy on administrations.

#### Preventing and controlling infection

- The provider followed the required guidance in relation to visiting. Relatives had been kept informed of any changes in visiting arrangement and any alternatives available during any enforced restrictions. All the people using the service had an essential care giver, this meant there would always be the opportunity for people to receive their regular contact.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.



# 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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection we recommended the provider consider current guidance on the Mental Capacity Act and how to implement the required assessment to support people with their decisions. The provider had made improvements.

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.

- People had received an assessment in relation to a range of decisions where it was relevant. These assessments supported the decision making and we saw these involved relatives and professionals when appropriate.
- Where people were deprived of their liberty, DoLS were in place and people were supported in line with their agreed plans. When the registered manager was awaiting approval, regular reviews were completed, and details included in the care plans.
- Staff had received training and showed a good understanding of the principles of the MCA. We observed staff asking people for consent before providing care or offering information to help people with their decision.

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

- People's needs had been assessed. Each person had a detailed care plan which reflected their current needs and relevant historical information about their life and things of importance to them.

- Care plans had been regularly reviewed and when required, a revised plan had been completed to reflect the changes in the person's needs.
- We saw things important to people had been included in the care plans. For example, when a person did not like the doors closed or the time a person liked to wake or the enjoyment of an alcoholic drink. Staff were aware of all these individual needs and we saw these had been followed.
- People were able to choose how they spent their day. One person told us, "I tend to stop in my room, I like reading. I receive a newspaper every morning." We saw people engaged in a range of activities and staff showed an awareness of people's choices.
- Nationally recognised tools had been used to assess and monitor people's risk to sore skin or weight loss. For example, the risk to people's skin integrity was assessed using the water low scoring tool and body mass index to assess a healthy weight.

#### Staff support: induction, training, skills and experience

- Staff had received the required training for their roles.
- Staff told us they were supported to access the training. One staff member said, "It's a good recap on things, sometimes you need a reminder."
- When new starters commenced their role, they were supported with a planned induction. This covered all aspects of the home environment, day to day procedures, along with the code of conduct within the role. All staff were required to complete a face to face moving and handling course before being signed off as competent.
- Training was provided to focus on the needs of people living with dementia. There was dedicated training which reflected a person-centred approach which considered how to manage people who had behaviours which posed a risk to themselves or others. This included techniques, guidance and how to record incidents so these can be reviewed and considered for any changes to the planned care.
- Support was provided to new starters and established staff. They received supervision and guidance for their role. This included support when staff returned to work after a period of absence, such as offering reduced hours and additional support from other staff.

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

- People were supported to maintain and improve their health and nutrition when needed.
- We observed the midday meal. To enable people to make a choice of the meal they were offered a small plate version of the two meals on offer. This meant people could see the meal and smell it, before making their choice. The mealtime was well supported by staff who knew people's choices and preferences, for example portion size or gravy options.
- When people required support with their meal this was provided in a caring and responsive way. We observed a person received one to one support with a staff member who took the time to explain and guide the meal experience.
- Within each unit there was a kitchen which enabled staff to prepare drinks and snacks for people throughout the day. We observed people receiving these and support to access them if support was required.
- We saw people's weights were monitored. When concerns were raised, referrals had been made to the speech and language specialist and any guidance was shared with staff and the meal provider. We saw the guidance had been followed.
- The meals were provided by a third party who were based on site. The registered manager had regular meetings with the meal provider to review the menus and consider people's choices. A daily information sheet was completed with people's dietary needs, to ensure the provider would meet the dietary needs of people using the service.

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

- People were supported to access healthcare to support their long-term health conditions or promote wellbeing.
- People told us they felt supported with their health care needs. One person told us, "Staff are all kind and help you. When I was unwell, I stayed in bed and staff kept coming in and make me drinks or something to eat." They added, "When I needed it, they called the GP."
- Records showed appropriate referrals had been made when people's needs changed. For example, when they were experiencing swallowing difficulties, lost weight or when they were no longer able to mobilise and required support with equipment.
- Guidance from health care professionals was detailed in people's care plans. Reviews were completed to ensure the required guidance continued to be suitable. When additional support was required this was referred to health care specialist either on site or through the agreed referral processes.
- The registered manager liaised with specialist teams to ensure the approach being considered for people was appropriate. For example, they used the dementia engagement empowerment project. They told us, "We received good advice about the use of language and treating people courteously and how to consider their dignity."
- When people had behaviours which posed a risk to themselves or others, incidents of significance were recorded. People had a behaviour support plan (BSP) these were reviewed with professionals to consider any change to the BSP. Including possible triggers and how to reduce the impact of any reactions to reduce the persons anxiety.

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

- The environment had been specially designed to meet the needs of people.
- The provider offered bespoke bathing facilities. Independence was promoted with grab rails and handrails to enable people to move safely around the home.
- There was an accessible garden area, with level access, seating and planting.
- People were supported to personalise their own rooms as they wished. We saw some bedrooms had been identified for redecoration and the people had been consulted on the change in colour or wallpaper they wished.
- The registered manager was keen to involve people and their relatives in the development of the home. A project planned for this summer involved a bench painting competition and relatives had signed up for this challenge.
- Other projects involved the development of the upstairs balcony. People had been involved in making an ideas board to reflect their wishes. These involved painting, planting and seating.

# 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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to ensure governance arrangements to drive improvements. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- In the providers PIR they told us, "The Provider has established centralised teams that are there to support the homes for the County. These teams offer support and guidance that in turn benefit the clients within the service ensuring their safety." We saw these teams were in place to provide the guidance and oversight as reflected.
- The provider had robust governance processes in place. The quality team provided oversight completing six monthly location visits and monitoring of the required audits within the home.
- Audits had been completed to review falls and incidents. We saw any trends were acted on or additional mitigation measures implemented. For example, referrals to health care professionals or use of equipment.
- Other audits were used to drive improvements or to share across the providers other locations.
- The registered manager was supported by the quality team and regular calls with other registered managers to share good practice and any ongoing learning.

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

- There was a warm welcome at the service which reflected an inclusive atmosphere. We saw people, relatives and staff were regularly involved and engaged, to inform the changes to the service or people's care.
- The registered manager was passionate about the service and person-centred care. One staff member said, "The manager is very hardworking, loves the people and very staff orientated." We saw this reflected in their knowledge of people and the support offered to staff to achieve these aims.
- All of the staff we spoke with and observed interacting with people, were motivated to provide people's care in an individualised way. Time was taken with people to listen to their needs or respond to questions.

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 had sent us notifications in relation to events or incidents which had occurred at the service. This enables us to monitor the service and the actions they have taken.
- Related records and feedback we received prior to this inspection, showed timely action was taken by management at the service following any incidents, to ensure people's safety.
- Any concerns identified at the service had been reviewed in an open and transparent way. This reflected the requirements of duty of candour when responding to concerns.

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

- People and staff felt they were kept informed and involved in the development of the home.
- People using the service received regular meetings with the registered manager to consider aspects of the home. For example, the menu, activities or decoration. We saw these views were followed up and actioned.
- Staff received regular support and had the opportunity in meetings to discuss any concerns they may have or any suggestions and improvements.
- People's protected characteristics were considered. Policies and procedures were in place in line with the Equality Act and best practice standards in health and social care. Staff were provided with information about individual needs and any required guidance to ensure these would be met.

Working in partnership with others

- Partnerships have been developed with health and social care professionals. These relationships ensured that people received the required care in a timely manner.
- We saw when people required additional support, referrals to professionals were made and any guidance updated in the care plans. Staff told us they were provided with detailed information during handovers. One staff told us, "We are told any changes and can review the care plans." This meant people received the required support for their needs.
- The registered manager worked with other partners associated with the care village. For example, the catering provider and the extra care housing provided on site. This ensured that any information was shared, and any cross over services followed any required legislation or guidance.