Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Oaklands

14 Pinfold Lane, Mickletown Methley, Leeds, LS26 9AB

Tel: 01977515451

Date of Inspection: 12 July 2014

Date of Publication: September 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Oaklands Residential Home Limited
Registered Manager	Mrs Kathleen Foley
Overview of the service	Oaklands residential home provides accommodation and personal care for up to 21 older people. The home 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.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 July 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

As part of our inspection we spoke with the manager, the deputy manager and staff at the home. We also observed people receiving care and looked at care records.

Below is a summary of what we found.

Is the service safe?

People were treated with respect and dignity by the staff. Systems were in place to make sure that managers and staff learned from events such as accidents and incidents, complaints, concerns and investigations. This reduced the risks to people and helped the service to continually improve. A plan was in place for dealing with emergencies so that people were not put at risk. plan was in place for responding to unexpected events that could affect the running of the service, for example fire or loss of the power or water supply.

Is the service effective?

People's health and care needs were assessed with them. We looked at the care records for three people who lived at Oaklands. We found that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw evidence that demonstrated staff were provided with regular formal supervision. Staff told us they were supported by management who enabled and encouraged them to access appropriate training on a regular basis.

Is the service caring?

Staff communicated well with people and were attentive when they needed support. We saw evidence that people were involved with the planning of their care.

We saw staff caring for the needs of people in a professional manner. They ensured the people they cared for were supported in taking part in activities in the local community.

Is the service responsive?

The service worked in partnership with other providers to ensure people's health, safety and welfare needs were met. Information about people who used the service was obtained and shared appropriately.

Is the service well-led?

The service had a quality assurance system - records seen by us showed that identified shortfalls were addressed promptly. As a result the quality of the service was continuingly improving. This helped to ensure that people received a good quality service at all times. People who used the service, their relatives and other people involved with the service completed a satisfaction survey and records showed action was taken where any improvements were required.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who used the service were given appropriate information and support regarding their care or treatment so they were aware of what they could expect at the home. We looked at the care records of three people. We saw people were supported to maintain control over their care where possible.

People's diversity, values and human rights were respected. The people we met were clean and appropriately dressed for their age, gender and the weather, in individual styles and the men were clean shaven. People were able to personalise their bedrooms with their belongings. One person told us, "It's nice to have some of your own things around you." This enabled people to feel comfortable in their bedrooms. We saw staff talked with people as they took them to and from bathrooms. They chatted about everyday things and ensured doors were closed before personal care was carried out to ensure people's privacy and dignity was maintained.

We observed lunch and saw staff were chatting with people as they served their lunch. Where appropriate they gave help to people and were encouraging people to eat.

One member of staff told us, "People can choose when they want to get up, when they want a shower or bath. At the end of the day this is their home."

The measures the provider had in place, for example, satisfaction surveys and meetings held ensured that people expressed their views and were involved in making decisions about their care.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We looked at three care plans and saw they were detailed with information about people's care and support needs, so staff knew how to support people. The staff we spoke with were able to tell us how people were to be supported.

Care plans and risk assessments were evaluated each month and any changes to the way care and support was to be provided had been documented. Records showed people's likes and dislikes had been determined, for example, what they liked to eat and their daily preferred routines. People we spoke with told us they were supported in the way they wanted.

We saw people's nutritional needs were assessed and plans put in place to meet them. Where people were at risk of not eating enough, to ensure their nutritional needs were met we saw records were being kept, so staff could assess if they needed to be referred to a dietician. Records showed people's weights were monitored regularly. Where people were at risk of malnutrition they had their weight monitored weekly so action could be taken quickly if needed. This meant people's nutritional needs were monitored and referrals made when required.

We saw people were suitably presented, with their hair tidy and appropriate clothing worn. We saw staff attended to people's care needs and had time to make conversation and engage in friendly banter. We saw people were engaged in activities of their choice.

We spoke with two people, both of whom told us they were happy in the home. One person said: "It's lovely. I like to sit in the lounge and have a nice view". Another person said, "The staff come round and give us tea or coffee and biscuits; I like a nice biscuit with my tea."

One person who needed to use a walking frame was accompanied by a member of staff who asked if they would like them to walk alongside. The person agreed and staff escorted the person to the bathroom, making conversation the whole time.

We observed the lunchtime period and saw people received support to eat when they needed it. We saw plenty of interaction between people and staff. People chose where they wanted to sit. Staff asked people if they enjoyed their food and whether they had had enough to eat and drink. People's individual needs were met and choices were available. People did not have to wait for their meals and staff were on hand to assist and support where necessary.

We saw the meal time experience was enjoyed by people, the atmosphere was calm and people were given ample time to eat their meal. Staff showed regard for people's dignity. For example, they offered to help people get changed if they spilled any food on their clothing.

We looked at care records for three people. We saw there was information about people's individual needs and preferences. We saw evidence of other professionals involved in people's care. People or their family representatives had been involved in discussions about their care and reviews had taken place regularly. Where incidents had occurred we saw there was evidence these had been discussed with the person, their family or other professionals. There were also records of what was being done to monitor and manage people's care.

We spoke with two members of staff who told us they referred to people's care records both for information and to update daily notes. They told us if people had mobility difficulties, they would refer to the file and the risk assessment for guidance about moving and handling. Staff told us they always worked to people's individual care plans. Staff told us where people showed signs of deteriorating health; they referred to senior staff for further guidance and professional input. Staff told us they managed people's personal care needs according to their preferences. A member of staff we spoke with said "I like it here, I like working here, the residents seem happy.

There were arrangements in place to deal with foreseeable emergencies and staff spoken with were aware of the emergency procedures; staff were all up to date with their first aid training. This meant staff knew how to keep people safe in the event of an emergency happening.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

People's health, safety and welfare was protected when more than one provider was involved in their care and support. This was because the provider worked in co-operation with others.

There were processes for obtaining and sharing information with other providers. We saw from records that the service worked closely with referral authorities and other providers, and sought and shared information appropriately.

If people needed to visit hospital, we saw from their records that appropriate information was provided to, and received from the hospital. Staff accompanied each person to hospital to ensure their needs were fully communicated to hospital staff. We saw also that when people were discharged from hospital. the home was provided with information about the treatment they had received and advice about on-going care, including medication needs.

Where required information was not received, the provider had procedures in place; staff liaised with other professionals to ensure the appropriate information was recorded in care records to enable staff to provide care accordingly.

We saw that the service received detailed information about people being considered for admission to the home. The manager and staff liaised with the referral authority to obtain further information. When people were admitted to the home, the service carried out a full assessment of their needs to inform care planning. Information about them was communicated promptly to all staff generally and to those assigned as key workers for each person.

We saw from people's care plans that they were supported to visit other health care providers. We saw records which detailed people's GP and dentist contact numbers, records of planned appointments and letters from other health care providers, for example hospital clinics.

We spoke with the staff about how they ensured people received safe and coordinated care and treatment. They told us they worked closely with other health and social care teams. For example, GP practice, old age psychiatrist, dentists, opticians, local learning disability team and adult social care teams. The service also worked closely with local advocacy services.

We saw that where other professionals were involved in people's care and support their information and guidance had been incorporated into the providers care and support plans. This meant that people were receiving consistent information and support from the service and other professionals involved in their care and their safety and welfare was being protected.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We looked at staff training records which demonstrated a rolling training programme was provided, so staff had regular updates to retain and develop their knowledge. We saw staff received training in dementia care, so they had the skills and knowledge to deliver care and treatment. We spoke with staff who told us the training they received helped them to have the skills to deliver good care.

We observed staff assisting people to move around the home, staff were skilled and confident in assisting people. This showed staff had the relevant training, skills and knowledge to meet the needs of the people living there.

Staff we spoke with told us they felt supported and well led to carry out their role. All of the staff we spoke with told us they received supervision. They told us the manager discussed their work performance and what, if any, improvement was needed. They said they had regular supervision meetings in which they discussed all relevant aspects of their work. Staff told us the manager was involved in people's care and they said this supported them as individuals and as part of a team. Staff told us they found supervision helpful. This meant staff were supervised and supported to make sure they continued to meet people's care and treatment needs safely.

Staff said they received regular training updates and their mandatory training was up to date. Staff told us they were aware of the policies and procedures of the home and the code of conduct for staff.

The manager told us there was low turnover of staff in the home. They said staff were consistent and this meant people had familiar people to care for them. The manager told us she ensured people were competent to do their work through regular observations of practise and ensuring training was up to date.

We saw documentation that showed staff qualifications and that staff had relevant health and social care qualifications; had received induction training; received regular appraisals, supervision and training. We saw records to show mandatory training had been completed and moving and handling training had been updated. Other recent training included care

planning, safeguarding, health and safety, dementia awareness, and managing behaviour that challenges.

The manager told us as well as undertaking formal training, incidents that happened were used as a learning opportunity. We saw minutes to show incidents and accidents had been discussed in whole group meetings, with discussion about how to improve practise and avoid a repeat of such events.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The home had systems and audits in place to monitor the quality of the service they provided. Records included monitoring the home's environment, care plan reviews, medication reviews and mattress audits.

We found the manager was involved in risk assessment, care planning, systems audits, staff supervision, staff observation, and direct support of people living at the home.

We saw from people's care records that professional advice was sought and followed, for example from health professionals, when needed. One person's records showed they had seen specialists including a community nurse and a speech and language therapist. This helped to ensure people received appropriate care and were protected from risks at the home.

There were a variety of methods in place to seek feedback and views from the people who lived at the home, their families, visiting professionals and staff. People living in the home were encouraged to give their feedback. A relative had said, "I always feel very welcome when I visit, everyone is always very pleasant and they offer refreshments." People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

There were procedures in place for reporting accidents and incidents. There was a process in place to make sure that all accidents and incidents were recorded accurately and dealt with appropriately. The deputy manager explained to us how the different accidents and incidents were followed up and what actions were taken to minimise further risks. For example, where a person had fallen, additional risk assessments and plans had been put in place. This showed that managers took appropriate action where required.

We saw there was a complaints procedure in place; this was displayed around the home. We looked at the record of complaints maintained by the service. We found that a record of each complaint was recorded along with the investigation, outcome and action taken. Any compliments, issues or concerns raised were reviewed and discussed at staff

meetings.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk